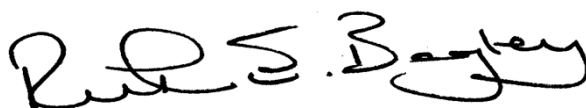


Date of issue: Wednesday, 28 September 2016

MEETING:	HEALTH SCRUTINY PANEL (Councillors Pantelic (Chair), Strutton (Vice-Chair), Chaudhry, Cheema, Chohan, M Holledge, Mann, Qaseem and Smith) NON-VOTING CO-OPTED MEMBERS Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative
DATE AND TIME:	THURSDAY, 6TH OCTOBER, 2016 AT 6.30 PM
VENUE:	VENUS SUITE 2, ST MARTINS PLACE, 51 BATH ROAD, SLOUGH, BERKSHIRE, SL1 3UF
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

APOLOGIES FOR ABSENCE

CONSTITUTIONAL MATTERS

1. Declarations of Interest

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

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

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

2. Minutes of the Last Meeting held on 1st September 2016 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 Health NHS Foundation Trust Update 7 - 18 All

5. Preparedness for Winter Presentation All

6. Slough Safeguarding Adults' Partnership Annual Report 2015/16 19 - 48 All

7. Adult Social Care Local Account 2015/16 49 - 90 All

8. Options for the Modernisation of Community Nursing Services 91 - 114 All

ITEMS FOR INFORMATION

9. Forward Work Programme 115 - 118 -

10. Attendance Record 119 - 120 -

11. Date of Next Meeting - 23rd November 2016



Press and Public

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

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

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Health Scrutiny Panel – Meeting held on Thursday, 1st September, 2016.

Present:- Councillors Pantelic (Chair), Strutton (Vice-Chair), Chaudhry, M Holledge, Mann (from 6.47pm) and Smith

Non-Voting Co-optee – Colin Pill, Slough Healthwatch representative (until 7.20pm)

Also present:- Councillor Hussain.

Apologies for Absence:- Councillors Cheema, Chohan and Qaseem

PART I

10. Declarations of Interest

Councillor Pantelic declared that she had been appointed by the Council to the Council of Governors of Frimley Health NHS Foundation Trust as an observer stakeholder governor.

11. Minutes of the Last Meeting held on 30th June 2016

Resolved – That the minutes of the meeting held on 30th June 2016 be approved as a correct record.

12. Member Questions

There were no questions from Members.

13. Frimley Sustainability and Transformation Plan

The theme for the meeting was Integration with the NHS and the Interim Director of Adult Social Care provided the Panel with an overview of the current level of integration and future plans in health and social care. There was already a significant level of integration between the Council and Slough Clinical Commissioning Group in areas such as learning disabilities services and with Berkshire Healthcare Community Foundation Trust on mental health services. The development of this agenda was pushed further by the Sustainability and Transformation Plan (STP).

The Department of Health had required NHS and local authority partners to come together to develop STPs and had set the geography as the 'Frimley footprint' encompassing Slough, Windsor & Maidenhead, Bracknell & Ascot, Surrey Heath and part of North East Hampshire. The aim was to produce a joint plan across the system to bring financial balance to the area by 2020 and to seek to improve the quality and range of services to local people. The governance arrangements were explained and included representation from Slough on the Frimley System Directors Group and the Local Authority Elected Members Group. The Plan included five priorities, four key enablers

Health Scrutiny Panel - 01.09.16

and six initiatives. The latest STP had been submitted to NHS England at the end of June and the feedback would be used to further refine the plan prior to final submission in October. Plans could not yet be published but some had made their way into the public domain and had been widely covered in the national media, for example in areas where the draft plans included hospital closures. The Panel was reassured that the STP would not create a new bureaucracy or takeover of local services, and the local plan did not include any hospital closures.

The Panel reviewed a number of key aspects of the STP including the advantages and disadvantages of producing a plan across such a large area. It was noted that the larger footprint brought economies of scale, and possibly put the area in a better position to attract the future investment monies available through the STP process. A Member commented that the importance of carers did not come through strongly in the documentation. It was noted that the report was a high level summary, and the Interim Director confirmed that carers were a vital part of the plan and would take forward the issue of how this could be better reflected in STP documents.

Members asked a number of questions about the digital agenda that involved finding different ways of helping more people manage their own needs and working with partners on areas such as information sharing. The practical and technological challenges of sharing data and information across different bodies were recognised, however, the Panel was encouraged that all partners had now signed up to a common approach, and that a specification had been developed and procured. Roll out of the Connected Care work would be phased and the Panel was particularly interested in when the impacts could begin to be assessed. It was agreed to receive an information report at a meeting later in the municipal year, provisionally March 2017, to check that progress was on track, with the early impact assessments being considered for the Panel work programme in 2017-18. A specific concern was raised about the standard of discharge records and the support for carers at Wexham Park Hospital and it was agreed that this issue could be raised with Frimley Health NHS FT at the next meeting of the Panel.

The funding position was considered. As well as providing a vehicle to secure future investment monies for the health and social care system, it was felt that by improving integration and joint working through the STP there was an opportunity to make better use of existing resources. The Panel discussed a range of other issues including the problem of missed appointments and workforce planning. A question was asked about the system for allocating GP funding to local areas and it was agreed to ask Slough CCG to provide a short explanatory note on the process. The Panel recognised the potential benefits of the STP approach and highlighted the importance of ensuring the process did not create further bureaucracy and was as simple and streamlined as possible.

At the conclusion of the discussion the report was noted and it was agreed to consider an update in November via an information report.

Health Scrutiny Panel - 01.09.16

Resolved – That the progress being made on the Frimley Sustainability and Transformation Plan (STP) be noted and the following actions agreed:

- a) That an information report on the final STP be received by the Panel at a future meeting.
- b) That the progress of the Connected Care project would be monitored via an information report to the Panel towards the end of the municipal year with the issue being considered for scrutiny in 2017-18.
- c) That the linkages between STP priorities and initiatives appropriately reflect the importance of carers and emphasise the importance of patient engagement.
- d) That Slough CCG be asked to provide a short briefing note explaining the NHS process of GP funding allocations i.e. need, population, GP registers etc.

(Colin Pill left the meeting at this point)

14. Better Care Fund

A report was considered updating the Panel on the quarter four outturn of the Better Care Fund (BCF) Plan for 2015/16 including a summary annual report on activity and progress. The Panel was reminded of the background to the BCF, noting that the Pooled Budget in 2015-16 was £8.762m, rising to £9.035m in 2016-17. The funding supported 31 schemes that provided an opportunity to test new ways of working, but in total the BCF expenditure accounted for less than 10% of total health and social care spending in Slough. The Council and CCG would need to agree an Integration Plan by March 2017 to mainstream activity as BCF was expected to be phased out by 2020.

The BCF programme had performed well in 2015-16 in terms of the metrics with a reduction in the key indicator of non-elective admissions in 2015 compared to 2014. Admissions had increased this year, however, it was considered that the BCF activity had had a positive impact in reducing admissions lower than they may otherwise have been.

Members asked about the changes made to the programme during the past year and it was responded that under-performing schemes were assessed and either redesigned or stopped with the funding being directed to other projects. In 2015/16 this allowed the Complex Case Management and Responder Service to be piloted which were considered to have been successful. Several new areas of investment had been identified for 2016/17 including the Integrated Cardio Prevention Programme, enhanced GP support for care homes and Out of Hospital Transformation to try to avoid unnecessary admissions. The Panel agreed that it was important to understand the evidence of what was working to inform decision making and it was agreed that a more detailed summary be provided on the impacts of the schemes receiving BCF investment.

Health Scrutiny Panel - 01.09.16

The Panel discussed the workforce implications of more integrated working with the example cited of domiciliary care workers potentially providing an enhanced service. It was recognised that there were efficiencies and benefits that could be unlocked, however, such changes needed to be carefully planned between providers. A workforce strategy was being developed to set out how staff were recruited, retained, skilled and motivated throughout the future changes. At the conclusion of the discussion, the Panel agreed to note the report.

Resolved –

- (a) That the progress report on the Better Care Fund be noted.
- (b) That a more detailed summary of the impacts of key BCF projects be circulated to Panel Members via email.

15. Refresh of Slough Joint Wellbeing Strategy 2016-20

The Panel considered a report on the draft of the refreshed Slough Joint Wellbeing Strategy that had been developed by the Slough Wellbeing Board and was due to be recommended to Council for approval on 27th September 2016. The refresh process had started in January and reflected the input from various workshops and consultations. The Strategy would be launched at a partnership conference on 22nd September and it was agreed that the details would be recirculated to Panel Members.

The Panel endorsed the inclusion of housing as a priority in the Strategy and discussed how the links to the health and wellbeing agenda could be taken forward. The Council was in the process of developing a new Housing Strategy and a number of discussions had already taken place to identify the links to social care and how vulnerable people could be supported. A Member asked about the actions the Council was taking to ensure new housing developments met the need for adapted housing. Work was ongoing in this area and further information would be circulated to Members outside of the meeting. A query was also raised about the timeliness and prioritisation of assessing applications for Disabled Facilities Grants and it was agreed that a briefing note would be circulated setting out how the process worked and the indicative timescales for the varying levels of priority.

The Panel discussed several other issues including the current position regarding the educational performance of looked after children. The Commissioner for Health & Social Care and Education & Children's Services said it was planned for Members to receive further briefing on this issue. At the conclusion of the discussion the refreshed Strategy was noted.

Resolved –

- (a) That the refresh of the Slough Joint Wellbeing Strategy be noted.

Health Scrutiny Panel - 01.09.16

- (b) That the arrangements for the Slough Partnership Conference to launch the Strategy on 22nd September be noted, and that the details of the conference be recirculated to Panel Members.
- (c) That the Panel be provided with further information on the work being undertaken to ensure new housing developments included appropriate provision of adapted properties.
- (d) That a briefing note be circulated to the Panel on the process, timescales and prioritisation of assessments to help people adapt their homes through the Disabled Facilities Grants.

16. Forward Work Programme

The Panel discussed its Work Programme for 2016-17 and agreed the following items and adjustments:

- Housing (currently unprogrammed) – the Overview & Scrutiny Committee would take the lead and advise the Panel on the appropriate timing and focus of HSP scrutiny of the emerging Housing Strategy.
- Possible item from public health on 0-19 activity to be considered in October.
- Annual reports on Adult Safeguarding and the draft Adult Social Care Local Account to be considered on 6th October. The CCG plan was unlikely to be ready for this date.
- Wexham Park Hospital – Members to exercise caution in discussing planning issues relating to the emergency department at Wexham Park Hospital in view of the forthcoming application.
- Reconfiguration of Learning Disabilities Services – to be added to November agenda with a follow up report to Cabinet in December.
- Leisure and activity – to be scheduled for January 2017 along with the Slough CCG theme.

Resolved – That the Work Programme for 2016-17 be noted, noting the amendments agreed at the meeting.

17. Attendance Record

Resolved – That the Members' Attendance Record 2016/17 be noted.

18. Date of Next Meeting - 6th October 2016

The next meeting of the Panel would be held on 6th October, 2016.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.30 pm)

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Chief Executive Presentation



Slough Health Scrutiny Panel 6 October 2016

Andrew Morris – Chief Executive

Wexham Park CQC 2014 Results

	Safe	Effective	Caring	Responsive	Well-led	Overall
Accident and emergency	Requires Improvement	Inspected but not rated	Requires Improvement	Inadequate	Requires Improvement	Requires Improvement
Medical care (including older people's care)	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Requires Improvement	Inadequate
Surgery	Inadequate	Good	Requires Improvement	Inadequate	Inadequate	Inadequate
Intensive / critical care	Good	Good	Good	Requires Improvement	Good	Good
Maternity and family planning	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate	Inadequate
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement
Outpatients	Requires Improvement	Inspected but not rated	Good	Inadequate	Requires Improvement	Requires Improvement
Overall	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Inadequate	Inadequate

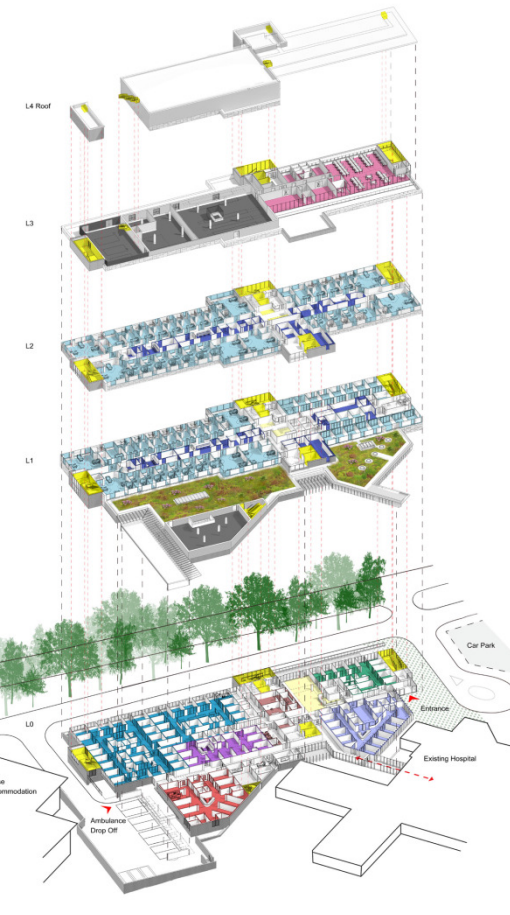
Wexham Park CQC 2015 Results

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	☆ Outstanding	☆ Outstanding	☆ Outstanding
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	☆ Outstanding	Good
Critical care	Good	Good	☆ Outstanding	Good	☆ Outstanding	☆ Outstanding
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	☆ Outstanding	Good

What makes a difference?

- Leadership at all levels
- Values & behaviours – customer care
- Clarity on governance
 - Safety
 - Outcomes
 - Experience
- Integration funding
- Being clear what ‘good’ looks like

Wexham Park: New ED & Acute Care Centre

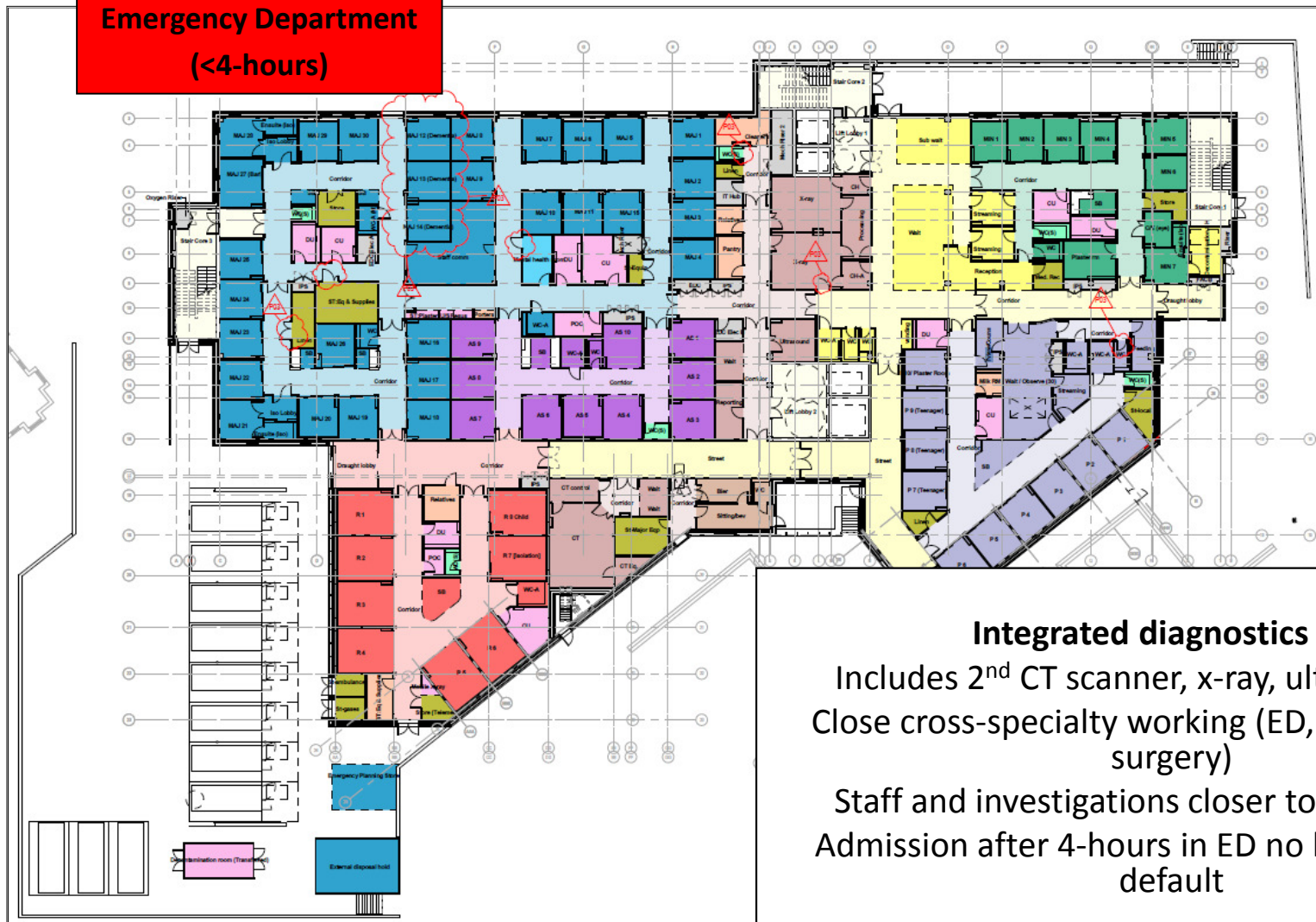


Emergency Department Wexham



Emergency Department: Ground Floor

**Emergency Department
(<4-hours)**



Integrated Medical Care: 1st floor



Overnight stay

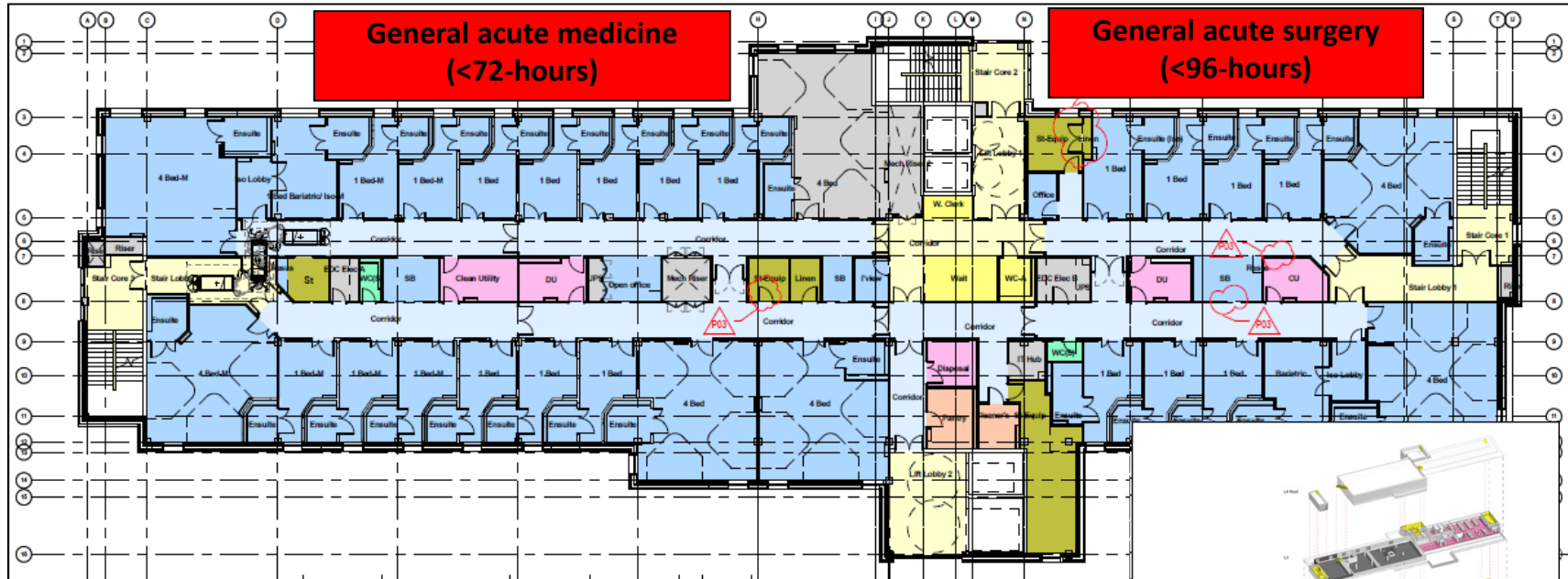
**Ambulatory Area
(up to 8-hours)**

**Same day discharge (“Ambulatory Care”)
Single overnight stay (34 beds)**

Close cross-specialty working (ED, medicine, surgery)
Staff and investigations closer to patients
Admission after 4-hours in ED no longer the default

**Emergency Department
(<4-hours)**

Acute medical and surgical beds: 2nd floor



Acute Care Centre Vision

Care for over 50% acute admissions to the Trust in a new state-of-the-art environment

Maintain and relieve pressure on other sub-specialist clinical areas outside of the Acute Care Centre (e.g. pPCI in cardiology)

Work to the highest standards for Emergency Care; the ability to meet clinical targets in a changing and challenged health service

“More rapid high quality care for more people”



Emergency Department - Wexham

£49m investment



Responsive - Monitor dashboard (WPH/HH)

	Aug-15	Sep	Q2	Oct	Nov	Dec	Q3	Jan-16	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug-16	Target	Weighting
Clostridium difficile																			
Total Clostridium difficile Cases	3	4	12	1	0	2	3	1	1	0	2	1	1	2	4	1	0		
Clostridium difficile Due To Lapses In Care	0	0	1	0	0	1	1	0	0	0	0	0	0	1	1	0	0	<=31 *	0.0 *
A&E																			
% Seen Within 4 hours	95.6%	94.3%	95.6%	94.3%	97.3%	96.8%	96.1%	93.6%	93.7%	92.8%	93.3%	93.2%	96.5%	95.4%	95.1%	92.8%	85.9%	95%	1.0
RTT Waiting Times																			
% waiting within 18wks - incomplete pathways	93.1%	93.0%	93.2%	93.0%	93.0%	92.1%	92.7%	92.7%	93.0%	92.9%	93.0%	93.4%	92.8%	93.0%	93.1%	93.6%		92%	1.0
Cancer																			
2 week waits – urgent GP referrals	95.5%	93.6%	94.8%	95.6%	97.3%	96.4%	96.5%	93.3%	96.5%	96.5%	95.6%	95.9%	96.7%	95.7%	96.1%	96.7%	in arrears	93%	1.0
2 week waits - Breast symptomatic referrals	95.3%	93.9%	95.5%	98.3%	98.6%	99.1%	98.7%	98.8%	100%	97.8%	98.8%	98.4%	96.0%	99.3%	98.0%	98.0%	in arrears	93%	
31 day wait for first treatment	100%	100%	99.5%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	in arrears	96%	1.0
31 day wait for second or subsequent treatment	100%	100%	100%	100%	100%	100%	100%	95.0%	100%	100%	98.4%	100%	100%	100%	100%	100%	in arrears	94%	1.0
Anti-cancer drugs	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97.6%	99.2%	100%	in arrears	98%	
62 day wait for first treatment	91.8%	85.5%	88.2%	86.7%	90.3%	96.0%	90.8%	90.8%	97.2%	93.3%	94.0%	88.8%	92.3%	97.7%	92.7%	91.5%	in arrears	85%	1.0
62 day wait for screening patients	100%	100%	100%	100%	100%	100%	100%	85.7%	100%	100%	96.0%	100%	100%	100%	100%	100%	in arrears	90%	
Overall performance score																			
Service Performance Score			0				0				1				0				
* C. difficile due to lapses in care - this is the overall trust target, there is no apportionment of a target to individual sites. Hence scored at Trust level and not site level.																			

System sustainability

Improving prevention and self care for all

Delivering more care outside of hospital

Supporting GP transformation

Reducing fragmentation – less duplication and greater co-ordination across health and care

IT gluing the system (email, booking, pathways)

Focus on reducing variation in outcomes

Strong focus on most vulnerable and at risk

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 6th October 2016

CONTACT OFFICER: Simon Broad
Head of Service Safeguarding and Learning Disabilities
(01753) 875202

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

SLOUGH SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2015/161. **Purpose of Report**

To make the Health Scrutiny Panel aware of the work of the Slough Safeguarding Adults Board (SSAB) during 2015/16 and highlight key issues.

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

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

3. **The Slough Safeguarding Adults Board Annual Report**

This is the second report that has been presented to the Panel following the introduction of the Care Act 2014. This year we have tried to streamline the areas of work undertaken by the Safeguarding Adult's Board and this can be seen in the nature of the current report.

This time the report has focused on the key areas of work identified by the Board's business plan which came out of a result of two Safeguarding Adult Review's as well as other work areas identified by Board members.

The Report focuses on the work undertaken by the Board in regard to five key areas which are as follows:-

1. Improving identification of risk to the individual and management of that risk
2. To ensure improving safeguarding practice
3. Board effectiveness
4. Learning from safeguarding adult reviews and other reviews/investigations
5. Communication and engagement

3a. **Issues in the annual report of specific relevance to the Health Scrutiny Panel**

As expected there continues to be areas of specific common interest and overlap between the priorities of the SSAB and Slough Wellbeing Board and. This is also the case between the SSAB and the Safer Slough Partnership (SSP) and this can be seen in relation to areas identified in the Care Act and through Domestic Homicides.

Two of the SSAB's strategic objectives referred to in the Annual Report are emphasised here:

Strategic Objective 1; Improving Identification of risk to the individual and management of that risk.

The identification of risk and the development of strategies to manage such risks are critical to delivering strong safeguarding practice. SSAB has a multi-agency risk guidance which is available to all partner agencies which should in turn inform their own internal risk policies and guidance. Due to the development of the Care Act 2014 the Board has re-looked at this guidance to ensure that it is line with the philosophy of the Care Act and in particular ensure it is person centred and outcome focused. The guidance was then relaunched and there are plans for an audit of partner agencies in 2016/17 with a focus on risk management which will look at how this risk policy is being used within partner agencies.

The management of risk was identified as an area where agencies needed to develop their practice and was highlighted as a specific issue within all three of the Safeguarding Adult Reviews'. Again this is an area that crosses over with the work of the Wellbeing Board in terms of the delivery of care as risk management is not just part of Safeguarding but should be part of all work with vulnerable adults and children.

Strategic Objective 4; Learning from Safeguarding Adults Reviews and Other Reviews/Investigations.

There is now a legal requirement for the Safeguarding Board to undertake Safeguarding Adult Reviews (SAR's) and last year the Board's SAR subgroup organised three reviews relating to Adults. One of these became a Domestic Homicide Review as well as a SAR.

The themes emerging from the SAR's continues to relate across all agencies working with Adults within Slough and is thus relevant to the Wellbeing Board. The main issues that were identified as part of these reviews related to the management of risk, self neglect and inter agency working. These themes form the basis for the Boards ongoing work plan.

There continues to be issues within completion of Deprivation of Liberty Authorisations within the legal time frame due to a lack of internal trained Best Interests Assessors and funding. This is a national issue which is being raised to the Department of Health by ADASS.

3b. Five Year Plan Outcomes

The work of the SSAB directly contributes to the following outcomes in the Council's Five Year plan:

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

4. Other Implications

(a) Financial

The Care Act identified the local authority police authority and Clinical Commissioning Group for each area as core members of the statutory Adult

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

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

There is a specific financial pressure faced by the borough council from the increased DOLS work referred to above with an overspend in 2015/16 of £15,000. This has been recognised by central government who have agreed a one off increase in the DoLS grant to local authorities this year resulting in an on target budget projection.

(b) Risk Management

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

Risk/Threat/Opportunity	Mitigation(s)
Increase in safeguarding activity following addition of new categories set out in the Care Act 2014.	Ensure triaging system for receiving safeguarding concerns is thorough with clear management oversight.
Responding to DoLS in a timely fashion	Train more Best Interest Assessors and develop retention strategies.
Increase in Safeguarding Adult Reviews for Self Neglect cases	Further embed risk management training and tools for operational staff.
Increase in costs in relation to Serious Case Reviews	This would be an additional cost pressure to SBC unless partners increased their financial contribution.

(c) Human Rights Act and Other Legal Implications

The working principle of the Board is that:

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

(d) Equalities Impact Assessment

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

5. Comments of Other Committees

The SSAB has considered and endorsed this Annual Report which will also be presented to the Slough Wellbeing Board this month and the Safer Slough Partnership in November. Partner agencies of the SSAB will also be presenting to their respective Boards over the next few weeks.

6. Conclusion

The Health Scrutiny Panel is asked to consider and note the Annual Report of the SSAB

7. Appendices Attached

A - Slough Safeguarding Adults Board Annual Report April 2015 to March 2016

8. Background Papers

None

**Slough Safeguarding Adults Annual
Report 2015/16**

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1) WHAT IS ADULT SAFEGUARDING?	
2) MAKING A DIFFERENCE IN SLOUGH	
3) SAFEGUARDING ADULTS BOARD	
4) BOARD STRUCTURE	
5) BOARD STRATEGIC BUSINESS PLAN	
STRATEGIC OBJECTIVE 1 - IMPROVING IDENTIFICATION OF RISK TO THE INDIVIDUAL AND MANAGEMENT OF THAT RISK	
STRATEGIC OBJECTIVE 2- TO ENSURE IMPROVING SAFEGUARDING PRACTICE	
STRATEGIC OBJECTIVE 3 - BOARD EFFECTIVENESS	
STRATEGIC OBJECTIVE 4 - LEARNING FROM SAFEGUARDING ADULT REVIEWS AND OTHER REVIEWS/INVESTIGATIONS.	
STRATEGIC OBJECTIVE 5 - COMMUNICATION AND ENGAGEMENT	
6) PARTNER HIGHLIGHTS	
7) BIBLIOGRAPHY	

Where to report adult safeguarding concerns:

The Early Help Team is Slough Borough Council's Adult Social Care central referral point:

Opening hours: Monday to Friday 9am to 5pm

Tel: 01753 475111

Email: Safeguardingadults@slough.gov.uk (GCSX) (*this is a secure address*)

Slough Borough Council's website is: www.Slough.gov.uk (report abuse here for adults & children)

After hours: The Emergency Duty Team: 01344 786 543

Where else can you report your concerns?

You can also report any concerns about abuse or neglect of yourself or someone else to:

- Your GP or Nurse
- A health or social care staff member in any hospital
- A voluntary or community organisation

Foreword

This report represents further development for the Board as we worked through our arrangements for effective partnership working with the implementation of the Care Act.

We have reinforced the importance of meeting the desires and needs of people who have been at risk of abuse and have promoted a stronger emphasis on preventative work.

As ever, staff from across the agencies working directly with people at times of personal crisis or risk have risen to the task. We know there is more to do and that demand is likely to continue to rise and we want to promote ever improving and dependable services to meet that challenge.

We have thinned out the content of this Annual Report and hope that you will find it more accessible, but if you want more detail please follow through with the web links in the report.

Nick Georgiou

Independent Chair Slough Safeguarding Adults Board

Slough Borough Council sees Safeguarding Adults and in particular protecting our most vulnerable citizens as very important business. I am pleased as always to see all our partner agencies working together with the Council to keep Adults at Risk Safe. This year a lot of work has gone into ensure that we are working in line with the Care Act at the same time continuing to support our citizens. I envisage that during the coming year these efforts will continue so that this area of work remains prominent in Slough.

Councillor Sabia Hussain

Deputy Leader, Commissioner for Education and Children's Services/Health and Social Care

1) What is Adult Safeguarding?

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the time making sure the adults wellbeing is prompted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action” (Care Act 2014)

The Care Act states that the Safeguarding duties apply to an adult who:-

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

Abuse or neglect can take many forms. The Care Act lists the following types of abuse and neglect:-

- Physical abuse
- Domestic abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-Neglect

All Safeguarding work needs to be carried out bearing in mind the Six Safeguarding Principles which are as follows:-

- 1) Empowerment – ensuring people have control and choice over the decisions taken about their care, support and protection.
- 2) Prevention – looking at the causes of abuse and picking up problems early
- 3) Proportionality – ensuring that responses are in line with the outcome that the adult wants to achieve.
- 4) Protection - taking decisive and effective action when abuse or neglect occurs.
- 5) – ensuring that all organisations collaborate well to use joint procedures and train their staff accordingly.

- 6) Accountability – an important function of the Safeguarding Adults Board is to hold each member organisation to account for the commitments they have made.

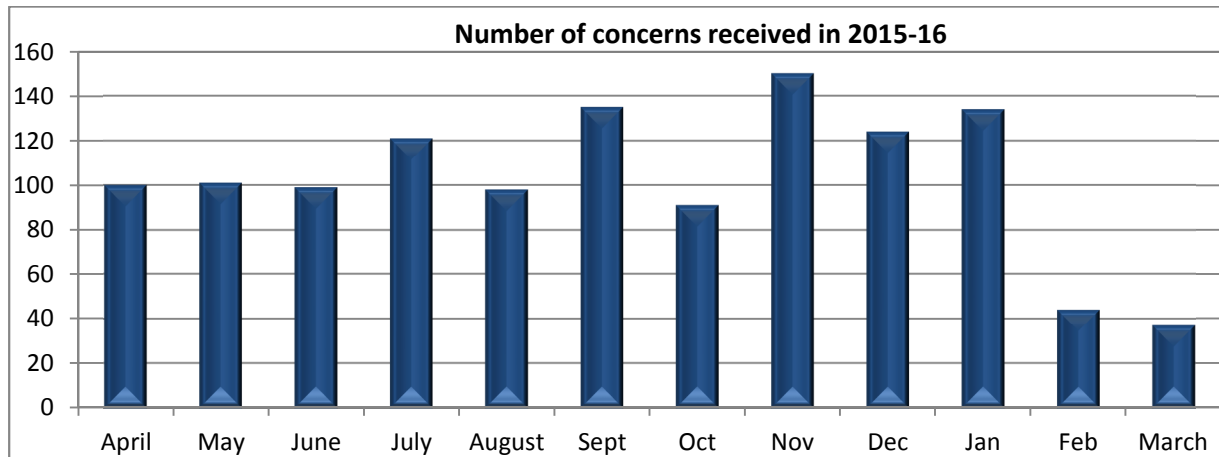
These principles and guidance are integrated into the Berkshire Safeguarding Adults Policy and Procedures which are used in Slough. <http://www.sabberkshirwest.co.uk/practitioners/berkshire-safeguarding-adults-policy-and-procedures/>. There is a similar policy and procedures for Children’s within Berkshire. These are available <http://www.scstrust.co.uk/>

2) Making a Difference in Slough

Safeguarding Concerns

Multi-agency safeguarding arrangements work to protect adults with health and social care needs from abuse and neglect. In Berkshire these arrangements are governed by the Berkshire Safeguarding Procedures.

Raising a “Safeguarding Concern” means reporting concerns to the local authority that an adult is, or may be, at risk of experiencing abuse.



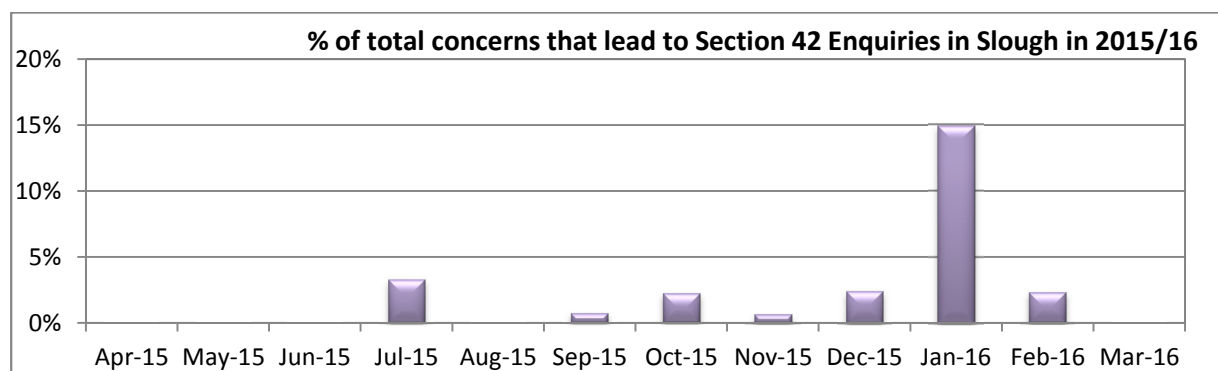
Over the last three years there has been an increase in the number of concerns raised by organisations in particular the South Central Ambulance Service (SCAS) and Thames Valley Police (TVP). These referrals are labelled as Safeguarding and therefore come through the safeguarding triaging system before a decision is made as to whether they meet the Section 42 Enquiry threshold. This has had a significant impact on the ability of the Adult Social Care Safeguarding Service to respond effectively to all concerns with such an increased volume.

In order to address the increase in the number of Concerns being raised the Safeguarding team met with the police and the ambulance service to see if those

cases that were clearly not safeguarding could be re-directed to a more appropriate service. The police and ambulance service agreed to make these changes and this can be seen in the reduced figures for cases referred via Adult Safeguarding for February and March 2016. These cases have been directed to Early Help Team in Slough and other more appropriate agencies.

Reponses to Concerns

When a Safeguarding Concern is raised, a decision is made as to the most appropriate way of responding to the content that triggered the referral as a safeguarding Concern. A Safeguarding Enquiry is only one of the possible responses:



The above chart illustrates the fact clearly that very few of what are raised as concerns actually lead to Safeguarding Enquiries. Many of them lead to Social Care Assessments or sign posting to other services such as the Mental Health Team or Children’s Services.

Although it is important that the issues that are raised as Concerns are reported to Adult Social it would be more effective if they were directed initially to the right organisation rather than them having to come through the Safeguarding triaging process which can delay the response. This however is a better problem to have to deal with than that of under referring issues of Concern.

This is an issue that other local authorities also experience and is caused in part by changes in the Care Act which widened the definition of Adult Safeguard. This is discussed and monitored regularly at the South East Region of ADASS Safeguarding Leads meeting and is being progressed both Regionally and locally through meetings with Safeguarding Leads in South Central Ambulance Service and Thames Valley Police to see if these organisations can review their reporting systems and pathways.

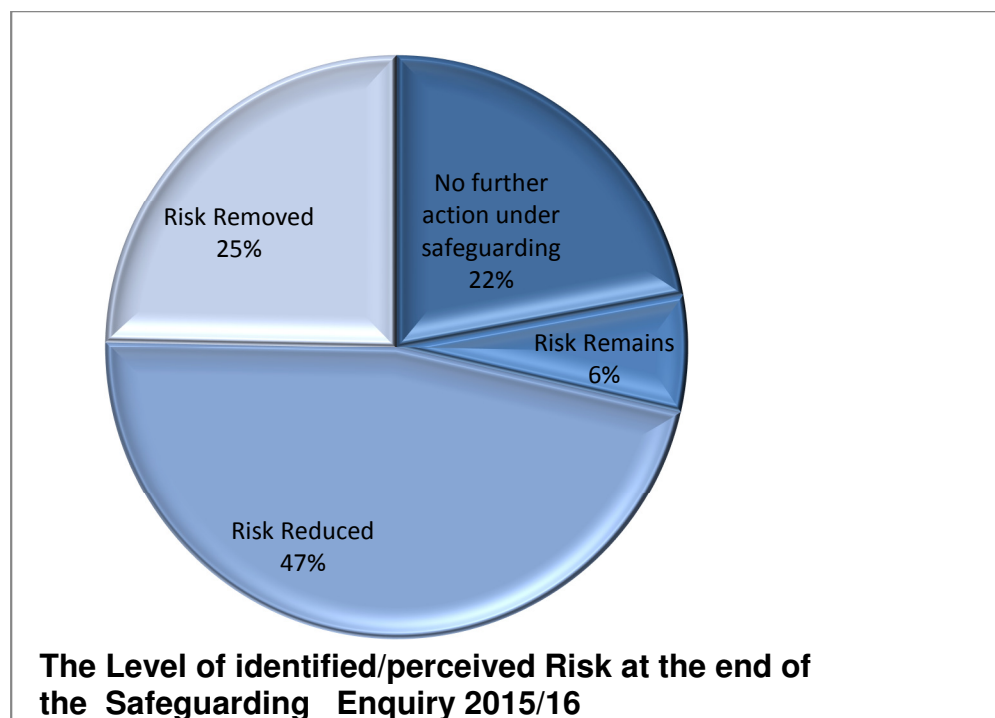
Safeguarding Enquiries

Under the Care Act, Safeguarding Enquiries are now referred to as Section 42 Enquiries (42 referring to the Section of the Care Act where they are located). This section places a duty on local authorities to make enquiries, or cause enquiries to be made, where certain adults are considered to be experiencing or at risk of abuse or neglect. The purpose of the enquiries is to decide if any safeguarding action is necessary and if so, who is to take it.

When it has been decided that it is necessary to undertake a Section 42 Safeguarding Enquiry the main aims of that enquiry are to reduce the risk of further abuse to the Adult who is allegedly being abused but also to achieve the Outcomes that the vulnerable adult themselves are looking to achieve. This is in line with the principles of the Care Act and the Making Safeguarding Personnel agenda, where it is important from the very start of an enquiry to find out what the person wants. It is not always possible to obtain this information or to obtain the Outcome that people identify but it should always be at the heart of any Safeguarding Enquiry.

Risk and Safeguarding

In the past there had been a focus on looking at whether an allegation had been substantiated or proven, was not always the outcome that the vulnerable adult wanted to happen. We now measure success in terms of risk of further abuse being reduced or removed, so that the person is and feels safer as a result of the enquiry.



We currently measure the success of a Safeguarding case on two ways. The first relates to the level of risk. One of the aims of the Safeguarding process is to try and reduce the risk of further abuse to the individual and the above Chart shows of those cases that met the criteria for Section 42 enquiries, in how many of them the risk was removed or reduced.

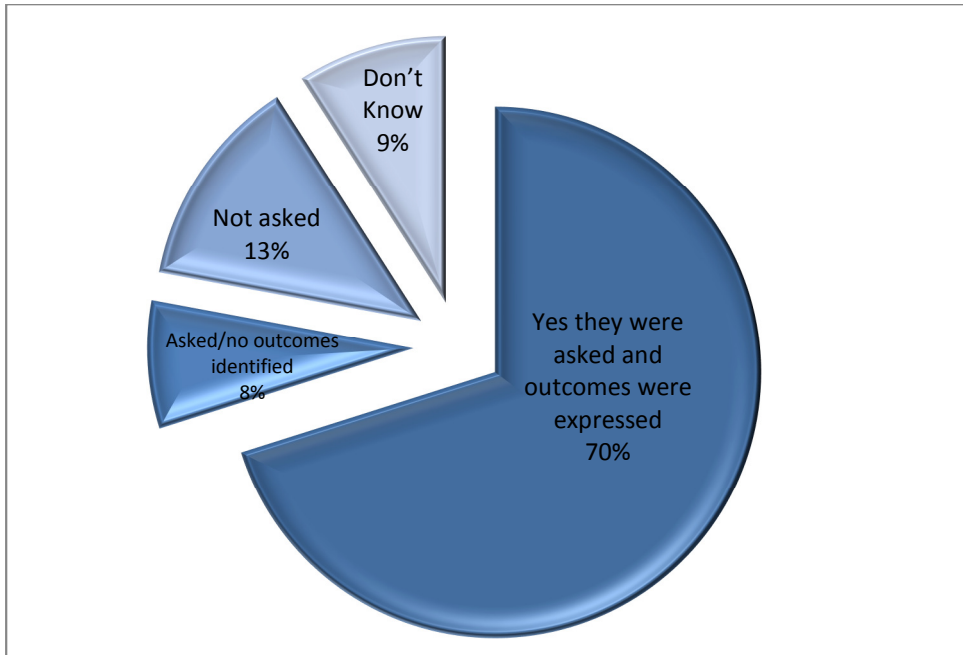
The chart also illustrates that although we are quite successful at helping people to protect themselves from further abuse, people live complicated lives and it is therefore not always possible to totally eliminate the risk of abuse from their lives. This is particularly the case when the abuser is a family member, partner or friend, as people may want the abuse to stop but also want to retain contact with that family member or friend.

The Slough Safeguarding Board identified the assessment and management of Risk as a main focus of its refreshed Business Plan in 2016/17. This focus has been reinforced by the findings in the Safeguarding Adult Reviews (SARs) carried out in the past couple of years. In Adult Social Care, all staff have undertaken Risk training in 2015/2016 which focused on risk relevant to all assessment and case management. Early identification of risk is known to lessen the likelihood that abuse may occur later on, although it is not possible to entirely eliminate such risk in all circumstances.

Outcomes and Safeguarding

The second way in which we measure the success of Safeguarding intervention is to whether the Outcome identified by the Adult at Risk has been achieved. As mentioned above, our recording processes have now been changed to ensure that practitioners at the earliest stage of an Enquiry ask the person at risk of abuse what Outcome they would like from the enquiry. This is often a difficult concept for people to think about, and the Outcomes that people want are not always in the gift of the local authority or possible to achieve. For instance some people would want their alleged perpetrator to be sacked or to be prosecuted and outcomes may be outside the remit of the local authority. Other people in domestic abuse cases may like their partner or relative to change their behaviour and again this is something which we can have little influence over, although we can help people to learn to protect themselves.

The Chart below shows the percentage of people who were asked about their preferred outcomes that were identified by the Adult at risk of abuse or neglect for those cases that met the criteria for a Section 42 Safeguarding Enquiry.



Outcomes and Section 42 Enquires 2015/16

As Outcomes are very individual it is not possible to quantify these but we can record when Outcomes have been achieved, partially or fully. It is still early days in this area of work and we recognise that we need to work harder with our service users to enable them to be able to identify the outcomes they wish to achieve. However some of the Outcomes that people have identified have been to move or to have a different service provider some of which we have been able to achieve and others have not been possible.

Serious Adult Reviews

The Care Act 2014 made it a legal requirement that Safeguarding Adults Board's carried out Serious Adult Reviews when an Adult at Risk died or has a life threatening injury as a result of possible neglect or abuse.

Over the last financial year Slough Safeguarding Adults Board has investigated 2 Serious Adults Reviews and one management review. The results of these can be seen on our website and learning events will be convened in 2016/17 to address these issues.

Mental Capacity Act 2005

The Safeguarding Adults Board works to safeguard the rights of people who lack the mental capacity to make decisions for themselves. These rights are set out in the Mental Capacity Act 2005.

The Act applies to everyday decisions as well as major decisions about someone's property, financial affairs and health and welfare. The Act requires these decisions to be made in someone's "best interest".

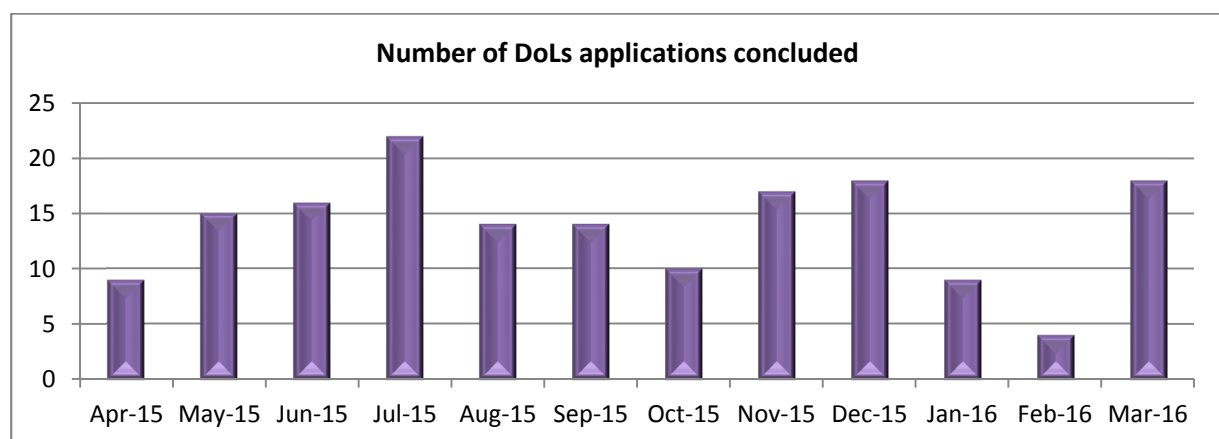
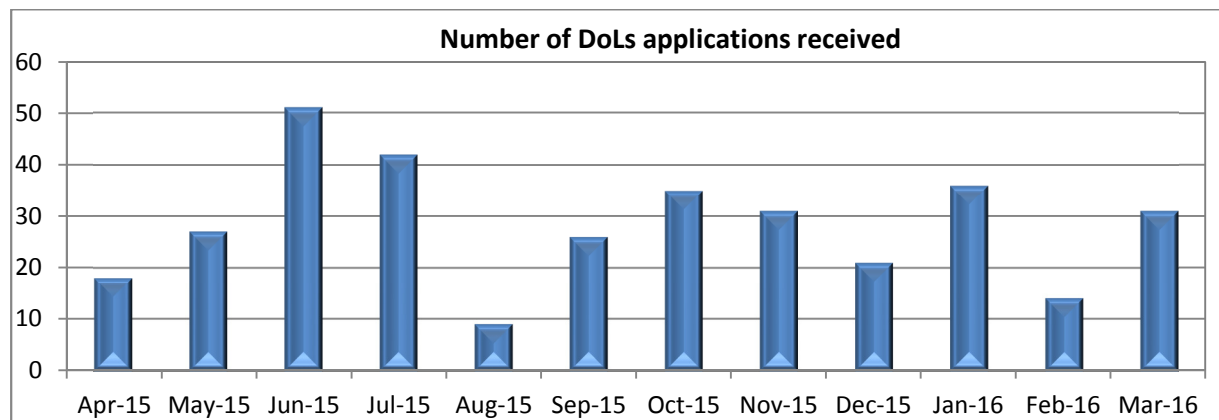
The Board members of the Safeguarding Board promote awareness raising and good practice under the Mental Capacity Act within their own services, training and through commissioned services. The board also monitors compliance with the Mental Capacity Act through regular audits and monitoring data.

Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards are legal safeguards that allow a resident or a patient in a care home or hospital, who is assessed as lacking mental capacity to consent to their care or treatment, to be deprived of their liberty in order to keep them safe from harm.

It is the role of Slough Adult Social Care to arrange for these assessments to be carried out to ensure that the deprivation of liberty is in the person’s best interests.

Statistics



The measure of what constitutes a Deprivation of Liberty has changed significantly due to several significant court cases that were heard in March 2014. The new test, which is known as the acid test consists of two parts:-

- 1) Are they free to leave the care home or hospital
- 2) Are they subject to “continuous supervision or control”?

If the answer to both these questions is yes then the person is being deprived of their liberty regardless of whether or not the person is complying with the care and treatment provided to them.

This new judgement has meant a significant increase in the number of people requiring protection under the Safeguards. The increase in Slough is mirrored across the country and most local authorities are not able to meet the timescales within legislation due to the rapid increase in numbers and the lack of appropriately trained Best Interest Assessors (BIAs) within their organisations or the funds to employ private BIAs. The Council has adopted the ADSS prioritising tool as a way of identifying those cases which present a potentially higher risk and these cases are being dealt with before other cases.

Alongside Deprivation of Liberty Assessments in Care Homes and Hospitals there is also a requirement that those people who are deprived of their liberty in the community or in supported living are now assessed. In Slough we have carried out a review to ascertain how many people meet these criteria and are working our way through these reviews dependant on the risks to the person, in line with the ADASS (2014) Risk Assessment Tool. This work is done by individual Adult Social Care teams although it is co-ordinated by the DoLS team.

Deprivation of Liberty Team (DoLS team)

In Slough there is a Deprivation of Liberty Safeguards Team which receives all the requests from Care Homes and Hospitals for Slough residents and for private funders placed in these establishments within Slough.

If someone needs to seek advice or request an assessment then they can contact the DoLS team on 017536390942 or email Deprivationofliberty@slough.gov.uk

There is recognition in Adult Social Care within Slough that although there are plans to change the law relating to the Deprivation of Liberty Safeguards, any changes are unlikely to be instituted before 2018. There are plans to make the BIA training mandatory for all qualified staff in Slough, thereby increasing our pool of trained BIA. There will also be a requirement that those staff that are trained will have to undertake at least 10 assessments a year and in return they will be given a set amount of payment in the form of a Market Supplement to encourage staff to undertake this role. We are also planning on increasing the amount of training and support on offer to our BIA's.

4) Slough Safeguarding Adults Board 2015/16

The Vision of the Slough Safeguarding Adults Board has always been "Preventing Abuse, Protecting People" and this continues alongside the six Safeguarding Principles as to be the main focus of Safeguarding within Slough.

From the 1st April 2015, the Board became a statutory body with specific duties and requirements as set out in the Care Act 2014. However the Board had been in existence before the Care Act and had been working under a voluntary arrangement with statutory and non-statutory organisations working together to safeguard adults at risk of abuse and neglect.

Slough Safeguarding Adult's Board has had an independent chair for several years and the post is currently filled by Nick Georgiou, who provides an independent perspective, enabling there to be challenged and support to the Board to enable it to continue to develop. The Board is overseen by the Director of Adult Social Care.

The Board meets four times a year. Additionally an Executive Group also meets four times a year and there are meetings of the Board's subgroups. The Board's governance arrangement and functions are set out in the Board's Terms of reference. The Board's objectives for the year ahead are set out in the Board's Strategic Plan.

All of these documents, together with any information on Adult Safeguarding can be found on the <http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-safeguarding-adults-board.aspx>

5) Board Structure

Slough Safeguarding Adults Board (SSAB) is made up of a range of different agencies working across Slough with adults at risk of abuse or harm. These agencies come together four times a year to look at ways of working together in relation to Adult Safeguarding.

With the introduction of the Care Act there are three Core agencies, the local authority, police and the Clinical Commissioning Group, with the local authority carrying a statutory lead responsibility for the Board. Each Core agency contributes financially to the costs of the Board and its work is identified.

Representatives of service provider agencies and voluntary agencies are active Board members and contribute to developing and delivering the Board's Business Plan and Board subgroups.

All sub groups work to terms of reference agreed by SSAB and are available on the Board's website

Executive Subgroup

The Executive subgroup is made up of the statutory partners of the Safeguarding Board and its function is to direct and steer the work of the Board in order to ensure that it meets statutory requirements. The Chair of this group is the SBC Director of Adult Social Care. This group sets the agenda and the work plan for

the Board to approve and makes sure that the Board is meeting its statutory requirements.

1) Training Subgroup

This is an East Berkshire wide subgroup and is made up of Training and Safeguarding leads from Slough Borough Council, Royal Borough of Windsor and Maidenhead and Bracknell Forest District Council. It is currently being chaired by the Safeguarding lead from RBWM.

The group takes its work from the work plans from each Board and the objectives set in the Training Plan. The subgroup has delegated responsibility for safeguarding awareness raising and all aspects of training with a preventative focus in mind, but ensuring staff know how to deal with concerns when they arise.

The focus of the group over 2015/16 has been to refresh our Training Strategy to ensure that it takes on-board the requirements of the Care Act 2014 and the recent updates of the Bournemouth Safeguarding Training Competences.

The group also focused on developing a training strategy for our Best Interest Assessors (BIAs) to ensure that there was a more effective and robust training programme available for our BIAs so that they would be able to remain up to date with the ever increasing case law and practice within the Deprivation of Liberty Safeguards.

2) Serious Adult Reviews Subgroup

This is a group which looks at all request for SAR's and then with the agreement of the Board will commission and monitor the work of any SAR's undertaken on behalf of the Board. The group is chaired by East Berkshire Safeguarding Lead from the Clinical Commissioning Group CCG with support from Adult Social Care.

A report on the work of the SAR is available at <http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-safeguarding-adults-board.aspx>.

3) Quality and Performance Subgroup

This group takes its work plan from the objectives set out in the Overall Business Plan. This group is chaired by the Safeguarding Development Manager from Slough Borough Council. The subgroup has delegated responsibility for formulating the performance management information presented to the Board and quality issues linked to practice development from audits and learning from review processes. The group also has the responsibility for arranging and co-ordinating safeguarding audits.

In 2015/16 this group has carried out two multi-agency audits. These are audits where members of the Board and their staff are able to come along to an audit day where they are able to audit Safeguarding Cases. The idea of the day is not only to provide outside scrutiny of Safeguarding practice within Adult Social Care

but also to allow agencies to have a greater understanding and clarity regarding the Safeguarding process. The aim is that greater understanding of the process and the complexity of Safeguarding cases within Slough should lead to more effective multi-agency working as well as providing the Board with insight into the areas where it may wish to focus on over the coming year.

4) Communication and Engagement Subgroup

This group takes its work from the objectives set out in the Overall Business plan but also from issues that arise throughout the year. This group is chaired by the Safeguarding and Development Manager from Slough Borough Council. After a review of the function of this group during 2015/16 it was decided that this group would function as a Task and Finish group.

So far in 2015/16 there has been two Task and Finish groups one looking at Fire Safety. This group started as a result of a series of fire deaths in a neighbouring authority related to vulnerable adults. The group has developed an action plan to look at raising fire awareness amongst agencies working with vulnerable adults as well as regarding the availability of Fire Safety checks offered by Berkshire Fire and Rescue Service.

The second Task and Finish group look at developing materials with DASH with regard to vulnerable adults who are at risk of domestic abuse. This work is still on going.

6) Board Strategic Business Plan

Under the Care Act 2014 all Safeguarding Adult's Boards should have a Strategic Business Plan and this should be accessible to the public. Slough Safeguarding Adult's Board (SSAB) like most Boards have had a business plan for several years but has not until now has chosen to publicise this plan. It is now available on our website www.slough.gov.uk/.../slough-safeguarding-adults-board.aspx.

SSAB current business plan is for 2014/2017 and is an evolving document, meeting the ever changing demands of Adult Safeguarding. Below are the five strategic objectives of the Board and these came out of a Safeguarding Peer review in 2013 and several Serious Adult Reviews. At the time of writing this report a new business plan is being designed for 2017/2020 which will move the Board away from directing partner agencies in relation to work, towards asking agencies to identify their own shortfalls and areas for development and the Board having the role of overall scrutineer and monitoring of progress for all agencies working with Adults with care and support needs.

This Business Plan is being refreshed to reflect the key issues to be focused on into the future.

STRATEGIC OBJECTIVE 1- IMPROVING IDENTIFICATION OF RISK TO THE INDIVIDUAL AND MANAGEMENT OF THAT RISK

The identification of risk and the development of strategies to manage such risks are critical to delivering strong safeguarding practice. SSAB has a multi-agency risk guidance which is available to all partner agencies which should in turn inform their own internal risk policies and guidance. Due to the development of the Care Act 2014 the Board has re-looked at this guidance to ensure that it is line with the philosophy of the Care Act and in particular is person centred and outcome focused. The guidance was then relaunched and there are plans for an audit of partner agencies in 2016/17 with a focus on risk management which will look at how this risk policy is being used within partner agencies.

The Board also used one of their multi-agency audits to focus on risk within Adult Safeguarding and the results of this audit will be reported back to the Board in June 2016 as the audit occurred at the end of March 2016.

One of the identified learning points from two of the three reviews that were undertaken by the Serious Adult Review group was the need for robust risk assessments particularly within Adult Social Care Assessments. As a direct response to this, Adult Social Care (ASC) ran three training sessions on risk assessments for all Adult Social Care staff using a newly revised internal Risk guidance and Risk tool and these sessions where held in June 2015.

Another learning point from SAR group related to the specific risks around self-neglect and hoarding and as a result Self-Neglect guidance was made available to all staff within Adult Social Care and to all partner agencies.

South Central Ambulance Service (SCAS) identified a particular action for its own staff in relation to their alerts. The ambulance service were aware that their staff were not carrying out robust risk assessments when referring cases to Adult Social Care which could account for the increased number of referrals coming into ASC. SCAS therefore set itself a target of improving the appropriateness and quality of referrals taking into account risk. This is an area where there has been improvement over 2015/16 and it is anticipated with the new referral forms and electronic recording system that there will be further improvements over 2016/17.

STRATEGIC OBJECTIVE 2 – TO ENSURE IMPROVING SAFEGUARDING PRACTICE

The Board recognises that the bedrock of strong safeguarding is in the practice of individual practitioners working within a sound procedural framework and within agencies providing clear guidance and support to staff working with people who might be at risk because of their circumstance and/or condition.

Although the Board recognises it is not responsible for the work of the partner agencies it does have a responsibility to promote an effective framework to promote best practice, and to want assurance from these agencies that they have clear

procedures and approaches within their agency, and commitment to multi-agency partnership working.

Within this Objective the Board wanted to make sure that all partner agencies had policies and procedures in place which were in line with the Berkshire Safeguarding Adults Policies and Procedures. In order to do this, it was agreed that an audit tool would be developed and then sent out to Board members to form the new Business Plan for 2017/2020. This audit tool was completed in 2016 and was sent out to partner agencies in March 2016 for completion by the June 2016 Board. This will be reported on in 2016/17 Annual Report.

There was also recognition by the Board that the current Berkshire Policies and Procedures were not fit for purpose due to the changes required by the Care Act 2014 and a Berkshire Task and Finish group was set up to develop new Safeguarding Policies and Procedures. This group met up several times during 2015/16 and eventually decided to use the Pan London Policy and Procedures but to adapt this with the approval of the Pan London authors to meet the requirements of Berkshire. This was completed and the new Policy and Procedures went to the SSAB in March 2016 for approval and sign off and are now available at <http://www.sabberkshirewest.co.uk/practitioners/berkshire-safeguarding-adults-policy-and-procedures/>.

Alongside the changes to the policy and procedures there was a recognition that the Board needed to ensure that the philosophy behind the Care Act, working in a person centred way, which we had started to embed in practice through our work with Making Safeguarding Personal (MSP) continued to be adopted by staff.

As the lead agency for Safeguarding, ASC has been producing a newsletter on MSP and this continues to be published and available to all staff four times a year. At the same time the content of all Safeguarding Training was updated to ensure that it was compliant with the principles of MSP.

One of the outcomes from a SAR was that it was felt that there was a lack of understanding of what groups or forums existed to discuss clients who may pose a risk to others or who may be at risk themselves of abuse or neglect. A piece of work was therefore undertaken to scope which multi-agency forums were working within Slough and this was presented to the March 2016 Board so that partners could understand where their staff could take clients to discuss their needs within a multi-agency setting.

STRATEGIC OBJECTIVE 3- BOARD EFFECTIVENESS

The SSAB has a responsibility to ensure that it gives strategic guidance to the partners working in Slough. It oversees and leads adult safeguarding to promote the prevention of abuse and neglect, and where there is abuse to ensure effective action, often on a multi-agency basis. To be effective it is important that the SSAB facilitates positive open discussion between partners to challenge each other and other organisations in regard to their actions or inactions to minimise the risk of abuse or neglect.

In 2016 an internal audit of Adult Safeguarding was undertaken by ASC. One of the findings of the internal audit was that there was a lack of procedure within the Adult Safeguarding Board regarding the sign off of documents and that there needed to be more robust recording of actions and sign off within the Board. This has now been achieved.

To support new Board members an Induction Pack was developed and signed off by the Board in December 2015 and is now available to all members of the Board via our website. The pack also includes a confidentiality agreement which all Board members are required to sign regarding information discussed within the Board.

The SSAB has always recognised how difficult it is for partner agencies to take part in the Board due to the fact that most partners cover several boards due to the unitary nature of the Councils within Berkshire. This has been a particular issue in regard to attendance at the Board's subgroups. Therefore it was decided to re look at the subgroups of the Board and how they functioned and who should attend each group.

As part of the review of the subgroups it was decided that the Serious Adult Review and Training Subgroups were working well as was the Executive Group.

The Communication subgroup developed a Communication Plan ratified by the SAB in December 2015. The Board decided that rather than having a standing communication subgroup that there would be task and finish groups which would be commissioned to undertake specific work of the Board. Within 2015/16 there have been two groups, one looking at designing posters and leaflets for adults with social care needs who experience domestic abuse and a second group looking at raising awareness regarding fire safety. The action plans for these groups remain ongoing into 2016/17.

There was also recognition by the Board for the need for closer working with other Boards including the Wellbeing Board, Local Children's Board, and Safer Slough Partnership Board. In 2015 members of each Board were identified who could sit on the SSAB and members of SSAB who were already sitting on other Boards who could feed into those Boards on behalf of SSAB. Work was also done at an operational level within ASC to ensure cross working between the partner Boards on topics such as Child Sexual Exploitation, Domestic Abuse, Forced Marriage, Modern Slavery and Female Genital Mutilation. This has led to several developments including the publication of a Modern Slavery Guidance for all agencies within Slough.

STRATEGIC OBJECTIVE 4 – LEARNING FROM SAFEGUARDING ADULT REVIEWS AND OTHER REVIEWS/INVESTIGATIONS.

Safeguarding Adults Boards must arrange a Safeguarding Adult Review when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

Slough Safeguarding Adult's Board already had a Safeguarding Adult Review subgroup of the Board, chaired by a member of the Board. However it was decided that the Terms of Reference of the group needed to be relooked at in light of the Care Act 2014 and to see if there was an opportunity to widen the group to cover East Berkshire. Within 2015/16 the Terms of Reference have been refreshed and discussions have been held regarding widening the remit of the group but at present it remains a Slough group.

It was also agreed that all Safeguarding Adult's Review's would be published on the SSAB's website and these are now available. <http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-safeguarding-adults-board.aspx>

There have been three reviews carried out by the Safeguarding Adult Review group in Slough this year and the action plans for these have now been shared with the relevant agencies as well as the Board as a whole. These actions plans will be implemented in 2016 and will be feedback to the board on a regular basis for the Safeguarding Adult Review group to then report the progress or non-progress on actions back to the Board.

STRATEGIC OBJECTIVE 5 – COMMUNICATION AND ENGAGEMENT

Over the period 2015/16 the Slough Safeguarding Adult's Board developed a Communication Strategy and with an action plan). The idea was to move away from a Communication subgroup to developing Task and Finish groups when the Board identified the need for a communication plan. Over the year there have been two main task and finish groups and these are discussed above in the Communication Subgroup section.

The Board has over the last few years developed a range of materials that are available to partner agencies as well as the public around prompting awareness around Safeguarding in its various formats. These materials can be found on our website as well as being obtained directly by contacting the Safeguarding Team on Safeguardingadults@slough.gov.uk.

7) Partner Highlights

This section contains reports from our partner agencies to illustrate the individual work undertaken by the various agencies within Slough in 2015/16 in relation to protecting those adults who are unable to protect themselves.

Slough Borough Council

Slough Borough Council remains committed to ensuring that adults at risk are free from abuse and that safeguarding arrangements across the Council are protecting

our most vulnerable residents. Learning from Safeguarding Adult Reviews has been invaluable in ensuring that we manage risk effectively and in a person centred way. This has resulted in several workshops for staff to increase their understanding in identifying risk and working with adults at risk and their carers in managing that risk whilst balancing that with people's rights to live the lives they want to.

This work has also meant far greater collaborative working with other departments within the Council. We now have regular attendance from Community Safety, Public Health and Housing at the Safeguarding Adults Board and staff at ground level are communicating with each other far more frequently and effectively where concerns have been identified. This has resulted in a quicker response to potential abuse.

The Council continues to train its staff and Elected Members in Safeguarding and why it is such an important feature of our work. The Safeguarding Team has been reconfigured to ensure that safeguarding cases are accurately recorded and audited. The Team also provides oversight for the Council's responsibilities for the Deprivation of Liberty Safeguards and the Appointeeship & Deputyship Service.

Thames Valley Police

As an organisation, Thames Valley Police fully understands its commitment to safeguarding vulnerable people which includes adults. We have for some time identified 'Protecting Our Communities from the Most Serious Harm' as a priority, and this will continue over the next few years. There are a number of specific actions to meet that priority, such as the requirement to develop and implement an adult safeguarding strategy to protect vulnerable groups.

As the Commander for the local police area, I am committed to supporting this priority. My officers and staff are undergoing additional specialist training to be able to identify and then deal with various crimes and issues relating to vulnerability; and it is also a clear priority for me at my daily management meeting. It is important however to recognise that the police alone cannot address this and I therefore need the support of our partner agencies to ensure we can respond appropriately.

This is manifested on a number of levels. My patrol officers are often the first point of contact with vulnerable adults especially those with mental ill health. Together with Berkshire Healthcare Foundation Trust, we are developing a mental health triage pilot whereby a police officer will patrol with a mental health professional in order to be able to give a more appropriate response to someone in mental health crisis.

On a personal level, I am an active member of the Slough Safeguarding Adult Board and collectively we are able to hold all members to account and ensure we are all working towards safeguarding vulnerable adults. I'm confident that through this partnership approach, we will have a positive impact, which will help me to prevent our community being subject to the most serious harm.

Berkshire Health Foundation Trust

BHFT have been working on strategies to address the national rise in suicide rates over the past year. A Suicide Prevention steering group was set up in December 2015, currently working on review of Trust Risk Assessment policy, ensuring alignment with the standards agreed by SAB, and RiO (electronic patient record) tools. We have also reviewed our suicide prevention training and are offering various training courses.

In addition, to assist staff further in their work with those people experiencing thoughts of harm to self we have Teamnet (BHFT Intranet) suicide prevention page with clinical guide and links to a range of evidence based resources. We also have a process for Audit and Peer review of clinical risk documentation across inpatient and community services. In response to carer feedback we have developed and delivered a Carers Suicide awareness training (co-produced and co delivered with carers). We have also developed a resource for males attending A&E at WPH, this is a leaflet designed with service users that provides information specifically for men who may be experiencing mental health difficulties.

Mental health services routinely undertake risk assessment and use risk management interventions, Cases have been managed on the basis of targeted interventions according to assessed need, alongside formal safeguarding processes. All CMHT staff are trained in use of the Care Act and receive training at appropriate levels, either through Berkshire Healthcare training (at levels 1 and 2) or that provided directly through SBC at Levels 1, 2 and 3.

National Probation Service

The work we complete in this area is ongoing and monitored. The National Probation Service works with a number of cases where there are concerns with regards to Adult Safeguarding for a variety of reasons. We manage an offender who is the sole carer for a vulnerable adult – which can lead to concerns and/or manage offenders who we deem to be vulnerable themselves. I attend the Youth Violence Panel and liaise regularly with the Police which assists me in monitoring and tracking these cases.

For all such cases a referral would be completed to Adult Safeguarding. All such referrals are tracked by managers and monitored in line management. This ensures that we have a system by which to escalate should we remain concerned and also if a response is not received in a certain time frame. All safeguarding cases are monitored and discussed in supervision with Offender Managers every 5/6 weeks. This includes cases where there are concerns in relations to gangs and the safeguarding concerns that arise from that – both for the offender and the family members/associates linked to them.

Slough Clinical Commissioning Group

Over the last 12 months the Clinical Commissioning Group (CCG) had an action plan which included the appointment of a New Safeguarding Lead to work with the Deputy of Nursing (Safeguarding). This would enable the CCG to remain a key and active member of the Board and appropriate subgroups. The CCG also took over chairing the SARP and provided administrative support.

The CCG, led by the Deputy Director of Nursing, developed MCA train the trainers programme for health and social care providers; including ongoing support for the trainer pool. There were two train the trainer sessions which in turn resulted in 30 staff being trained to train staff in Mental Capacity Assessments. At the same time the CCG produced an MCA Information card for all staff and took part in the planning and delivery of an MCA cross Berkshire Conference.

Primary care also delivered on safeguarding BASE training with emphasis on the Care Act implications and prevention training as well as delivering Prevent awareness training to over 150 GPs and practice nurses at practice training session 1.12.15.

The CCG continue to be committed to the safeguarding adult arena. By increasing the levels of MCA trainers, this directly impacts positively on the quality of assessments and holistic approach to safeguarding adults. Raising awareness of MCA, DoLS and Prevent encourages referrals and promotes early detection and early intervention of services. Monitoring provider safeguarding adult activity places adult safeguarding as a priority area for the CCG and ensures support and early intervention should performance become an issue.

Frimley Health Foundation Trust (Wexham Park Hospital)

There has been a 43% increase in alerts for Adult Safeguarding concerns in the community being made by staff compared to the previous year. This is primarily due to a continued increase in awareness and training attended by staff in order to recognise safeguarding concerns.

The Trust has an Adult Safeguarding Lead based at Frimley Park Hospital and a newly appointed Adult Safeguarding Lead band 8A covering Wexham Park and Heatherwood Hospitals. Following the consultation as part of the acquisition of Wexham and Heatherwood Hospitals, two band 6 posts have been included in the safeguarding structure for the Trust. These posts are predominantly to deliver training to meet the requirements in the quality schedule of the NHS contracts with the Trusts commissioners and the CQC standards for safety and safeguarding.

Training packages have been reviewed and developed for level 1, 2, and 3 and are all delivered internally by the Adult Safeguarding Leads and the Adult safeguarding Nurse on all sites. In order to meet the required percentages set contractually by the commissioners, training sessions take place three times a week. There has also been

combined training session with children safeguarding which delivers all of the level 2 requirements in one day.

South Central Ambulance Service (SCAS)

South Central Ambulance Service NHS Foundation Trust covers a population of 3.9 million over a geographic area of 4,600 square miles, across Buckinghamshire, Oxfordshire, Berkshire and Hampshire (with the exception of the Isle of Wight).

The safeguarding team have had a busy 2015-2016. We have seen the number of referrals increase by over 100% following the face to face training. This coupled with our involvement in local safeguarding hubs, face to face safeguarding training, Prevent training, involvement with our commissioned service providers with regard to safeguarding, safeguarding audits with our partner agencies, working with the CQC with regard to specific safeguarding cases around care home issues has made this a very busy year for the team.

SCAS are members of both Children's and Adult's Safeguarding Boards across the South East area which means that they are not always able to attend all board meetings but they still remain an active participant in protecting vulnerable adults.

Royal Berkshire Fire and Rescue Service

Royal Berkshire Fire Service Prevention direction over the last twelve months has had a focus on developing joint working arrangements assisting us to identify and support those vulnerable to fire in our communities. We recognise that the best placed people to provide us accurate information are the organisations who provide care and their staff who operate on a daily basis with the cohort we seek to engage. We have developed and are currently piloting "The Adult Referral Guide" which delivers information, linked fire awareness training, fire risk assessment aide memoire and importantly a referral pathway to Royal Berkshire Fire Service. The guide also informs on a range of assistive technologies available to support those who are deemed most vulnerable. In reviewing the individual personal need and vulnerability as part of the holistic care package an opportunity exists to utilise these products keeping the individual safe and living within their own homes which over the longer term may significantly reduce the fiscal burdens of residential care.

Royal Berkshire Fire Service has successfully provided fire safety education for children and young people across Berkshire over many years. We are in a position where our service brand is recognised and accepted by children and young people allowing us to influence their thoughts and behaviours.

We are currently piloting 2 youth engagement programmes, FireFit, focusing on health, nutrition, fitness and wellbeing providing a platform for long term good health

and FireBreak, developing confidence, self-esteem, communication skills, team building and problem solving.

Slough Council for Voluntary Services

The voluntary and community sector (VCS) organisations that come into contact with vulnerable people are incredibly diverse. They range from small groups such as local support groups, medium charities providing information and advice, organisations running lunch clubs or activities for Carers to large national organisations with mainly paid staff.

One thing that they all have in common is the important part they can play in safeguarding and protecting vulnerable residents in Slough that they work with. Often they are in a good position to spot a problem developing at an early stage and put families in touch with services that can support them. Alternatively if it has gone beyond this stage, they can alert the relevant agencies about their concern.

This is why it is crucial that VCS volunteers and employees are able to spot the signs of abuse and neglect and know what action to take. Helping them do so is part of the reason Slough CVS play an important role by playing an active role on the multi-agency Slough Safeguarding Adults Board by keeping the VCS informed of training and events, ensuring the weekly alerts have the most up to date information, which has kept the VCS informed of changes the last year.

Healthwatch

It is important for people to share their views & experiences with Healthwatch. We have various ways in which this can be done; we work closely with key organisations to promote the work that Healthwatch does to help spread the word. Last year we delivered or took part in over a hundred events, meetings, groups and public areas across Slough to help ensure the public know how they can share their views and experiences about local health and social care services. We visited hospitals and GP surgeries, care homes and had a stall at the Langley Carnival. We meet people & hand out our 'Speak Out' leaflets whenever we are out and about to make it quick and easy for people to share their experiences. The leaflets, which are available in large print and Braille, are also displayed in a wide range of public buildings throughout Slough including libraries, community centres, GP surgeries, Wexham Park Hospital and My Council.

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“A framework for multi-agency working with involving risk to service users” (2014) Slough Safeguarding Adults Board.

“Deprivation of Liberty – Risk Tool” (2014) ADASS.

“National Capability Framework for Safeguarding Adults” (2015) Bournemouth University.

“Report 39: Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse” (2015) SCIE.

Legislation:-

“Mental Capacity Act” (2005)

“Deprivation of Liberty Safeguards (2009)

“Care Act” (2014)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 6th October 2016

CONTACT OFFICER: Alan Sinclair, Interim Director Adult Social Care
(For all Enquiries) (01753) 87 5752

WARD(S): All

PART I**FOR COMMENT & CONSIDERATION****ADULT SOCIAL CARE LOCAL ACCOUNT 2015-2016**1. **Purpose of Report**

To provide the Health Scrutiny Panel with a brief overview of the draft Adult Social Care Local Account 2015-2016;

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

The panel is asked to comment on the Local Account before it is finalised.

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

This report details the activities and performance of Adult Social Care for the year to the end of March 2016. The priorities are reflected in the Council's Five Year Plan and the Joint Wellbeing Strategy

3.1 **Slough Joint Wellbeing Strategy Priorities**

The Local Account for 2015/16 reports on the progress Adult Social Care during 2014/15 and reflects the priorities set out in Slough's Wellbeing Strategy at that time:

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

3b. **Five Year Plan Outcomes**

The Local Account Format follows the Council Five Year Plan priorities 6.3 to 6.7 (More people will take responsibility and manage their own health, care and support need) and 7.7 (Maximise savings from Procurement, Commissioning and Contract Management). The Account also includes the Five Year Plan Priorities for 2016/17.

4. **Other Implications**

(a) Financial

The Local Account includes a brief section on expenditure during 2015-2016

(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 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 fifth 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.

5.2 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 in 2015/16 to support greater independence and choice and to support preventative measures for a wider range of people. 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
- Outlined our progress in creating new care pathways for people, including carers, who contact us.

- Invited local residents to provide feedback and help shape priorities for the next year

5.3 This year's Local Account contains more information on our transformational work and reflects 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. The Local Account also outlines a revised set of priorities for the current year, linked to the Outcomes 6 and 7 in the Council Five Year Plan. These are:

FYP 6.3 - Develop preventative approaches to ensure that vulnerable people become more able to support themselves and an overall prevention strategy

- In partnership with the NHS, re-commission a reablement and intermediate care services and deliver effective reablement services to more people
- Review and redesign of housing related support Services
- Increase the provision of equipment and assistive technology where needed to promote independence

FYP 6.4 - Build capacity within the community and voluntary sector to enable a focus on supporting more people to manage their own care needs

- Develop the community resilience strategy
- 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 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

FYP 6.5 - Put in place new models of social care for adults where direct payments will be the norm

- Complete the redesign of social care pathways and restructure of the service.
- Further develop our model of community based working that draws on the professional expertise of all community offices and SPACE
- Implement the Community Hub approach
- 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
- Redesign Services for People with Learning Disabilities
- Introduce models of client self-service
- Improved transition processes from children to adult services

FYP 6.6 Develop existing safeguarding arrangements to ensure people are at the centre of the safeguarding process and are supported to manage any risks.

- Develop existing safeguarding arrangements to ensure people are at the centre of the safeguarding process and are supported to manage any risks
- Ensure compliance with the Mental Capacity Act and Deprivation of Liberty Safeguards

- Maintain and further develop partnership arrangements and links with Community Safety Partnership, LSCB and other SBC Departments.

FYP 6.7 - Health and social care Integration

- Radically transform Slough's community based care and support system by 2019, supporting people to live longer, healthier lives
- Develop the Single Point of Access for health and social care services
- Redesign intermediate care services to meet local needs
- 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
- Reform the Social Care system through system redesign of the work force to fit the needs of local people

FYP 7.7 - Procurement, commissioning and contract management

- Change our procurement and contract arrangements so they are more outcomes focused
- Develop the market and improve supplier relations around compliance, value for money and efficiency
- 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 residents placed in Care Homes receive the right service at the right time to improve outcomes

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 2015/16 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.

The Local Account is in draft form and will be edited and formatted before publication. The ASCOF data is still provisional and we are waiting for some final figures and the comparative data before the final Account can be completed.

7. **Appendices**

Appendix 1 - Slough Adult Social Care Local Account 2015-2016 (Draft)
Appendix 2- Provisional ASCOF Data

8. **Background Papers**

None

**ADULT SOCIAL CARE
DRAFT LOCAL ACCOUNT
2015/16**

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Foreword

This is the fifth Local Account of Adult Social Care Services in Slough. The document is intended to help our residents and others, including service users, carers, care providers and commissioners, to understand more about the social care services that Slough Borough Council and its partners provide to adults in the Borough. The document shows how we have performed over the past year in providing these services, with examples of how what we do makes a difference to the lives of the people we champion and support. Our successes, challenges and priorities are all addressed.

Slough is a changing place, and this is not only reflected in regeneration of the area, and the development of new community assets, but also in the way that we provide support to people who most need it. More than any previous Local Account, this document shows real progress in transforming the way do business, with new approach to determining how best to support people in their own homes and communities, and new services commissioned to provide a better quality of life and to help provide tailored support that meets the individual needs and preferences of the people we work with.

This Local Account shows the progress we are making in our transformational journey. We are shaking up traditional models of care with the intention of empowering people, starting conversations, and connecting residents; working together with residents, the voluntary sector and partners internally within the council.

We are replacing the “needs based assessment” process that rations services, with conversations aimed at maintaining people’s independent lives wherever possible and for as long as possible, connecting people back into their communities and the lives they want to live.

Rather than focus on what’s wrong, the gaps and the problems, which can leave people feeling disempowered and dependent, as passive recipients of services, our new approach is designed to enable people to become active agents in their own and their families’ lives. The performance data included in the Appendix to the report shows our new model taking shape.

But we are facing increasing budgetary pressures, greater demand for social care, and policy changes such as the Care Act 2014, all set against the backdrop of the national Government’s continuing austerity measures, which in our every day lives is proving difficult for many of us. Some key statistics show the size of our challenge.

- By 2020, Slough’s over 65’s population will increase by 17% and the over 80’s by 18%.
- People aged 55-64 with a physical disability will increase by 15% in 2020.

- Over 65's with a long term condition will increase by 17% in 2020.
- High levels of physical inactivity are estimated to cost Slough in excess of £25 million annually.

To meet the challenges, the council working in partnership with the local NHS is developing new ways of working, seeking to improve outcomes for residents and carers by enabling people to do more for themselves, focusing on people's strengths even at points of crisis, promoting more choice and control of support options and connecting residents to a network of services and activities to improve wellbeing.

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 Social Care



Introduction

About Slough

Slough Borough Council is a unitary authority and is responsible for all Local Government services in the Borough including social care, highways and education. The Borough lies 20 miles from Central London at the heart of the Thames Valley and within the county of Berkshire. The estimated population of the Borough is 144,575 people in approximately 51,000 households and communal establishments. Slough is home to some of the world's best known businesses and is the third most productive town outside London in the UK

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 approximately 51,000 households 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.

Adult Social Care

Adult social care is the name given to a range of care and support services that help frail, disabled and socially isolated people remain independent, active and safe. These services range from help with getting out of bed, washing and preparing meals to short-term reablement and adaptations to help people remain independent in their own homes. Support may be provided in home, a community setting or in a care home. Adult Social Services helps and supports residents with the highest social care needs but we are also developing more preventive services to able people to live longer, healthy and fulfilling lives. We also provide advice on other kinds of support that may be available in the local area. Carers are also offered an assessment to identify any support needs that they may have.

Our service users may have a range of needs and include:

- Older people
- People with physical disabilities
- People with learning disabilities
- People with mental health needs

- People with memory and cognition issues .

Social care users are now able to access personal budgets which give greater choice and control over the services people choose to receive and how their care is arranged. For those who are unable or do not want to manage a personal budget, we will manage the budget on their behalf.

The Local Account

Councils are required to report 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 people how we have performed over the past year. 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 2015 and ending 31st March 2016. We hope this Local Account provides the information needed 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 on information and data; which in turn promotes local accountability and allows us to identify the wider health and well being agenda.

The Five Year Plan

Since we started producing Local Accounts the Council has adopted a Five Year Plan which sets how it intends to meet the challenges it faces over a long term basis. Reviewed every year the plan focuses on the Council's role in

- Demonstrating community leadership
- Shaping and managing the changing place
- Supporting the most vulnerable
- Enabling people to help themselves.

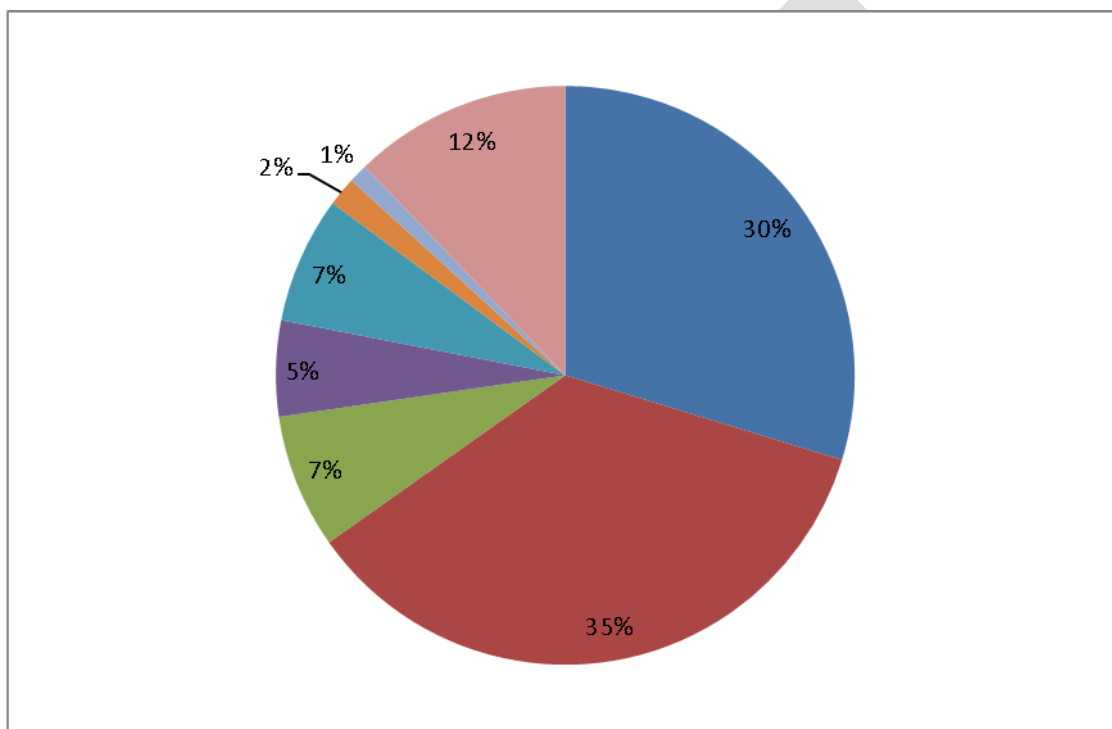
The Five Year Plan means we are clear in Slough about the priorities facing us and the outcome plans set out how we will work with others to achieve these. Wherever possible we will look to manage future demand for services through targeted intervention and prevention. We will always ensure the most vulnerable in our community know how to get the support they need. We will enable people to do more for themselves, building on the strengths of our communities and partnerships. As importantly, we will develop our plans to build a place of opportunity and ambition for Slough.

The priorities included in this local account are reflected in this plan.

Financial Overview

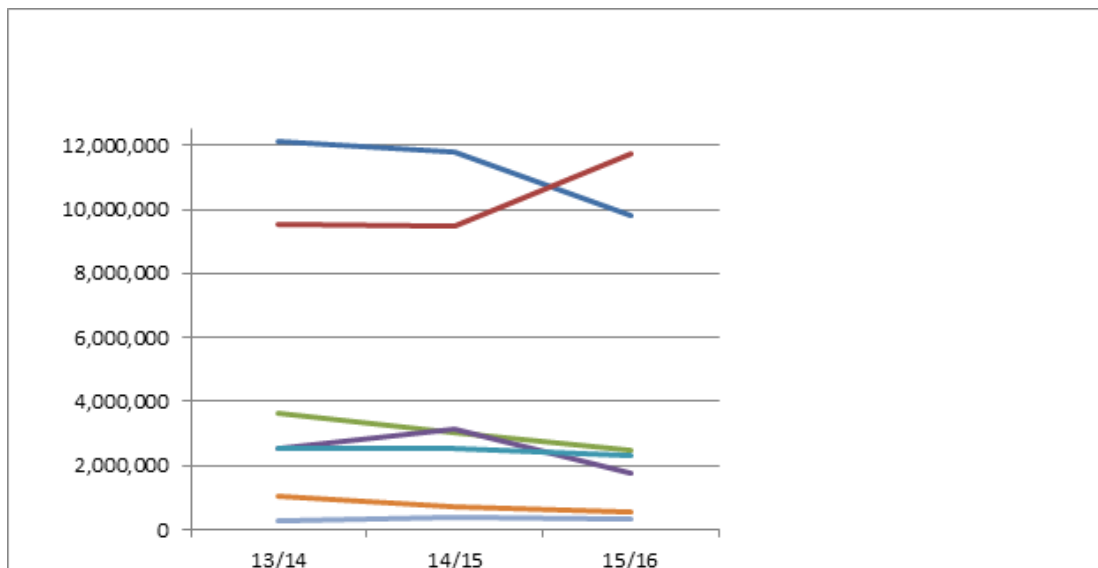
The annual budget for Slough Adult Social Care in 2015/16 was approximately £36.3 million. This money is spent on a variety of services to support local residents to take control of their care and support needs, maintain their independence, integrity and dignity as valued members of our community as well as supporting people to be safe from harm.

How did we spend our budget?



- 30% or 9.8m is spent on ongoing support in care Homes
- 35% or £11.7m is spent on ongoing support to people at home
- 7%, or 2.5m is spent on service provided by the voluntary sector
- 5% or 1,8m is sent on RRR and intermediate care services
- 2% or 0.5m is spent on day services to reduce isolation and maintain independence
- 1% or .03m is spent on equipment to help people stay in their own homes
- 12% or 4m is spent on staffing costs. We employ specialist workers, OTs, social workers, and occupational therapists.

How has this changed over time?



- Residential Care
- Care at Home
- Voluntary Sector and Housing Related Support
- Reablement and Intermediate care
- Directly Provided Services
- Externally provided day services.

This excludes staffing spend for Adult Social Care, commissioning and contracting adults and safeguarding. There has been a clear reduction in spend on care homes and an increase in spend on care at home.

The change in the pattern of expenditure from care in residential homes to more care at home has occurred across all client groups. There have been increases in spend in non-residential settings covering Direct Payments, Personal Budgets and Supported Living, and additional Support for Carers.

Key Data

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

The following data shows the success of our transformational journey with more demand, more assessments, and greater support for carers and people helped to live at home.

- Responded to contacts to Adult Social Care, 2024 of these contacts resulted in a new case and 899 were contacts made in person
- Completed 3505 Adult Assessments of which 396 were Occupational Therapy assessments
- Reviewed 861 Client Care Plans to ensure services they receive are still appropriate and meet client needs
- Supported 640 dementia patients through the memory clinic
- Supported 145 dementia clients and their families to access local services, including information and advice
- Placed 75 residents aged 65 years and over into a Care Home
- Supplied 5,013 pieces of equipment to 938 clients (up from 528 the previous year) to remain independent and supported 319 residents to be cared for the community through the provision of Telecare; this included 764 pieces of equipment
- Completed 688 Carers assessments (up from 291 the previous year) and 207 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

Our Vision for Adult Social Care

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

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.

As set out in the Council’s Five-Year Plan we will focus our activity on the following areas (numbers reference the Five Year Plan outcomes):

- **6.3 Develop preventative approaches to ensure that vulnerable people become more able to support themselves and an overall prevention strategy:** 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
- **6.4 Build capacity within the community and voluntary sector to enable a focus on supporting more people to manage their own care needs:** 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. Ensuring 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
- **6.5 Put in place new models of social care for adults where direct payments will be the norm:** 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
- **6.6 Develop existing safeguarding arrangements to ensure people are at the centre of the safeguarding process and are supported to manage any risks.** 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.

- **6.7 Health and social care 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
- **7.7 Procurement, commissioning and contract management:** 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. 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 residents placed in Care Homes receive the right service at the right time to improve outcomes. 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

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FYP Outcome 6.3 - Develop preventative approaches to ensure that vulnerable people become more able to support themselves and an overall prevention strategy

Advocacy

In 2016 the Council has commissioned Advocacy in Slough to provide an integrated Advocacy service with a single point of access to cover the scope of all Statutory and Non-statutory advocacy services to be provided. The service specifically addresses issues raised by Healthwatch in its review of previous advocacy arrangements

Advocacy in Slough (AIS) is a service provided by independent organisations, working in partnership to providing a range of independent advocacy services as Non-Statutory Generic Community Advocacy, which supports individuals and carers to engage with services in the public, private and voluntary sector in situations not covered by specific legislation but where there is a need for an advocate. Generic Community Advocacy can be delivered in a range of ways including: self-advocacy, peer advocacy, and group advocacy.

Advocacy Case Study

The client was approached by the advocate. Ms S was initially very reluctant to engage. However each time the advocate visited the ward, they made the effort to spend a little bit of time with her. Eventually Ms S agreed that we could speak to her responsible medical officer. It was suggested by the advocate that perhaps a wheelchair could be used to give her a much needed break from the ward environment. The option was considered and approved.

Over the next few weeks, her leave was increased and she was able to engage in more and more off ward activities. The advocacy service was instrumental in ensuring these small but positive issues were implemented, and achieving a good outcome

Information and Advice

The Council has commissioned Slough Prevention Alliance Community Engagement (SPACE) to be the Prime Contractor to develop and deliver a broad range of services through a number of associate organisations. This includes streamlined independent information and advice services that are designed to help residents make informed decisions about how they can meet their health and care needs. The main agency providing this service is Shelter. Information and advice services are free and available to all Slough adults, their families and carers. This includes information about local organisations which may be able to provide services and support. The Slough Services Guide also provides details of organisations that can help with services to help people live safely at home, support to get out and about, things to do, and help with housing or finding a care home. People requiring

independent financial advice are referred to My Care My Home, Care Matters, or SOLLA.

Case Study

Mrs S is a disabled older person and lives with her husband who is also disabled. She approached Slough Advice Centre as her Attendance Allowance was refused. Her circumstances were checked by advice workers and the refusal decision was challenged by writing to request a Mandatory Reconsideration, and also a request was made for Carers Allowance to be paid alongside the Attendance Allowance. Following this work the DWP revised their original decision in favour of the client and awarded attendance allowance which in turn led to her husband being awarded Carers Allowance.

Reablement and intermediate care services

A cross Borough review is taking place, jointly undertaken with the NHS, to assess how these can be best configured. The service is responsible for developing preventative approaches to ensure that vulnerable people become more able to support themselves and the aim is to deliver effective Reablement services to more people more cost effectively. Reablement forms part of the Slough Recovery, Rehabilitation and Reablement (RRR) Service which provides short term, intensive support to ensure people are supported to live independently following a period of illness or disability, or a time when they may have lost some confidence. People using the service are given a goal plan and rehabilitation, support and therapy. The RRR team includes Physiotherapists, Occupational Therapists (OTs), Occupational Therapy Assistants and Reablement Assistants. The team is part of Social Services, and work closely with local hospitals, GPs and community health services. Clients are not charged for the first six weeks of the service.

Case Study

Mr S is 75 years old and was offered palliative spinal surgery but declined. He had metastatic spinal cord compression and metastatic prostate cancer. He lives with his wife in a one bedroom ground floor council flat. He has a bath which he is unable to get into. He was the main carer for his daughter who is 46 and suffered from a stroke 6 years ago and reported that his wife has now taken over this role. Mr S was referred to RRR for major adaptation for Wet room so that he could maintain his personal care needs. He was referred for benefit check after he reported that money was tight and was worried about what would happen if he needed a long term package of care which he did in the end. Fire & Safety and Telecare referral done for key safe, pendent and falls sensor.

Drug and Alcohol Services

The service designed to meet two key outcomes in the Joint Wellbeing Strategy. Specifically, to reduce drug and alcohol misuse and their impact on domestic abuse and violent crime, and to ensure good recovery outcomes.

This outcome is addressed by engaging individuals who use substances problematically in treatment, and once engaged, retaining them in the service to enable change. The service works towards successful completions and reducing the number of individuals who re-present to the service. Evidence-based drug treatment delivers real savings; in crime costs, health improvements, reduced drug-related deaths, lower levels of blood-borne infection and wider social harm.

The current treatment system was commissioned in 2011 and was designed to reduce barriers to accessing treatment. Referrals into treatment have remained at approximately 1,300 per year and individuals with alcohol issues have had the opportunity to access treatment which has not previously been available. The current model has improved the overall performance of the treatment system. Examples include:

- Zero waiting times for treatment
- Achieving greater successful completions for alcohol than the national average.
- Performing in line with the national average on successful completions and above average in re-presentations to treatment for opiate and crack users.

Equipment and Assistive Technology

The Council has been working with our neighbouring authorities to redesign services supplying community Equipment. In the last year we have successfully commissioned the community equipment service in partnership with 6 Local Authorities and 7 Clinical Commissioning Group in Berkshire, offering increased choice and value for money. In addition, the Council provides assistive technology where needed to promote independence. 319 residents were provided with Telecare equipment last year and the number of residents using Telehealth equipment as a way to monitor and manage their health conditions doubled.

FYP Outcome 6.4 Build capacity within the community and voluntary sector to enable a focus on supporting more people to manage their own care needs

The Voluntary Sector

The services provided by the voluntary sector are primarily aimed at residents with lower level needs and complement the adult social care provided by the Council, enabling Slough Borough Council to maximise its effectiveness, focusing adult social care resources where they are most needed. In 2015 the council developed, in partnership with Slough CCG, a new strategy to deliver improved efficiency, better partnership working, greater innovation and sector-wide improvements in voluntary sector provision. This led to the commissioning of a new voluntary sector consortium, Slough Prevention Alliance Community Engagement (SPACE). The aim is to improve pathway management and increase direct control over provision, reduce duplication, and increase accountability.

SPACE is a consortium of four voluntary and community organisations and a partnership of over 40 community organisations, including those directly contracted and funded by SPACE, those who receive direct payments from clients and those with other external funding. Its aim is to bring together all the services offered by the associate charities and organisations to work in close partnership, providing a coordinated service to residents and to provide greater coordination of local specialist providers, reduced administrative costs and enhanced opportunities for innovative service delivery with better economies of scale.

Developing a community resilience strategy

The SPACE contract forms one part of our plans to develop community resilience, which forms an important part of our new approach. We have begun to move towards replacing traditional assessments with three tier conversations:

- 1) How can we connect people to information and informal support systems that help them get on with their lives?
- 2) When someone is in crisis, a) What needs to change quickly?, b) How can we help that change happen?, c) How can we stick to these people and families 'like glue' for a short period of time to maximise success?, d) How can we leave people in a better place, being more resilient, less in crisis?
- 3) When the previous two conversations have been exhausted, a) what does a good life look like to the person? And how best we can we help them invest their resources to get longer term support arrangements to have the best life they can?

The focus of the resilience strategy is supporting the first tier conversation, but there are many other aspects to it.

RVS Good Neighbours help thousands of older people every week nationwide to help provide extra friendship and help. Volunteers offer practical support and share time with older people at home, in hospitals and in the community.

Our Autism strategy, for example, was developed by the Council, Slough Clinical Commissioning Group and members of the Slough Autism Partnership Board following extensive consultation with people with autism and their carers. It is based on what people with autism have told us as well as building on current good practice. It responds to requirements within the national autism strategy, local priorities and locally identified areas of unmet needs. Opportunities are being sought to jointly fund and commission services in order to improve outcomes for people with autism and their families.

Get Involved Slough is a database mapping local activities and groups and a resource for volunteers and how to volunteer.

Slough's Learning Disability Plan was co-produced by members of the Learning Disability Partnership Board through a project group was made up of people with learning disabilities, a carers group representative, an advocate, representatives from LD service providers, voluntary sector representatives, a Health representative and a council officer. The group organised a consultation event in February 2015 to inform the content of the LD Plan with over 120 people attending. The people with learning disabilities involved in the group made sure that the language used in the plan was accessible, and that the actions suggested were responding to the feedback we had. Slough's Learning Disability Plan has now been approved by the Council and other partners. The delivery of the plan will be overseen by the Learning Disability Partnership Board.

One action from the Learning Disability Plan is to promote understanding and awareness about learning disabilities. This led to the Speak Up, a co-produced project which is writing and delivering training about learning disabilities, by people with learning disabilities. The training is aimed at customer service staff employed by SBC and partners, but can also be rolled out to primary health staff and schools. The training includes short films of other local people with learning disabilities and their carers who are unable to be involved in the project due to the nature of their disability.

Case Study

Mr H had been in hospital after heart surgery and, seeing the care given to patients, wanted to find a way to give something back to the hospital. He applied to help on the hospital trolley run by RVS at Wexham Hospital. He then saw an advert asking for Befrienders for Slough Good Neighbour Service and after reading about what it entails was really interested in becoming one.

Mr H, along with the service manager, went to meet a potential client to visit, this went really well and he now visits the gentleman every week. Mr H says that

“volunteering is definitely a two way thing, my client is happier and less lonely and isolated and I myself feel so much healthier and happier: I walk there so am getting lots of exercise and I like that we are building a good relationship”.

Community Navigation Service

Slough Community Navigators is another new service that helps the residents of Slough access the support and information they need to live safe and inclusive and fulfilling lives. Community Navigators are trained volunteers who work with individuals on a one to one basis, helping them navigate their way through the many different services available and help identify and access the support best suited to their needs. The volunteers call on people at their homes or meet them at key community locations. They take referrals from health professionals, the Council and self-referrals. They listen and talk with people to understand what issues they might be facing, research different options, and act as an information hub for the individual,

Case Study

Mr K, a carer, attended a Community Navigator drop in session at Kingsway Church in Slough. Mr K cares for Ms S who has no contact with anyone else other than another neighbour. She has a number of conditions including agoraphobia and arthritis. Mr K was struggling with the pressure of always having to be on call if she needed help, He told us she needs encouragement to eat and get up and dressed in the morning. A Community Navigator visited Ms S in her home to do an assessment which determined that they would both benefit from Ms S having a volunteer befriender as it would be someone new for her to talk to and would give Mr K a break.” RVS Good Neighbours service matched Ms S with a volunteer befriender, and an introduction was made just one week after the assessment. Mr K said “it is such a relief knowing that someone capable is with Ms S on a Tuesday morning, giving me time to relax and not have to worry. Ms S also enjoys having somebody new to talk to about new things. It has made a big difference to both of our lives.”

Carers Strategy

Our aims are to create a strong caring community by developing good social networks, increasing peer support and volunteer relationships, to increase knowledge and understanding about the needs of carers and young carers in Slough. We aim to increase the numbers of adult and young carers having a carers assessment and support plan, and to increase the number of Direct Payments for carers meeting eligibility for support. Our carer’s strategy was agreed by the Council’s cabinet earlier this year.

In June we launched the New Carers Forum, which was attended by over 50 carers and family members. The Forum is facilitated by Slough CVS and jointly chaired by Meet and Mingle and Special Voices, and sets its own Agenda. We have, in partnership with Right at Home, and Get Active Slough organised training specifically for carers

The census data from 2011 suggests we have 11,626 residents who self-reported as providing unpaid care and in the past year we interacted with 929 carers – either by assessing, offering an assessment, or providing some form of support (info and advice through to commissioned or paid for services). We completed 492 Carer assessments, and 196 joint assessments with both carer and client involved in the one document. 153 individual carers received a direct payment of any type, at any point, during the year. Carer's direct payments have been used for a variety of purposes including breaks for the carer, social activities, gardening, and paying for travel to visit family

An online resource for carers in Berkshire has also been launched to support people in their caring role. It is free to use and includes a number of useful online tools, including specially tailored Apps, guides and training courses. The Council is working with SPACE and NHS partners to help promote these new resources locally to Slough carers. SPACE has also launched the Carers Card which acts as a Carer's emergency alert card and a carer's discount card. This notifies emergency services that the holder is a carer, and allows access to 48 hour emergency respite care.

Our mental health service has also organised carer training which has covered education about mental ill health conditions and symptoms, particularly psychosis and OCD, communicating with people with mental health conditions, stress and coping, and the new benefit system. Together with Berkshire Healthcare Trust we have developed SHaRON (Support Hope and Recovery Online Network) - a web based communication site aimed at relatives and carers of those who have been diagnosed with mental health problems.

FYP Outcome 6.5 - Put in place new models of social care for adults where direct payments will be the norm

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

At the start of 2016 our first contact team (now known as the Adult Early Help Team) adopted the three tier conversation approach, with support from reablement, OT and Community Navigators. This was the start of a process to embed asset based working across the Adult Social Care department. The Council now plans to create a larger front door for ASC by merging the functions of the Adult Early Help, Short Term Intensive Support & Long Term Intensive Support teams into 3 locality based services with Recovery, Rehabilitation and Reablement (RRR) at its core. This is part of a major overhaul of the department structure with a focus on neighbourhood working, which is due to be completed in 2016/17.

The new approach will encompass:

- Place Based Social Work - teams will have a geographic focus, staff are allocated patches to develop a local knowledge of assets and build community relationships.
- The creation of a more robust duty system with all calls received accepted by duty rota before being allocated to the appropriate team.
- An increase in the department's ability to source creative support planning options,
- Improvements in the distribution of complex cases and safeguarding cases across the department,
- Enabling better and more joined up team working across the Council and with voluntary and community services,
- Increasing the diversity of skills and disciplines that staff can offer in the Adult Early Help function
- Increasing staff cover across key areas of pressure

The locality teams will have dedicated occupational therapy (OT) & occupational therapy assistant (OTA) resources and the brokerage team will expand its role to cover all tiers of the conversations in order to source creative support options for the locality teams, Staff will adopt mobile and flexible working practices to enable working in community hubs. All safeguarding contacts to be taken through duty team with social workers who will initially work on the case.

Case Study

Mrs G. was admitted to Hospital following a stroke, which left her with a dense left side weakness, and related problems. Mrs G needed a lot of support with her care needs, primarily bed care. The Hospital /Community Occupational Therapists worked closely over several weeks with Mrs G and the social worker responded to her needs and the difficulties that were being highlighted by her husband. After several meetings with both Community and Hospital Occupational Therapists, Direct Payments were put in place to meet the needs of both Mr & Mrs G

Direct Payments

The Council has commissioned Enham Trust to help people who are self funders or who are in receipt of Direct Payments to support people to organise their budget, and to interview, recruit and manage their personal assistants. The service includes provision of a payroll and managed accounts service to help people feel in control of their finances along with advice on disability benefits, personal independence payments (PIP) and National Insurance and Tax. The use of Direct Payments has increased, particularly for carers.

Case Study

Miss A has very fluctuating needs. She is happy to be left alone in bed on the days she experiences pain but requires support for her children. She requires support for the days she cannot walk her children to school. She previously trialled allowing the children to walk to school themselves; however they ended up in the park and not at school. Miss A receives a direct payment on a Prepayment card to purchase a Nanny service at last minute, or purchase taxis as an interim, to ensure her children go to school and have a meal.

Redesign of Services

- Learning Difficulties

In 2015/16 the Council began to review the borough's day centres three of which are managed in-house and one other which is managed by an external provider. The review was completed and is being implemented in 2016/17. The review 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, but also that there are people who are attending building based day centres but who are also accessing services within the community and are in receipt of a direct payment or personal budget. This group of people could have their activity needs met by services in the community as opposed to remaining within a day centre.

A number of people accessing building based day centres are also living within supported living services. Supported Living placements have proven to be value for money and flexible as they are able to respond to the current and future accommodation needs of the borough and to the changing levels of need of people.

Supported Living providers have indicated their willingness to deliver activities to the residents within their schemes and have already put into place gardening clubs and evening and weekend social activities. Residential care providers are contracted to deliver twenty-four hour/ seven day care to their residents. Negotiations will take place with these providers to deliver activities to the residents living within their care homes but who are also attending a building based day centre.

Our ambitions for people with Learning Disabilities are that they, like their peers, are able to access activities that take place during the day, evening and weekends. Activities delivered will aim:

- To promote their independence
- Prevent or delay their need to access hospitals or residential care
- Empower individuals to choose and control how they wish to meet their individual goals, support needs and aspirations

Case Study

Ms H was a child in care with Slough's Children's Service. She is autistic and has a learning disability. She has good speech but sometimes does not understand what is being said to her. When she left care, she chose to move into a supported living scheme in Slough with her friend who also had LD. She learnt to do her own personal care, to keep her bedroom clean, to manage her finances and to do her own shopping with support from her supported living provider.

She chose not to go to the day centres because she considered them to be "boring" and wanted to do more in the community. With the help of her support worker, she joined the Slough Employability scheme where she was helped to do a computer course at Chalvey and to complete the "Wave" course which helped her to learn about health and safety and other subjects. Ms H attends "Special Voices" which is a forum for people with LD that gives people with LD the opportunity to input into the design of services. Through Employability, Sally got some work experience at Tesco which was good for her self esteem and helped her learn independent living skills and job retention skills.

• Mental Health

The Community Mental Health Team (CMHT) has developed a recovery focused service which has developed ways of teaching people how to cope and manage their own mental health and seeks to empower individuals to take ownership of their recovery. Hope College provides support which is based on a recovery, rehabilitation and reablement model with peer support. It is giving service users opportunities to engage with education, training and employment. The provider, alongside Slough CMHT's Recovery Team and Hope College, will assist service users to engage in activities, courses and rehabilitation goals which enhance their wellbeing and ability to live independently.

This is now supplemented by Hope House, a supported and step down accommodation service which supports adult service users to retain their independent living skills. Hope House was opened in 2015/16 with an emphasis on mental health recovery and rehabilitation, and service users acquiring their own

tenancy. Service users are encouraged to live independently within the community, to access the same opportunities as their peers and to maximise life opportunities whilst maintaining links with the local community, family and friends.

The provider, Look Ahead, delivers an on-site supported accommodation service to the 10 unit accommodation service and a floating support service to the 6 unit step-down accommodation service at Doddsfield Road. The on-site supported accommodation service will be available twenty-four hours a day, seven days per week including Bank Holidays with sleep-in cover provided. As service users move into their own independent accommodation, the provider will deliver a resettlement support service for a minimum period of three months. The provider will deliver this support wherever the client is relocated. There is a close working relationship with Slough CMHT's Recovery Team, a team of mental health professionals and volunteer Peer Mentors (PM), and links to Hope College.

There is a strong focus on reducing social exclusion and the building of positive links with family, friends and the local community. Service users eligible to receive a personal budget will be supported to use their budget to access tailored support and activities

Case Study

Ms D experienced depression and suffered mental health problems following the ending of her relationship with her husband. She initially went to her GP who prescribed medication which helped but only did so much. Ms D attended stress control workshops run by Talking Therapies and the Link group. The Link Group is a psycho-educational group. After being diagnosed as having Bi-polar disorder she joined the WAVE project through the volunteer centre in Slough and eventually volunteered as a teaching assistant within the WAVE project itself mentoring others going through the course. She progressed to a volunteer position with AGE concern and has now graduated from the Peer Mentor Project at Slough CMHT to become a Peer Mentor and is now supporting other clients to reach their recovery goals.

FYP Outcome 6.6 - Develop existing safeguarding arrangements to ensure people are at the centre of the safeguarding process and are supported to manage any risks

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

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).

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.

Slough has a robust Safeguarding Service which adheres to the Berkshire wide Safeguarding Adults Policy and Procedures. The Council has introduced the "Making Safeguarding Personal" approach which represents a shift in culture and practice and focuses on safeguarding from the perspective of the person being safeguarded. It involves conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety

The highest proportion of enquiries related to concerns where residential care staff or other family members (20%) were the alleged perpetrators.

Case Study

Mr M is 75yrs old. There had been multiple concerns over a long period of time about him neglecting himself, largely through his excessive alcohol use. He was also financially exploited by people who visited his home. Local Neighbourhood police officers were concerned about him; his tenancy was at risk because of the anti-social behaviour caused by his visitors and himself when he was under the influence of alcohol; there were frequent calls to the ambulance service and referrals to district nurses due to his poor health caused by neglecting his personal care, and each agency made repeat safeguarding referrals.

Through the use of multi-agency meetings, each agency involved came to understand the role of the others. Discussions around capacity led to a better

understanding of why he could not simply be removed to a care home to be “looked after”. His life story became clearer and helped everyone involved to understand why he chose to live in the way he did, and what measures were more likely to work for him. He continues to live independently. He has reduced the amount that he is drinking and his health has improved. The troublesome visitors now rarely visit him and he is not exploited financially. Mr M still lives in the way he chooses, but the significant risks to him have been managed or removed.

Ensure Deprivation of Liberty Safeguards

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. They apply to a person under continuous supervision and control, is not free to leave, and who lacks capacity to consent to these arrangements

Due to a change in case law Slough, like other authorities, saw a massive increase in the number of requests for authorisations from care homes and hospitals. In 2013/14 we received 24 requests for DoLS authorisations, whereas in 2014/15 we received 388. In 2015/16 this stabilised at 342. 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. This includes our response to responding to people being deprived of their liberty in the community. We are restructuring the service to enable us to recruit more experienced staff to manage DoLS.

Around half our DoLS requests related to people with dementia, with 22% relating to Learning Disabilities.

FYP Outcome 6.7 - Health and Social Care 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 was 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. Our proposed priority areas are:

- **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
- **A single point of access into integrated care services:** An operating model has been agreed with our health partners with the first phase to be implemented and launched in December 2016. This establishes a single point 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.
- A review of intermediate care needs of local residents is underway and we have changed some parts of the system to ensure closer ties with social care and primary care.

Workforce Strategy

We have now scoped out the priorities for the Borough wide Slough strategy. The strategy is being delivered in three phases:

- a) SBC Adult Social Care Workforce development priorities to prepare us for locality based working and health integration.

- b) Slough wider sector workforce development needs identified in line with social care and health commissioning priorities.
- c) Adult Health and Social Care Integration.

All of this work will be designed with a co-production ethos, utilising local knowledge, the JSNA and other statistics.

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>

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7.7 Procurement, Commissioning and Contract Management

This Local Account sets out the progress of our transformational journey. It shows that to support the personalisation of services and the wellbeing of the community as a whole, we have begun to commission a range of new services, many of which are set out in the document. These include Hope House, Advocacy, Information and Advice, and SPACE.

Commissioning is an integral part of the arrangements to deliver better wellbeing and we are required under the Care Act to ensure the provision of preventative services - that is services which help prevent or delay the development of care and support needs, or reduce care and support needs (including those of Carers).

We are required to demonstrate how “legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps.”

The financial climate in which local authorities operate is also extremely challenging, perhaps daunting, and there is a need for a far stronger commercial focus and resource sensitivity in developing the commissioning approach for Slough. We also have responsibility for the whole market and supply chain, not just those services with whom the Council contracts.

To achieve this we created, last year, a new dedicated Commissioning Service for Adults Social care. For the Care Act to succeed there is a requirement to transform our approach to commissioning with a far greater emphasis on market analysis, shaping, sustainability, diversification, quality of a wider range of services and co-production.

The new service has both a strategic and an operational role. It is responsible for strengthening strategic sourcing, contract coverage, and contract management, support market development activity, and lead on service transformation projects. It will also operate with greater intelligence, specifically a better understanding of contract performance, local needs, service gaps, and the needs and aspirations of local people.

The Service will move from consultation and engagement to a more co-operation, coproduction model of service development. The Commissioning approach will involve the clear identification of commissioning objectives, service and process

design, regular review of the effectiveness of current activity and service configuration and initiatives to redesign services and processes when required.

The service is developing a collaborative continuous process which involves suppliers and purchasers working together to control costs, add value, and ensure the supply of the required services, to the right standard, to the end user. This includes Strategic Sourcing, Contract Management and Supplier Relationship Management. It requires a better understanding of current purchasing, improved market intelligence, proactive market intervention, and effective governance around contracts.

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Priorities for 2016/17

The priorities for 2016/17 are set out in Outcomes 6 and 7 in the Council Five Year Plan. These are:

6.3 Develop preventative approaches to ensure that vulnerable people become more able to support themselves and an overall prevention strategy

- In partnership with the NHS, re-commission a reablement and intermediate care services and deliver effective reablement services to more people
- Review and redesign of housing related support Services
- Increase the provision of equipment and assistive technology where needed to promote independence

6.4 Build capacity within the community and voluntary sector to enable a focus on supporting more people to manage their own care needs

- Develop the community resilience strategy
- 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 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

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

- Complete the redesign of social care pathways and restructure of the service.
- Further develop our model of community based working that draws on the professional expertise of all community officers and SPACE
- Implement the Community Hub approach
- 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

- Redesign of Services for People with Learning Disabilities
- Introduce models of client self-service
- Improved transition processes from children to adult services

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

- Develop existing safeguarding arrangements to ensure people are at the centre of the safeguarding process and are supported to manage any risks
- Ensure compliance with the Mental Capacity Act and Deprivation of Liberty Safeguards
- Maintain and further develop partnership arrangements and links with Community Safety Partnership, LSCB and other SBC Departments.

6.7 Health and social care Integration

- Radically transform Slough's community based care and support system by 2019, supporting people to live longer, healthier lives
- Develop the Single Point of Access for health and social care services
- Redesign intermediate care services to meet local needs
- 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
- Reform the Social Care system through system redesign of the work force to fit the needs of local people

7.7 Procurement, commissioning and contract management

- Change our procurement and contract arrangements so they are more outcomes focused
- Develop the market and improve supplier relations around compliance, value for money and efficiency
- 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 residents placed in Care Homes receive the right service at the right time to improve outcomes

Feedback

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 year's local account, and where applicable notify our partners of these issues.

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APPENDIX B – Provisional ASCOF Data 2015/16

Title	2014/15			2015/16				"Good" is	
	Comparator Group	England	Slough	Slough	DoT	England position 2015/16			
Social care-related quality of life	18.9	19.1	18.2	18.4	↗		HIGH	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. This has been a priority for us in 2015/16 and we are pleased with the improvement. 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. This has been a priority for us in 2015/16 and we are pleased with the improvement.	
The proportion of people who use services who have control over their daily life	75.8	77.3	70.3	71.2	↗		HIGH	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. This has also improved from last year.	
The proportion of people who use services who receive self-directed support	87.8	83.7	89.9	87.6%	↘		HIGH	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. Slough is performing better than our comparator group and the national average, this will continue to be a priority focus for 2016/17	

The proportion of carers who receive self-directed support	85.0	77.4	1.3	94.4%	↗↗↗		HIGH	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. The assessment process is joint; carers and the cared for are offered personal budgets as standard; The significant improvement is mainly due to improved data capture.
The proportion of people who receive services who receive direct payments	23.8	26.3	16.8	21.8%	↗↗		HIGH	The use of Direct payments means 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. A new service for Direct Payment and Personal Assistants has been commissioned from September 2015. This will support the increase required.
The proportion of carers who receive direct payments	77.2	66.9	1.3	25.4%	↗↗		HIGH	This is the second year of the indicator and the low score fore the previous year was due to data capture issues.
Carer-reported quality of life score	7.9	7.9	7.9	<i>not collected</i>	n/a		HIGH	Carer survey only conducted every two years
The proportion of adults with a learning disability in paid employment	7.0	6.0	6.4	7.7%	↗		HIGH	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 for the second year in a row
The proportion of adults in contact with secondary mental health services in paid employment	7.0	6.8	6.7				HIGH	
The proportion of adults with learning disabilities who live in their own home or with family	76.8	73.3	65.9	81.6%	↗↗		HIGH	We want local residents to be supported at home 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. There has been a significant improvement on last year.

Title	2014/15			2015/16				"Good" is	
	Comparator Group	England	Slough	Slough	DoT	England position 2015/16			
The proportion of adults in contact with secondary mental health services living independently, with or without support	59.4	59.7	86.9				HIGH		
The proportion of people who use services who reported that they had as much social contact as they would like	43.1	44.8	39.5	39.1	↘		HIGH	There is a clear link between loneliness and wellbeing and this indicator is again significantly below the national average. Addressing issues of social isolation will continue to be a priority area of work for 2016/17	
The proportion of carers who reported that they had as much social contact as they like	38.8	38.5	39.0	<i>not collected</i>	n/a		HIGH	Carer survey only conducted every two years	
Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes (per 100,000)	16.0	14.2	16.5	<i>estimated at 14.2</i>	↗		LOW	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 be unreliable but this is a significant improvement.	
Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes (per 100,000)	737.3	668.8	558.1	<i>estimated at 538.9</i>	↗		LOW	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. Performance improved in 2015/16	
The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	81.4	82.1	100.0	87.6	↘↘		HIGH	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. Slough continues to score highly on this indicator, although in smaller authorities it can be volatile	

The proportion of older people (65 and over) who were offered reablement services following discharge from hospital	3.0	3.1	2.9				HIGH	
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Title	2014/15			2015/16				"Good" is	
	Comparator Group	England	Slough	Slough	DoT	England position 2015/16			
Delayed transfers of care from hospital (total)	12.5	11.1	5.9				LOW		
Delayed transfers of care from hospital which are attributable to adult social care	4.0	3.7	0.1				LOW		
The proportion of new clients who received a short-term service during the year where the sequel to service was either no ongoing support or support of a lower level	70.4	74.6	72.6	96	↗		HIGH	Short-term services are aimed to maximise independence to delay the need for care or supporting recovery after a period of illness. This is a new addition the results show we fare better than our comparators.	
Overall satisfaction of people who use service with their care and support	62.4	64.7	55.2	59.3	↗		HIGH	Providing high quality services is a priority for Slough. Satisfaction with services is a good indicator of quality. There has been a significant improvement in 2015/16	
Overall satisfaction of carers with social services	40.6	41.2	43.9	not collected	n/a		HIGH	Carer survey only conducted every two years	
The proportion of carers who report that they have been included or consulted in discussion about the person they care for	70.8	72.3	67.6	not collected	n/a		HIGH		

Title	2014/15			2015/16				"Good" is	
	Comparator Group	England	Slough	Slough	DoT	England position 2015/16			
The proportion of people who use services who find it easy to find information about services	73.0	74.5	72.5	74.3	↗		HIGH	This is an improved performance for Slough and reflects the good work that has been undertaken working with care agencies to improve service quality.	

The proportion of carers who find it easy to find information about support	62.8	65.5	58.8	not collected	n/a		HIGH	Carer survey only conducted every two years
The proportion of people who use services who feel safe	65.5	68.5	64.7	65.2	↗		HIGH	This indicator reflects how people feel about how safe they feel in their community. There has been a slight improvement.
The proportion of people who use services who say that those services have made them feel safe and secure	83.4	84.5	81.3	80.9	↘		HIGH	We work with our vulnerable residents and respond to their care needs so they are protected as far as possible from avoidable harm and injury. This indicator has remained stable for three years

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 6th October 2016

CONTACT OFFICER: Dr Angela Snowling, Consultant in Public Health
(For all Enquiries) (01753) 87 5142

WARD(S): ALL

PART I
FOR COMMENT & CONSIDERATION

OPTIONS FOR MODERNISATION OF COMMUNITY NURSING SERVICES**1. Purpose of Report**

This report is to apprise Members on the six options being considered commissioning the 0-19 HCP Community Nursing services. That Members provide comments on the options presented.

2. Recommendation(s)/Proposed Action

The Panel is requested to note the report and comment on the six options being considered for the commissioning of 0-19 HCP Community Nursing services as detailed in the presentation.

- Option 1: Do nothing – current service model for the Healthy Child Programme
- Option 2. Develop an online portal to maximise information and advice for parents on their child development and allow self assessment for relevant sections of each of the five mandated visits
- Option 3. Develop an on line moderated SKYPE type and text messaging contact allowing access to specialist professional advice to include other young peoples services
- Option 4. Extend access to wider HCP services working with the Microsoft portal development and Graphnet Connected Care programme (after March 2018)
- Option 5. Recommission 0-19/25 child health services following a market testing process
- Option 6: Consider TUPE of health visiting and school nursing services to relevant hosts under an integrated care model

3. Slough Wellbeing Strategy Priorities

In accordance with the revised Wellbeing Strategy for 2016-20 both community nursing services support the delivery of the Healthy Child

Programme for all children and for vulnerable young people. This programme aims to:

- reduce lifelong health inequalities arising from poor maternal and child health
- improve maternal and child health
- provide early identification of safeguarding problems and signpost to relevant services for vulnerable families and young people
- provide early identification of children with SEND for onward referral to health and educational partners

4. Other Implications

(a) Financial

The total budget for Health Visiting is contractually less the half year effect of the Family Nurse Partnership which has already been decommissioned. That decision was taken based on lack of evidence of additional effectiveness compared to the core service and the inability to carry forward the licence as a partner council withdrew.

(b) Risk Management

See presentation.

(c) Human Rights Act and Other Legal Implications

None.

(d) Equalities Impact.

An Equalities Impact Assessment for the full business case will be completed if retendering is required

5. Legal basis of the transition and governance

The transfer was agreed as part of the amendments to the Health and Social Care Act 2012. It is the responsibility for commissioning, not service provision, which transferred.

The governance of the contract now rests with the council following an agreement with the central public health team to create six contracts. The service specification is based on the novated national contract agreed with NHS England at transfer in 2015.

All councils in England are reviewing their contracts and a Southeast group is tasked with developing new models of care that deliver the best outcomes within the reduced funding envelope arising from the CSR.

6. Synopsis of the Healthy Child programme

The Healthy Child Programme and the current service model is described in the associated presentation. The HCP service model includes

- a. Health Visiting services (universal and targeted services)
- b. School Nursing services

Details of the programme can be found at

www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

All of the existing services supporting the four stages; community, universal, universal plus and universal targeted.

7. Commissioners of existing HCP services

Health Visiting and School Nursing services are currently commissioned locally from Berkshire Healthcare Foundation Trust by Slough Borough Council. These interface with a wide range of services and allow the opportunity to improve pathways, joint training and ultimately outcomes for children.

8. Comments of Other Committees / Priority Delivery Groups (PDGs)

This paper will also be presented to CMT and Cabinet when approval is required for tendering as well as the Slough Children's Partnership Board or Early Help board when established.

9. Conclusion

See presentation.

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Options for the modernisation of community nursing services

Health Scrutiny Panel

6th October 2016

**Angela Snowling - AD Public
Health**

Aims

The aims of this presentation are as follows:

- To inform the HSP of the options for modernisation of local 0-19 Healthy Child Programme (HCP) services in the context of national guidance and stakeholder views
- To review the evidence base for the Healthy Child Programme and the digital offer
- To describe a range of options for integrating 0-19 services

Legal Context

- The Health and Social Care Act 2012 introduced a new duty for all upper-tier and unitary local authorities in England to improve the health of the people who live in their areas, to protect their health and provide facilities for the prevention or treatment of illness.
- A national mandation was added to the Health and Social Care Act in 2015 to report on five mandated child development assessments conducted by the health visiting service i.e. antenatally, at the new birth visit, at 6-8 weeks and then at 9 months to a year and at 2 and a half years.
- Results of a national consultation on whether the mandation should remain will be published at the end of September to inform future practice.
- Currently, service performance data is reported to Public Health England by the main provider Berkshire Healthcare Foundation Trust and results are published in the child health profiles and benchmarked nationally.

Scope of the Healthy Child Programme (HCP)

The HCP provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to:

- Help parents develop and sustain a strong bond with children
- Encourage care that keeps children healthy and safe
- Protect children from serious disease, through screening and immunisation
- Reduce childhood obesity by promoting healthy eating and physical activity
- Identify health issues early, so support can be provided in a timely manner
- Make sure children are supported to be 'ready to learn' at two and 'ready for school' by five

The following are relevant to 0-19 services

Regulation	Prescribed functions
3	Weighing and measuring of children
6	Sexual health services
7	Public health advice services
<i>Awaited</i>	<i>Public health services for children aged 0-5</i>
PH Grant Reference	Discretionary functions
363	Sexual health services - Advice, prevention and promotion (non-prescribed functions)
368	National child measurement programme (prescribed functions)
372	Obesity - children
374	Physical activity - children
378	Substance misuse - (drugs and alcohol) - youth services
380	Smoking and tobacco - Stop smoking services and interventions
383	<i>Children 5–19 public health programmes</i>

Local Priorities that can be addressed by the HCP

- Maternal mental health
- Children and young peoples social and emotional wellbeing
- Reducing harm from domestic abuse and exploitation
- Reducing rates of infant mortality and low birth weight
- Breastfeeding uptake
- Uptake of routine childhood immunisations and flu vaccinations
- Reductions in viral wheeze and respiratory problems in children
- Oral health in 3 and 5 year olds
- Childhood obesity in reception and year 6 (part of a multifactorial approach)
- Personal and social health education (although current capacity is an issue)
- Early identification of special educational needs and links to specialist services

Contextual Summary

- Rapid data sharing about vulnerable groups from midwifery is key to delivering targeted health visiting services.
- The ethnic diversity of new births shows that births in the Asian Indian and Asian Pakistani groups exceed the white population
- Birth rate in Slough is the third highest in England as reported in the JSNA 2016. Actual birth data from health visitor records in the year April 2015- March 2016 show that 2626 births occurred with a range of 197-234 per month.
- Given that one fifth of all births are unplanned there is scope to align the provision of local health visiting services with sexual health services provided clinical governance can be provided.
- Internal and external migration are major factors as is future housing growth.
- Meeting the needs of families transitioning in and out of Slough requires faster data sharing than is currently the case as planning for school places cannot solely be based on birth figures.

Digital Solutions

Figures quoted by OFCOM 2015 on the take up of digital devices by socioeconomic group shows that in 2015

- 86% had home internet access and 83% went online at home through any device.
- 88% of the age group (16-44) used a smartphone to access online information.



Figure 1 Extract from OFCOM survey of digital take up between 2004-2015

Option 1

Do Nothing

- The current Health Visiting service works to the national model of five mandated face to face visits as shown below; in addition to targeted reviews for safeguarding.
- For school nursing there is no mandate to report although they have to supply a mandated 4-5 year old health check on entry to school and the national weighing and measuring programme.

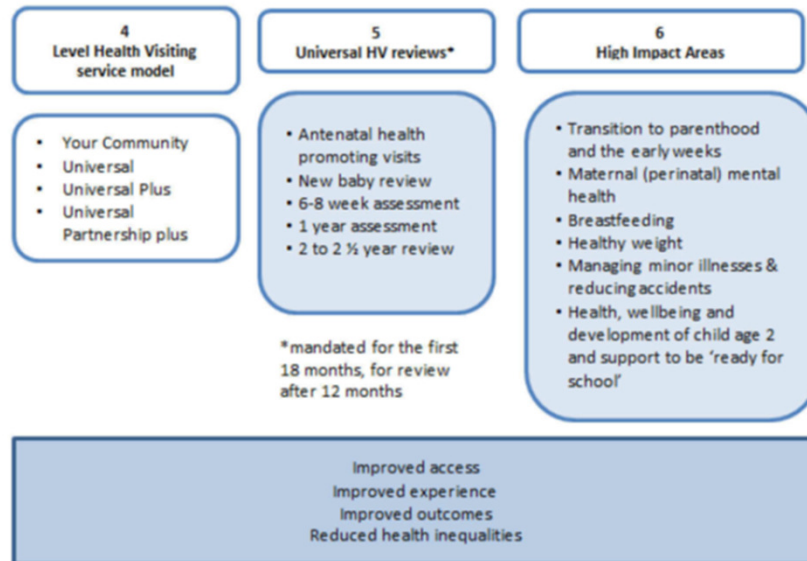


Figure 2: 4,5,6 Model of Transformed Health Visiting Sourced from PHE

Option 1

Area	Description	Mitigation of risk
Workforce	The current workforce has been carrying between 6-10 vacancies since handover. These have been partially covered by agency staff and . 1 HV has already been transferred to the MASH in a full time role	Skill mix can and already do pick up the health promotion or administrative aspects of standard child development checks at age 1 or age 2-2 and a half as this relates to the scoring of the Ages and Stages Questionnaire.
Data, Performance and outcomes	Whilst new birth visits and other checks are meeting performance standards the low take up of the antenatal visit at 28% requires a different offer	Trials of evening and weekend working have not yielded any higher uptake so 82% of mothers are not meeting a HV at the antenatal stage. Contractual changes to reporting requested as high risk cases and TP cases from midwifery not notified to HV in a timely fashion.
Costs	No change to contract in respect of CSR although a reduction requested. Uncertainty around the longevity of the contract after the public health grant ends	Vacancies are being filled with agency staff at twice the cost of employees.
Safeguarding	Unequitable distribution of safeguarding functions and capacity across the HVs and SN functions. HVs manage core work and about 3-4 targeted families as part of their portfolio. School nurses have around 10 cases each for safeguarding	Safeguarding takes precedence and the health promotion and behaviour change elements are limited
Partners affected	All services that interface with the HCP and especially schools, SCTrust and midwifery	Due to the lack of capacity within school nursing schools report little or no contact other than for safeguarding or the NCMP

Option 2

Develop an online portal to maximise information and advice for parents on their child development and allow self assessment relevant sections of the five mandated visits

Description of Model

- Replace the mandated antenatal and 1 year and 2 and a half year checks with an initial on line portal that enables parents to self assess their needs (supported by NHS quality assured weblinks and advice) and
- Set markers for those that need targeted advice which can be managed by existing helpdesks.

Option 2

The figure below shows this solution will typically release around 90% of the demands for a face to face visit

	July	August	September	October	November	December
Number completed	87	111	144	93	71	54
% Signposted to personalised information, advice and local services	79%	94%	92%	87%	99%	94%
% Made a referral for a full social care needs assessment	21%	6%	8%	13%	1%	6%

6 month average	
Signposted	(85) 91%
Referral	(8.4) 9%



Figure 3 Example of impact of a self help information site and initial assessment

Option 2 Cont'd

Area	Description	Mitigation of risk
Workforce	No change to the existing hub. The ten skill mix nursery nurses could be redeployed more effectively	NA
Data, Performance and outcomes	Improved uptake of the antenatal visit and mental health assessments on line and rapid access to consistent birth information and promotion of NHS recommended advice.	Whilst BHFT are planning to create a website for promotion of breastfeeding promotion this would not address the wider requirements mentioned by Slough parents in section 8.
Costs	C £15000 to develop the hub plus a licence for the Ages and Stages Questionnaire cost are low at c \$0.62 per child	Replacement of the paper based assessments with an on line version
Safeguarding	10% would still be seen in face to face targeted reviews and fewer mothers would be missed	NA
Partnerships affected	Childrens Trust and wider health partners in the HCP	Engage partners in the portal design team

Option 3

Develop a chat line and text messaging service that works across agencies to reach young people in schools



Figure 4 Example of a professionally moderated helpline and integrated record

Option 3 cont'd

Area	Description	Mitigation of risk
Workforce	Current school nursing service is at capacity Training would be required for all partner services	Align and train other services that work with young people
Data, Performance and outcomes	Improved outcomes and client satisfaction as all young people in Slough would have access to evidence based interventions accessed through a single point of contact	National guidance to be followed for young people and access to on line services
Costs	Business case would explore whether the service could build on existing portals for youth services or would align with Open Objects work within the Childrens Trust or would be a standalone purchase	TBA
Safeguarding	National guidance and OFSTED specify integrated services with data sharing through a shared care record.	NA
Partnerships affected	All HCP services for 11-19's and schools	Services may not promote the portal unless a strategic agreement is made

Option 4

Extend data sharing between HCP services working to STP Connected Care programme timescales

Area	Description	Mitigation of risk
Workforce	STP discussions would be needed to agree whether CCG funded services should be included in the redesign	Risk of no decision until 2018 as the Graphnet roadmap
Data, Performance and outcomes	Midwifery links are not yet optimised and could be through a joint service Other services for SEND could access Ages and Stages information earlier	Adopt shared KPIS and reporting requirements of the shared child record across all services
Costs	Would need to be subject to a business case to the STP	TBA
Safeguarding	National guidance and OFSTED specify integrated services with data sharing through a shared care record.	NA
Partnerships affected	All HCP services	No longer a Slough project and may not meet local needs

Option 5

Proposal to test the market for a 0-19 solution

Area	Description	Mitigation of risk
Workforce	Changes from assessments to contacts elsewhere lead to replacement of HVs with skill mix	Would need to agree which functions skill mix can undertake safely
Data, Performance and outcomes	No change to national KPIS required	Strong monitoring of quality standards required
Costs	Workforce cost reductions of 8% have been obtained elsewhere	
Safeguarding	HVs would undertake more targeted work and would have fewer universal contacts	No change
Partnerships affected	All HCP partners	

Option 6

Consider TUPE of staff into a new wellbeing service

Area	Description	Mitigation of risk
Workforce	Risks of some staff not wishing to work outside the NHS alternatively others may wish to lead new wellbeing teams in order to practice what they were trained to deliver	
Data, Performance and outcomes	The council would have to develop a reporting system and be confident that a shared care record to the national standard was available for staff to use	
Costs	Development costs of the shared care record and assessments currently owned by the provider. Shared managerial overheads	
Safeguarding	Improved integration of services will lead to less duplication and improved early detection and intervention	
Partnerships affected	All HCP partners	

Conclusion

- The risks associated with the six options are for discussion. The benefits of costs avoided would need to be confirmed within a full business case.
- At this stage Health Scrutiny is being consulted on potential models before a final decision is taken.
- Headline recommendations are that Option 2 should go ahead whether or not other options are planned as this will deliver the transformational change needed within current services until the results of national mandation is known.
- This will also provide the council with the mandated contact information whether or not the services come in house or the main provider changes in future.
- Other councils are testing the market at the moment and this information will become available within two months – a direction is needed now however to mitigate the fact that the current contracts end in September 2017.

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 6th October 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
6 October 2016 PERFORMANCE AND QUALITY
<ul style="list-style-type: none">• Annual reports (e.g. Local Account)• Wexham Park update• Preparedness for winter• 0-19 service
23 November 2016 ASSETS AND INFRASTRUCTURE
<ul style="list-style-type: none">• Slough Central update• Links of care to Local Plan Review• Mapping of services against local population• Reconfiguration of learning disabilities service• STP update – for information
19 January 2017 SLOUGH CCG
<ul style="list-style-type: none">• Leisure and Activity

Meeting Date
27 March 2017 TRANSFORMATION AND INNOVATION
<ul style="list-style-type: none">• Digital innovations• Connected Care – update (provisional)

To be programmed:

- Early impact assessments – likely to be 2017 – 18

MEMBERS' ATTENDANCE RECORD 2016/17

HEALTH SCRUTINY PANEL

COUNCILLOR	30/06	01/09	06/10	23/11	19/01	27/03
Chaudhry	P	P				
Cheema	P	Ap				
Chohan	P	Ap				
M Holledge	P	P				
Mann	P	P*				
Pantelic	P	P				
Qaseem	P*	Ap				
Smith	P	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)

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