

Date of issue: Monday, 2 October 2017

MEETING:	HEALTH SCRUTINY PANEL (Councillors Rana (Chair), Smith (Vice Chair), Chaudhry, M Holledge, Pantelic, Qaseem, A Sandhu, Sarfraz and Strutton)
	NON-VOTING CO-OPTED MEMBERS Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative
DATE AND TIME:	TUESDAY, 10TH OCTOBER, 2017 AT 6.30 PM
VENUE:	VENUS SUITE 2, ST MARTINS PLACE, 51 BATH ROAD, SLOUGH, BERKSHIRE, SL1 3UF
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	NABIHAH HASSAN-FAROOQ (01753) 875018

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.



ROGER PARKIN
Interim Chief Executive

AGENDA

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APOLOGIES FOR ABSENCE

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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.

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|----|--|--------|---|
| 2. | Minutes of the Last Meeting held on 31st August 2017 | 1 - 6 | - |
| 3. | Action Progress Report | 7 - 10 | - |

SCRUTINY ISSUES

4. 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).

- | | | | |
|----|---|---------|-----|
| 5. | Slough Safeguarding Adults Board Annual Report 2016/17 | 11 - 32 | All |
| 6. | Residents involvement in shaping Adult Social Care Services | 33 - 38 | All |
| 7. | Quality Management of Adult Social Care Services | 39 - 44 | All |
| 8. | Forward Work Programme | 45 - 50 | All |

ITEMS FOR INFORMATION

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| 9. | Attendance Record | 51 - 52 | - |
| 10. | Date of Next Meeting | | |

22nd November 2017 at 6.30pm

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. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings. 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, 31st August, 2017.

Present:- Councillors Rana (Chair), Chaudhry, M Holledge, Pantelic, A Sandhu, Sarfraz and Strutton

Apologies for Absence:- Councillors Smith and Qaseem

PART I

12. Declarations of Interest

Councillor Rana declared that a close relative worked at Wexham Park Hospital.

13. Minutes of the Last Meeting held on 10th July 2017

Resolved- That the minutes of the last meeting held on the 10th July 2017 be approved as a correct record.

14. Action Progress Report

Resolved- That the Action Progress Report be noted.

15. Member Questions

There were no questions from Members.

16. Preventive Mental Health Services in Slough

The Head of Mental Health introduced a report that outlined local initiatives and commissioned services that had promoted mental wellbeing and prevented mental health in the Borough. The Officer outlined that there were certain statutory powers and statutory law that governed early intervention and crisis admissions, however that the aim of the preventative services was to promote helping residents at their first point of contact and limiting the need for admissions to secondary services. The Panel was advised that there was a £1million investment in the service and that there was a focus on young people with this funding.

Members asked a range of questions which included service vacancies, recruitment, barriers to accessing primary and secondary care and the impact of barriers to access mental health services upon BAME residents. The Panel was advised that there were four vacant posts (psychiatric nurse positions) within the service and that there had been barriers to recruiting psychiatric nurses. There had been three rounds of recruitment and some of the issues were that the market salary for Slough was not as competitive as those offered in London boroughs. There had been some work conducted with the University of West London to recruit more psychologists from differing backgrounds as this is an area where the service was aware that specialist staff was needed to address language deficit concerns.

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Jenny Chapman addressed the Panel and advised that there had been some difficulties in increasing knowledge of mental health awareness and access to the BAME residents. At present there was 53% uptake access to mental health services, which was stated as being close to matching Slough's demographic. Work had been carried out such as employing multilingual staff, drop in sessions, leaflets published in several languages, Mother Tongue interpreters and primary assessments conducted in patient's preferred language. It was noted that there was more work to be carried out with long term illnesses such as diabetes and that there had been detailed work in Slough currently at local surgeries.

A Member asked about the breakdown of patients and residents who accessed the service previously versus current projected numbers. In 2014/15 the service saw 1,910 patients; in 2016/7 there was a surge of 3605 patients; in 2017/18 (currently) the service has seen 2385 patients and the expected figures for 2018/19 was 2500 patients. After some initial issues with throughput of the service, it was reported that there was now a stable full workforce with good strong management. There had been some issues with accommodation and some of the previous workforce difficulties had stemmed from the nature of the mobile workforce and most colleagues were now based in hubs or surgeries. Access to the service was currently 16.8% and was projected to rise to 18%. As part of the projections under the Five Year Plan, it was estimated that access would rise to 25% by 2020, with the primary focus on diabetes, cardio-vascular disease and breathlessness. The Head of Mental Health also advised of the successes of talking therapy self-referrals which had increased from 0% to 50%. The Board requested that the Head of Mental Health should provide statistics in relation to figures on p16-17 ('parity of esteem') of the report. Additionally, The Head of Mental Health invited all Members to the mental health event being held at the Curve on the 10th October.

Resolved- (a) That the report be noted.

(b) That a report relating to preventative mental health is heard at the board meeting to be held on the 18th January 2018.

17. Five Year Plan: Outcome 2 Update

The Head of Adult Social Care updated the Panel upon the progress of Outcome 2 from Slough Borough Council's Five Year Plan. The report outlined the summary of progress under key issues which included, an overview of progress (Q1 2017-2018 performance), smoking cessation, Direct Payments and Health Checks. Links between wellbeing and housing were also discussed, as one of the five main themes with the Council's updated Housing Strategy 2016 to 2021 included the provision of specialist accommodation for vulnerable people and those with special housing needs.

Members discussed ways to achieve higher uptake of Health Checks, and how residents could be encouraged to take greater ownership of their own

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health and wellbeing. Discussions surrounding the known trajectory of uptake of health checks was low, that there was known poor health in certain communities where uptake is slow. The Director of Adult Social Care advised that there had been progress in self management of health which included shorter GP waiting times for the most vulnerable residents which meant that individuals were more likely to have health checks and the launch of a cardiovascular wellness service whereby residents could also have a health check at their appointment. There had been an increase in the number of clients receiving direct payments. and that Slough as a local authority ranked in the middle of the ranking tables for individuals receiving direct payments. There was some discussion relating to the barriers to health checks for diasporic communities and that this could be partly due to cultural attitudes towards health in general. It was acknowledged that some work around the term 'regular' in respect of health checks should be explained and that there was a campaign with the Communications team to encourage engagement with all communities.

The Director of Adult Social Care also advised that as part of the Five Year Plan update that there was a greater focus on the quality of housing for those in the private rented sector; alternative options for housing for the elderly which included a range of housing extending further than sheltered accommodation; housing for young persons with learning difficulties (2018); and developing options for young people. The sub group priority board were in place to challenge delivery of the intended housing strategy delivery and that there was scrutiny and challenge for the range of housing options suggested.

- Resolved-**
- (a) That the report be noted.
 - (b) That a future visit be scheduled in 2018 to a supported living facility.
 - (c) That a report on FGM be scheduled to a future panel meeting after it has been discussed at the Crime Disorder Panel.
 - (d) That Evidence, impact and outcomes on the uptake of health checks in Slough to be brought back to the panel at a later date.

18. **Frimley Health and Care Sustainability and Transformation Partnership**

The Director of Adult Social Care outlined the report on the Frimley Health and Care Sustainability and Transformation Partnership. Members were asked to note that local clinical commissioning groups (CCGs) had agreed to merge to for a single East Berkshire from April 2018.

Members asked about the future role of Sir Andrew Morris as chair of the STP following the recent announcement that he would be retiring as Chief Executive of Frimley NHS Foundation Trust next year. The Panel recognised

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the leadership he has provided to the STP. It was noted that Sir Andrew would continue his involvement with the STP after his retirement from the Trust and the Panel welcomed his ongoing role.

In response to a councillor's question surrounding increasing GP waiting times, the Director of Adult Social Care explained that delivery of the health and social care model was undergoing substantive change. References to increased admissions into accident and emergency, lower uptake of health checks, reduced access to GP surgeries for minor health issues, and lower usage of pharmacy staff knowledge were increasing service demands at local accident and emergency departments. This led to concerns of service duplication and queries around unease of access for individuals. Notably, discussions surrounding the local accident and emergency departments included the resource needed for an extra department, same day access and a way in which urgent responses would be managed. Members discussed the need for a deeper analysis into the areas and populations to effectively understand the needs of residents. It was stated that effective GP management was needed and that a model should be presented, on which the public could feedback their views.

Resolved- That the report be noted.

19. Forward Work Programme

The Panel considered the Work Programme for 2017-18 and the following items were confirmed or added:

10th October 2017:

- Safeguarding Annual Report
- Resident's involvement in shaping services
- Adult Social Care- Quality of care Report

22nd November 2017:

- Frimley NHS Foundation Trust update (meeting to be held at Wexham Park Hospital)
- CCG Operating Plan
- Berkshire Healthcare NHS Foundation Trust Annual Report
- STP Report

18th January 2018

- ASC Programme Update
- Public Health Update
- Learning Disabilities Programme Update
- STP Update

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Resolved- That the Forward Work Programme be agreed, subject to the above amendments.

20. Attendance Record

Resolved- That the Attendance Record be noted.

21. Date of Next Meeting- 10th October 2017

The next meeting of the Panel would be held on the 10th October 2017.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.06 pm)

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SLOUGH BOROUGH COUNCIL

ACTION SHEET

Health Scrutiny Panel – 31st August 2017

Date of Issue: 4th September 2017

Extension 5018

Issued By: Nabihah Hassan-Farooq

Agenda Item	Subject/Decision/Action Required	Lead Officer
	Apologies Councillors Qaseem and Smith. Apologies from Colin Pill. (Correspondence to Colin from the Panel to send well-wishes)	Nabihah Hassan-Farooq to record.
1.	Declarations of Interest Councillor Rana declared that a close relative worked at Wexham Park Hospital.	Nabihah Hassan-Farooq to record.
2.	Minutes of the Last Meeting held on the 10th July 2017 Agreed.	-
3.	Action Progress Report The report was noted.	Nabihah Hassan-Farooq to publish.
4.	Member Questions No questions were received.	-
5.	Preventative Mental Health Services in Slough Resolved – That the report be noted	Geoff Denis to note and action.

	<p>The following actions were agreed:</p> <ul style="list-style-type: none"> • Geoff Dennis to present to the Panel on January 18th 2018 • Invite to be sent to all Members for the Mental Health event to be held at the Curve on the 10th October • Geoff Dennis to provide statistics in relation to p16-17 of the report 'parity of esteem' (a)-(n)) 	David Gordon to circulate invite.
6.	<p>Five Year Plan- Outcome 2 Update</p> <p>Resolved- That the update be noted.</p> <p>The following actions were agreed:</p> <ul style="list-style-type: none"> • Future visit to be scheduled to a supported living facility (possibly 2018) • Report on FGM to be summarised to the Panel after it has been discussed at the Crime Disorder Panel. • Evidence, impact and outcomes on the uptake of health checks in Slough to be bought back to the panel at a later date. 	Alan Sinclair to note and action David Gordon to schedule reports.
7.	<p>Frimley Health & Care Sustainability and Transformation Partnership</p> <p>Resolved- That the presentation be noted</p>	Alan Sinclair to note.
8.	<p>Forward Work Programme</p> <p>10th October: Safeguarding Annual Report Adult Social Care-Quality Report Resident's involvement in Shaping Services</p> <p>22nd November: [Venue; Wexham Park Hospital] STP Update CCG Operating Plan Berkshire Healthcare NHS Foundation Trust- Annual Report</p>	Dave Gordon to amend work programme

	<p>18th January: STP Update Adult Social Care Programme Update Public Health Programme Learning Disabilities Programme Offer-Update Recovery Colleges</p> <p>26th March 2018: STP Update</p>	
10.	<p>Date of Next Meeting – The next meeting would be held on 10th October 2017.</p>	-

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REPORT TO: Health Scrutiny Panel **DATE:** 10th October 2017
CONTACT OFFICER: Simon Broad, Head of Service Safeguarding and Learning
Disabilities
(For all enquiries) (01753) 875202
WARD(S): All

PART I

FOR INFORMATION

SLOUGH SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016/17

1. **Purpose of Report**

To make the Health Scrutiny Panel aware of the work of the Slough Safeguarding Adults Board (SSAB) during 2016/17 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 third 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. Improving safeguarding practice when working with people who self neglect/hoard.
3. Mental Capacity and Deprivation of Liberty Safeguards
4. Making Safeguarding Personal and Outcome focussed.
5. Board Effectiveness

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

The period covered in this annual report has been one of further consolidation after the introduction of the Care Act in April 2015. In trying to secure that consolidation there has been a particular focus on two critical factors. These are: effective senior level strategic partnership planning; and the delivery of effective multi-agency learning and development demonstrated in direct work with people vulnerable to safeguarding risk of abuse or neglect.

Additionally, through the year there has been a focus on generating closer understanding and cohesion between adult services and children's services and in the work of the Safer Slough Partnership. There are numerous overlaps and opportunities for shared learning and practice that will improve safeguarding in Slough. We can see this in individual cases, families and in the circumstances faced by people at risk of abuse in the borough.

Additionally The independent Chair of the Slough Safeguarding Adults Board was appointed to the role of Independent Chair of the Local Safeguarding Children's Board in September 2016.

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, 2016/17 Thames Valley Police has contributed £4,000, the CCG £10,000 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 2016/17 of £52,000. This is largely due to the need to commission external Best Interest Assessors to undertake the backlog of assessments needed to comply with this legislation.

(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 2016 to March 2017

8. Background Papers

None.

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How to report adult safeguarding concerns

The Early Help Team is Slough Borough Council's adult social care central referral point. Opening hours are Monday to Friday 9am to 5pm:

- Tel: 01753 475111
- Email: Safeguardingadults@slough.gov.uk (GCSX) (This is a secure email address)
- Out of normal office hours, contact the Emergency Duty Team: 01344 786 543

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

You can also report any concerns about abuse or neglect for 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

The period covered in this annual report has been one of consolidation after the introduction of the Care Act in April 2015. In trying to secure that consolidation there has been a particular focus on two critical factors. These are: effective senior level strategic partnership planning; and the delivery of effective multi-agency learning and development demonstrated in direct work with people vulnerable to safeguarding risk of abuse or neglect.

Additionally, through the year there has been a focus on generating closer understanding and cohesion between adult services and children's services and in the work of the Safer Slough Partnership. There are numerous overlaps and opportunities for shared learning and practice that will improve safeguarding in Slough. We can see this in individual cases, families and in the circumstances faced by people at risk of abuse in the borough.

I am proud to have been given the opportunity to further this work by being appointed as independent chair of the Local Safeguarding Children Board in September 2016, in addition to the responsibilities I hold as chair of this board. It is heartening that the value of this approach is endorsed by all the partners working together in Slough. Our task for the future is to build on the foundation we have developed in the period covered by this annual report.

Nick Georgiou
Independent Chair
Slough Safeguarding Adults Board

1. What is safeguarding

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. We work together to ensure there are systems in place to keep vulnerable people in Slough safe and to promote their well-being, whilst having regard to their views, wishes, feelings and beliefs in deciding any action. We engage with partner agencies to ensure they are effectively safeguarding vulnerable people and are focused on improving outcomes.

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 abuse and neglect, or the risk of abuse and neglect.

Abuse or neglect can take many forms:

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:

Empowerment - ensuring people have control and choice over the decisions taken about their care, support and protection.

Prevention - looking at the causes of abuse and picking up problems early.

Proportionality - ensuring that responses are in line with the outcome that the adult wants to achieve.

Protection - taking decisive and effective action when abuse or neglect occurs.

Partnership - ensuring that all organisations collaborate well to use joint procedures and train their staff accordingly.

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 are embedded in the Berkshire Safeguarding Adults Policy and Procedures which are used in Slough. The purpose of the Policy and Procedures is to support staff to respond appropriately to all concerns of abuse or neglect they may encounter. <http://www.sabberkshirewest.co.uk/practitioners/berkshire-safeguarding-adults-policy-and-procedures/>

The policy and procedures for safeguarding children in Slough are also Berkshire wide: <http://www.proceduresonline.com/berks/>

2. Slough Safeguarding Adults Board

Purpose and Vision

Slough Safeguarding Adults Board is made up of a range of local agencies working together to support adults at risk of abuse or harm and promote their well-being.

Our vision is “Preventing Abuse, Protecting People” and this, alongside the six safeguarding principles, is the main focus of safeguarding within Slough.

Independent Chair

Slough Safeguarding Adults’ Board has an Independent Chair who provides an independent perspective, challenge and support.

Partners

Under the Care Act 2014, the Board’s statutory partners are Slough Clinical Commissioning Group, Thames Valley Police and Slough Borough Council, with the local authority carrying a statutory lead responsibility. Each statutory partner contributes financially to the costs of the Board. Other partner agencies are also represented on the Board, including: Berkshire Healthcare Foundation Trust, National Probation Service, Royal Berkshire Fire and Rescue Service, Frimley Health NHS Foundation Trust (Wexham Park Hospital), South Central Ambulance Trust, HealthWatch, and Slough Council for Voluntary Services. Representatives are active Board members and contribute to the work of the Board and its subgroups.

Subgroups

Executive Subgroup

The Executive Subgroup is made up of the statutory partners of the Board and its function is to direct and steer the work of the Board in order to ensure that it meets statutory requirements.

Safeguarding Adults Review Panel

The Panel considers all requests for cases that may fulfil the criteria for a Safeguarding Adults Review (SAR) and then, with the agreement of the Board, will commission and monitor the work of any SARs undertaken on its behalf. The Board has a responsibility to ensure that learning from SARs is embedded so that practice is improved. See Section 3 for more information on SARs undertaken in Slough.

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. The subgroup has delegated responsibility for safeguarding awareness raising and all aspects of multi-agency training. The subgroup promotes preventative approaches while ensuring staff respond appropriately to safeguarding concerns.

Quality and Performance Subgroup

This 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 reviews.

Communication and Engagement Subgroup

This subgroup functions as a task and finish group, focusing on specific pieces of work to raise awareness, improve communication and engagement. It has not been as effective as intended and its focus will be sharpened in the coming year.

Berkshire Policy and Procedures Subgroup

This subgroup has formally agreed its terms of reference with the four Safeguarding Adults Boards in Berkshire it is accountable to, and has a stated purpose of ensuring that:

- The Policy and Procedures are reviewed on a regular basis (twice yearly);
- Procedures are developed to ensure that safeguarding adults activity in Berkshire is robustly and effectively co-ordinated between and within each agency;

- Policy and procedures promote confidentiality, dignity and effective access to safeguarding for all communities across Berkshire and promote Making Safeguarding Personal in line with legal requirements.

The subgroup has developed the policies and procedures to ensure that they are compliant with the Care Act 2014. The revised Berkshire Multi-Agency Adult Safeguarding Policy and Procedures document was produced based on the Pan-London ADASS equivalent. The procedures continue to be kept under review and a second version was published in October 2016 following a period of consultation. The group has supported the lead local authority in the termination of the maintenance contract with Tri.X and, following consultation with providers and practitioners, the SABs agreed to commission a new provider to develop an interactive website.

Further information on the Board

The Board’s governance arrangement and functions are set out in its Terms of Reference. The Board’s objectives for the year ahead are set out in the Strategic Business Plan. These documents, together with other information on adult safeguarding, can be found on the Slough Borough Council website at:

<http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-safeguarding-adults-board.aspx>

3. Making a difference in Slough

a) What the data tells us

At the time of publication, statutory data returns for 2016-17 have not been validated by the Health and Social Care Information Centre, so any comparisons with national or regional data is based on the latest data available (2015-16).

Safeguarding Concerns and Enquiries

284 individuals were subject to a Section 42 enquiries in the reporting year, which is 271 per 100,000 of the population. This is a marked increase from 2015-16 when 139 individuals were subject to a Section 42 enquiry, which equates to 75 per 100,000 of the population. In 2015-16 the national average was 239 and the average across similar local authority areas was 269 per 100,000 of the population.

The number of concerns received and enquiries made over the past three years are detailed below:

Year	Concerns Received	No. of enquiries undertaken	Conversion rate
2014-15	466	90	19%
2015-16	647	93	14%
2016-17	989	367	37%

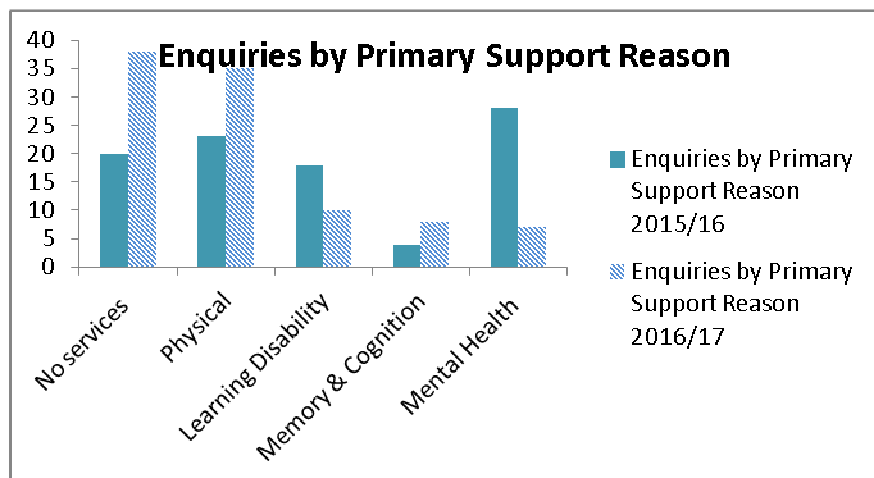
The reasons behind the low conversion rate in previous years have been explored and actions undertaken to improve understanding and practice, in particular around what constitutes a Section 42 Enquiry and a better understanding of risk across partners. This work is ongoing and there will be continued work to support partners to ensure they use appropriate referral routes and include all the required information on alert forms in the coming year.

Primary support reason

The greatest proportion of enquiries relate to people who receive **no services** (38%). These may be people that are not known to services, those who self-neglect or have chaotic lifestyles or chose not to engage with services. People with **Physical** support needs represent 35% of enquiries, those with **Learning Disability** support needs, 10%, those **Memory and Cognition** needs, 8% and people with **Mental Health** support needs make up 7% of enquiries.

This is a shift from the previous year (2015-16) when people with **Mental Health** support needs represented the greatest proportion of enquiries (28%).

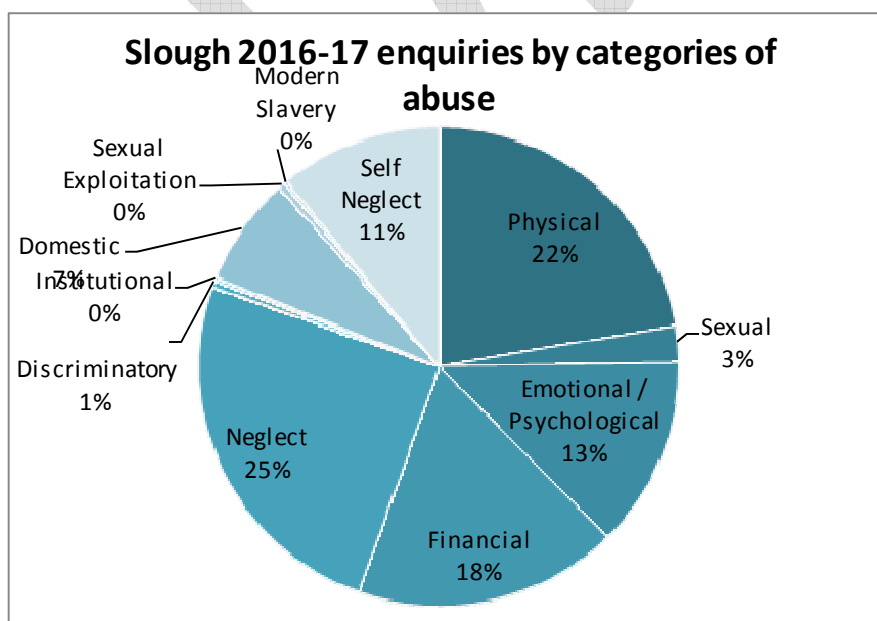
The graph below compares the primary support reason over the last two years. This information will continue to be monitored over the coming year so that we can identify trends and understand the support needs of our customers more fully.



Type of abuse

The most common type of abuse was **neglect** (29%), followed by **physical abuse** (25%) and **financial abuse** (21%). This pattern reflects the national picture of 2015-16. Cases of **self-neglect** have risen to 12%, up from 4% in the previous year. Only one case of **modern slavery** was identified in Slough through the safeguarding process. Low levels of **Discriminatory** abuse continues (1% in 2015-16 and 2016-17). This is not to suggest that Discriminatory abuse (such as hate crime) or modern slavery have not been identified in Slough. We will cross reference safeguarding data with information held by the voluntary sector, Thames Valley Police and the Safer Slough Partnership to gain a wider understanding of the scope of these types of abuse in Slough.

For the last two years there have been zero enquiries categorised as **Institutional** abuse. Institutional or organisational abuse includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in an individual’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation. Although cases of abuse and neglect have been identified within care homes, for example, they have not been categorised as Institutional abuse through the safeguarding process.



NOTE: It is possible for there to be multiple sources of abuse per case, therefore proportions have **not** been calculated from the number of cases in the year.

Location of abuse

The largest proportion of enquiries related to cases where alleged abuse or neglect has occurred within the individual's **own home** (67%, or 238 cases). This is a much higher percentage than either the national figure (43%) or the comparator group (44%) for the previous year. This is thought to be because Slough supports a higher proportion of people in their own homes than other authorities, with fewer care homes within the Borough and fewer out of Borough placements.

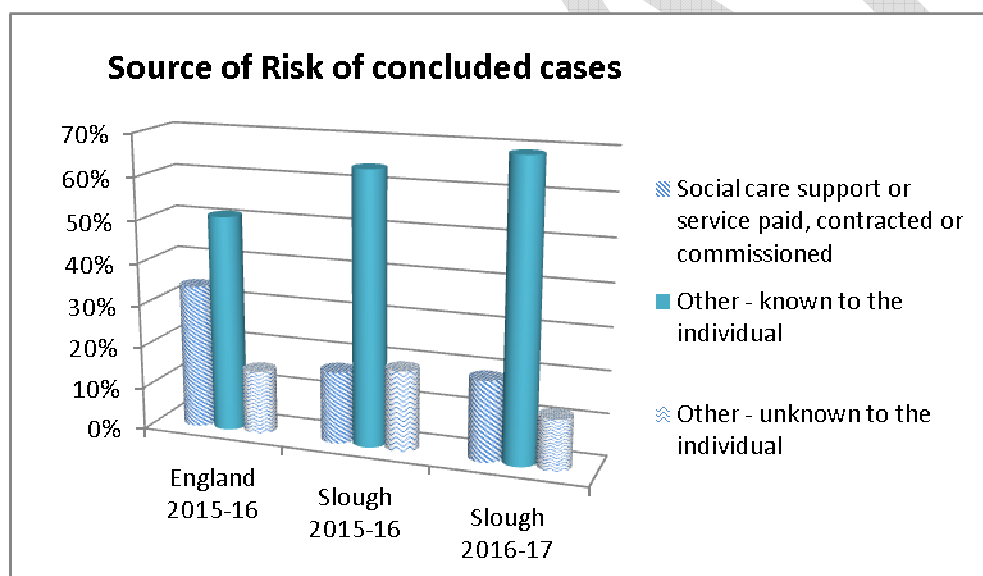
17% of enquiries related to allegations of abuse in a **Care Home** (compared to an England average of 36%). This low proportion is explained by the fact there are only six older people's care homes in Slough, where stable management has been a feature, and Slough BC has employed a rigorous quality assurance framework.

Only 1% of enquires relate to cases occurring in a **health setting**, compared to 6% nationally. An ongoing priority for the Board is to achieve a shared understanding across partners of what constitutes a safeguarding concern. It is thought that cases may be managed internally under terms such as *unsafe discharge* or *critical incident*, rather than being referred into the safeguarding process. Case file audits indicate to what extent this is happening.

Source of risk

In terms of the individual's relationship to the alleged perpetrator, the highest proportion relate to cases where the source of risk is **Other Family Member** (84 enquiries, or 23.1%). The next highest is **Social Care Staff - Residential Care Staff** (52 Enquiries, 13.5%).

The chart below shows source of risk in Slough over the last two years compared to the national average.



As indicated above, the location where most abuse or neglect has occurred is in the individual's own home. In this location, 41% of alleged perpetrators were **partner or other family member**, 17 % were **self** and 14% were **domiciliary care worker**. Awareness raising in communities, appropriate support for carers and recruitment and retention of good quality care workers are essential to mitigate the risk of harm to people in their own home.

Ethnicity

In 2016-17, 71.4% of Enquiries relate to people of white ethnicity, 14.6% Asian, 3.8% Black, 1.4% Mixed and 0.3% Chinese or other ethnic group. 8.5% of ethnicities are not yet established.

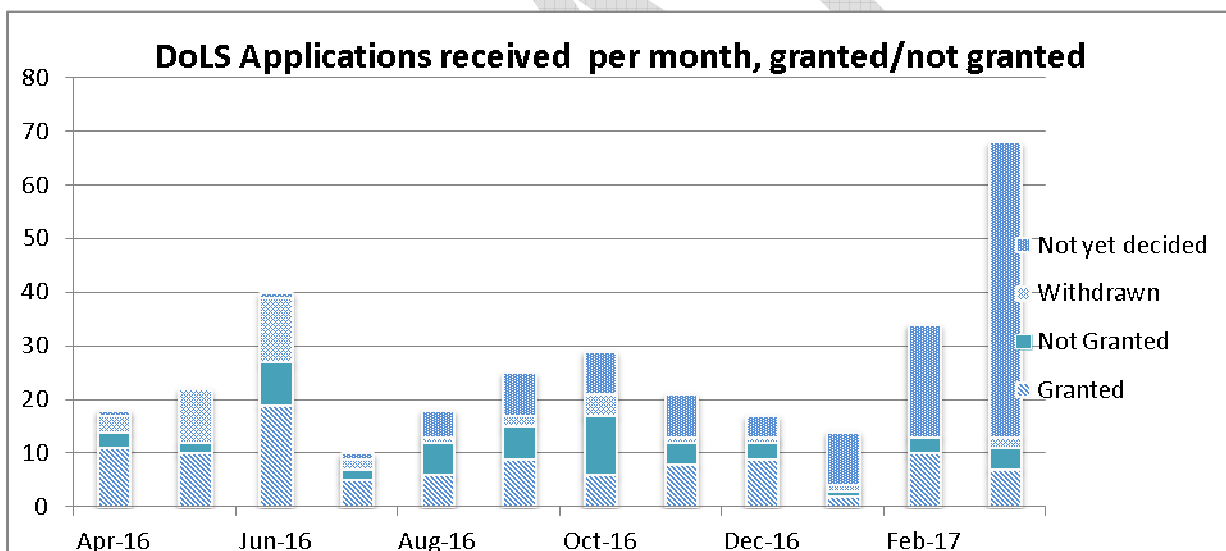
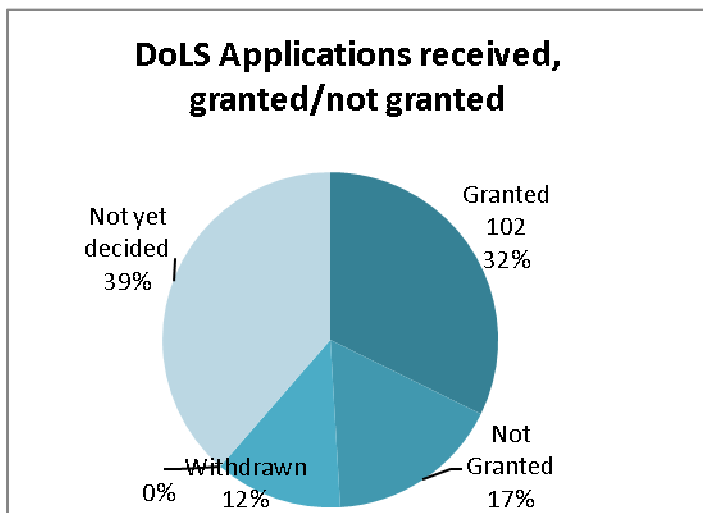
Mental Capacity Act and Advocacy

Of those individuals who lacked capacity, 88% were supported by an advocate in 2016-17, and 100% in the previous year. Slough's performance in this area is better than nationally (68%) and across the comparator group (32%). The

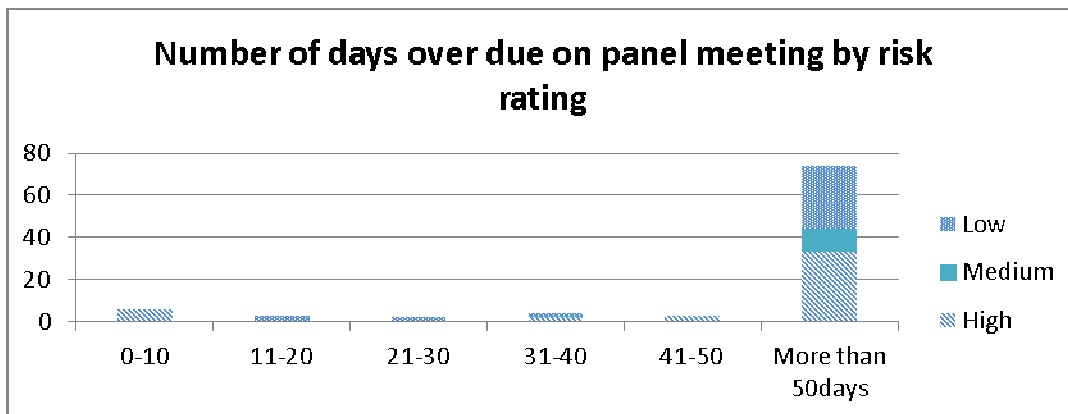
type of advocate is split equally across family or friends, Independent Mental Capacity Advocate and Independent Mental Health Advocate.

Deprivation of Liberty Safeguards (DoLS)

316 DoLS applications were received in 2016-17, of which 46% relate to clients with dementia, and 12% with learning disabilities. 32% were granted and 17% were not granted. As at the end of March, 98 applications were on the waiting list, yet to be decided.



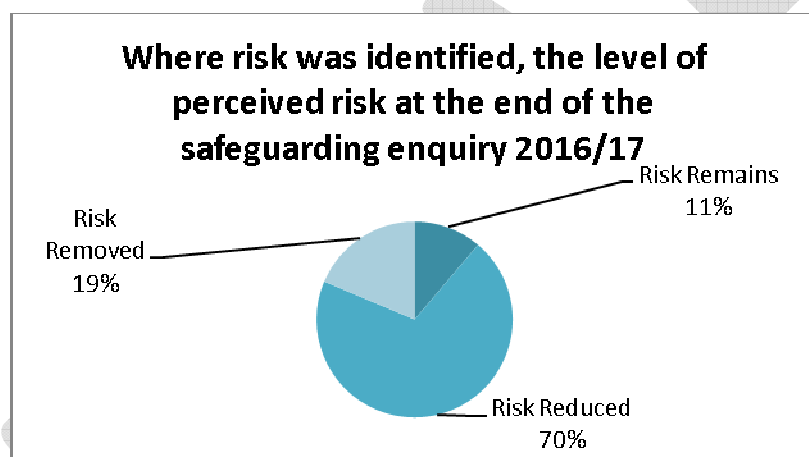
The graph below shows a breakdown of applications that were granted in 2016-17, by the number of days they were overdue when application was signed off at panel, and risk rating.



A standard application should be completed in 21 working days and an urgent application in seven working days. Data indicates that a significant number of DoLS cases have not been completed within the required timescales and although this pattern is not out of line with other Boroughs, performance in this area will continue to be monitored in the coming year, with actions to mitigate risks included in the Business Plan.

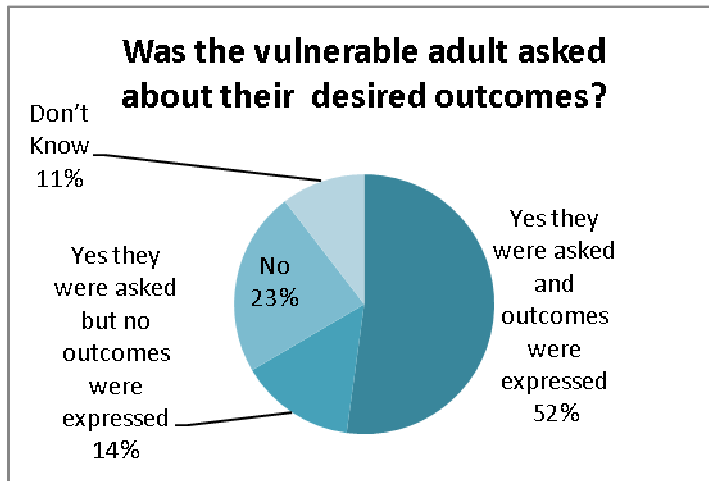
Risk and Outcomes

As in the previous year where figures compared favourably to national and comparator group averages, performance in 2016-17 to reduce or remove risk was again very positive. It is likely that those people who remain at risk are leading chaotic lifestyles exposing themselves to risk.



Involvement in the safeguarding process

Good practice is to ask 100% of individuals what outcome they want from the safeguarding enquiry at the start of the process and seek feedback at the end to ascertain whether these outcomes have been achieved. The Board has identified actions to improve mechanisms for collecting feedback and measuring outcomes in the coming year in order to embed this area of good practice still further.



b) Learning from Safeguarding Adults Reviews

The Board has a legal duty to carry out a Safeguarding Adults Review (SAR) when there is reasonable cause for concern about how agencies worked together to safeguard an adult who has died and abuse or neglect is suspected to be a factor in their death, or if the adult is still alive and the SAB knows or suspects that the adult experienced serious abuse or neglect. The aim of a SAR is for all agencies to learn lessons about the way they safeguard adults at risk and prevent such tragedies happening in the future. The Safeguarding Adults Review Panel (SARP) oversees this work for the SAB.

During the reporting year, the Board did not commission any Safeguarding Adults Reviews.

However, the Board has continued to share learning and deliver actions to improve practice in response to the reviews undertaken in the previous year, the case of EE and the Domestic Homicide Review into the case of Mr F. Partners also contributed to a Significant Event Analysis of the case of XF that did not reach the criteria for a SAR. A further Significant Event Analysis on the case of Mr G was carried out and completed in May 2017.

The Serious Adult Review Panel delivered a series of multi-agency Learning from Serious Case Review events, attended by approximately 100 people. The East Berkshire Learning and Development subgroup have arranged a multi-agency conference for October 2017 with the aim of learning from safeguarding adult reviews across neighbouring areas.

The SARP produced an [Annual Report](#), presented to the June 2017 meeting of the SAB. The themes of note are:

- I. Learning disability and how this affects practitioner response.
- II. Self-neglect.
- III. Difficulties arise where there is no identified lead professional.
- IV. Interagency Communication.

c) Delivery of the Strategic Business Plan

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.

- Royal Berkshire Fire and Rescue Service (RBFRS) promoted their Adults at Risk Protocol and provided awareness raising training to improve referral rates. Across Berkshire, RBFRS has trained 12 organisations

under the adult referral programme initiative outside of emergency service partners. This has generated 1761 vulnerable adult referrals to RBFRS across Berkshire. There will be continued focused work in 2017-18 to deliver further training from venues in Slough and increase referrals rates directly from partner agencies in Slough.

- Within Adult Social Care, pathways to manage referrals which do not meet the threshold for Section 42 Enquires have been improved, such as making the internal electronic recording system more user friendly and reviewing safeguarding forms. A new protocol places more ownership and accountability on decision making throughout the safeguarding process and triaging is now taking place through Locality Teams.
- Frimley Health Foundation Trust has worked with SHOC (Slough Homeless Our Concern) to manage the discharge of homeless patients from hospital back into the community. Partners hold regular meetings to discuss cases, identify what has gone wrong and develop joint action plans to avoid risk in the future.
- Two Learning Disabilities study days have been held by the Frimley Trust in conjunction with the community Learning Disabilities teams. Improved partnership working has helped raise awareness about communication, care planning and support networks, leading to improved outcomes for patients with LD.
- The development of a multi-agency organised crime group meeting has brought together partners to work together to disrupt the criminal activities of these groups whilst also looking at the longer term preventative opportunities. This group is considered as best practice nationally and Slough is a trailblazer with this approach. Through joint working with the Safer Slough Partnership, there has been considerable success in targeting domestic abuse, Honour Based Abuse, Forced Marriage and Female Genital Mutilation.
- The development of the mental health triage project has demonstrated real success between the police and mental health practitioners. Funded by the CCGs, this project helps to provide those in crisis with a more effective response by joining up police with a mental health professional to respond together. The result has seen a significant reduction in the number of section 136 assessments under the Mental Health Act during the hours that the Street Triage service is in operation.

Strategic Objective 2 – Improving Safeguarding Practice When Working With People Who Self Neglect/Hoard

Self-neglect is a category that falls under Safeguarding with its inclusion in the Care Act 2014. All agencies report increases in this area and aim to develop the skills of practitioners to be able to work effectively with individuals. The Board has a responsibility to develop an effective framework to promote best practice and seeks assurance from partner agencies that they have clear procedures in place to support people who may self-neglect. This is evident during normal operating hours of the Street Triage programme.

- This year the Board aimed to determine the extent of self neglect / hoarding referrals and identify actions to make joint working more effective. The Quality Assurance Subgroup met in February to share cases where self-neglect was evident so that common themes could be identified and audited. Recommendations were presented to the Board and actions included in the new Business Plan.
- A guidance document to support staff to manage risks when working with people who do not engage with services was developed and disseminated across partner agencies, and good evidence of its application by Thames Valley police and Neighbourhood Services was shared with the Board. (This document was revised and re-issued in July 2017.)
- Guidance documents for practitioners on self-neglect and hoarding have been implemented across partner agencies, including the use of clutter scales (or clutter image ratings) which are used to identify the severity of hoarding in people's homes. Refresher training on clutter scales was delivered in November and February.

Strategic Objective 3 - Mental Capacity and Deprivation of Liberty Safeguards

The Board has a role in ensuring that safeguarding work carried out by partners is in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards 2009 (DoLS). The Board needs to be confident

that the assessment of people in regard to the MCA, and its application in practice, is well understood by relevant practitioners and interpreted consistently by partner agencies.

Data indicates that a significant number of DoLS cases have not been completed within the required timescales and although this pattern is not out of line with neighbouring authorities and the wider national picture, performance in this area will continue to be monitored in the coming year, with actions to mitigate risks included in the Business Plan.

- A Mental Capacity Act Guidance and Checklist was developed and the MCA template was updated and promoted.
- A DoLS information sharing and support forum held its first meeting in January 2017.
- The DoLS administration and management team has been restructured and a detailed work plan with targets and timelines has been implemented. Micro level intervention is currently taking place on every DoLS case to understand its priority. Performance is now measured in terms of cases in the process and awaiting completion and this process map provides the Board with an indication of the management of Best Interest Assessor (BIA) cases.
- Work has been put in place to optimise the available BIA resources internally and also to bring in external BIA resources within available budget.
- Refresher safeguarding training delivered in November 2016 and February 2017 included an overview of the MCA and focused on specific elements of practice that required improvement.
- Introduction to MCA and Introduction to DoLS face to face workshops continue to be on offer to internal Slough BC departments and external provider services. 48 people attended face to face MCA training. 24 people attended Introduction to DoLS face to face, including a bespoke programme for reablement staff. 6 internal staff attended training on Community DOLS applications and the new Court of Protection DoLS form. Attendance from housing staff continues, although the majority attendance is from adult social care.

Strategic Objective 4 – Making Safeguarding Personal and Outcome Focused

The Care Act 2014 embeds the philosophy of Making Safeguarding Personal and the Board has a role in ensuring that all partner agencies adopt this model of practice within their Safeguarding Work.

- The Board aims to increase the volume of desired outcomes realised by participants through the safeguarding process. Performance monitoring meetings are held to ensure clearer data captured and more accurate recording. The Care Governance Board continues to monitor the information about practice contained in this data.
- The Board aims to ensure appropriate use of advocates throughout the safeguarding process. Reports from commissioned advocacy service are monitored internally for quality and quarterly monitoring meetings are attended by DoLS coordinators where advocacy provision, quality and value for money is monitored.
- Four Making Safeguarding Personal safeguarding adults' refresher days were delivered, with 50 delegates attending from social care and health services.
- A drop in session was held for partners to audit anonymised multi-agency case files using the Slough Borough Council audit tool, with recommendations presented to the Board.

Strategic Objective 5 – Board Effectiveness

The Board has a responsibility to ensure that it gives strategic guidance to partners working in Slough. It promotes the prevention of abuse and neglect, and where there is abuse, ensures effective action often on a multi-agency basis.

- The Board has maintained effective links with other key partnerships such as the Slough Health and Wellbeing Board, the Safer Slough Partnership and the LSCB.

- The Board's subgroups reflect Care Act requirements and support the delivery of strategic objectives. Summary briefings to update the Board on activity within subgroups are provided at each Board meeting.
- The Independent Chair met with the Speak Out user group and carers who wish to be involved in the work of the Board. Engaging with service users and carers will continue to be a priority for next year's Business Plan.
- Learning from Safeguarding Adults Reviews (SAR) undertaken in other areas was shared, for example, a Bristol case involving an individual who did not engage with services. Neighbourhood services reflected on the findings, identified similarities with current cases in Slough, exploring areas of local good practice and aspects that need to improve in light of the case.
- Closer connection between the SAB, LSCB and Slough Safer Partnership has been achieved with the same independent chair for both safeguarding boards in Slough. This is being further developed in 2017 with the establishment of the joint business support unit for both boards.

Additional Workforce Development Activities:

- A total of 127 people attended Safeguarding Adults Level 1 face to face training during 2016-17. Of those attending, 40% were from external agencies including provider/voluntary agencies, Slough Children's Trust, Avarto and Cambridge Education / Slough BC Education. Only 20% of these were from the PVI group. This is a continuing downward trend while agencies continue to provide their own training, but are more likely to request bespoke programmes when required.
- The following external agencies accessed the Safeguarding Adults Level 1 open programmes: Destiny Support, Chrome Tree, Hanover House, Domus Care, Slough Cross Roads, SANAS (provider group for children's services). Bespoke training was accessed by 120 people from SPACE, Age Concern, TVP, GP practices, CMHT Peer Support Group.
- Slough Borough Council staff and external providers in adult social care settings also have access to Safeguarding Adults Level 1 eLearning. 652 Slough Borough Council staff completed the mandatory eLearning Safeguarding Adults level 1 programme. 17 external organisations have accessed a range of Log Onto Care courses, including Safeguarding Adults.
- Training for every taxi driver licensed in Slough on recognising and responding to concerns about adults at risk and child sexual exploitation (further information below under Slough Borough Council's achievements).

d) Achievements by partner agencies

Berkshire Health Foundation Trust

Berkshire Health Foundation Trust (BHFT) have participated in multi-agency local safeguarding adults reviews and have contributed to the development and completion of multi-agency action plans. A highlight of this was the production of a leaflet regarding pressure area care. Attendance at Safeguarding Adults Board meetings and subgroups are prioritised and staff have participated in a multi-agency group to improve work around modern slavery and contributed to a group addressing violence against women and girls. The Head of Safeguarding is part of a working group to organise a joint children's and adults' conference around harmful practice in response to local reviews.

BHFT has achieved a 93.8% compliance at Safeguarding Level 1 training and increased compliance at Level 2 training. 86.5% of staff are now trained for Prevent (WRAP). Training and compliance for MCA and DoLS training was also achieved. Mental Capacity Act champions have been appointed for each of the community wards to improve application of the Mental Capacity Act in patient care. The safeguarding children and adults teams have amalgamated to facilitate a more joined-up, 'think family' approach to safeguarding.

BHFT has adopted the Suicide: Aspiring for Zero approach to suicide reduction, a model based on the premise that suicide can be prevented. BHFT has implemented a Strategic Oversight Group chaired by the Director of Nursing, clinical and project lead. Systems have been optimised to enable staff to focus on engagement and collaborative approaches to risk assessment and management, keeping service users and carers at the centre. A new risk management tool has been developed to combine risk assessment, risk management and a service user safety plan, and the approach to risk audit has been refreshed. 'Suicide surveillance' involves the provision of timely support for those families bereaved by suicide and staff affected, as well as heightening awareness of community risks of contagion or suicide clusters and identifying public places where suicides/incidents are occurring. There is a high priority for learning from suicide deaths. Training and supervision has been implemented to equip staff with skills and competence (measured with the zero suicide surveys) to practice recovery focussed, compassionate approaches to suicide risk assessment and enable positive risk management and safety planning.

Frimley Health NHS Foundation Trust (Wexham Park Hospital)

There has been a heightened drive towards making safeguarding personal in Frimley Health NHS Foundation Trust. While training statistics are still not up to the required standard, the focus has very much been on identifying areas with the worst compliance levels and arranging bespoke sessions in the actual areas of practice. Regular combined adult and children safeguarding level 2 sessions have also been implemented. Bespoke training to meet the needs of different departments is delivered by the local safeguarding team.

Working together with the discharge team, processes have been established to support safe discharge of adults at risk. All patients who are admitted into hospital and are flagged up as being at risk, have a Section 2 form filled out before discharge so a means tested assessment can be completed and the correct level of support given on discharge.

As a result of a robust domestic abuse referral process, the numbers of referrals have escalated and the support of an in-house domestic abuse liaison worker has had a positive impact on outcomes. Domestic abuse awareness has been incorporated into the induction process under safeguarding. There is heightened awareness in the Emergency Department regarding the identification of patients who are experiencing domestic abuse.

Wexham Park Hospital has acquired a Band 6 Safeguarding Nurse to assist with training and safeguarding issues. There is a current bid to acquire the services of a specialist Learning Disabilities Nurse as a gap has been noted in the support of patients admitted with Learning Disabilities. A new post for Prevent Lead has been filled and training on Prevent and associated issues is currently being rolled out across the Trust.

A Trust-wide Safeguarding Adults work programme for 2017/18 has been developed in order to further strengthen Adult Safeguarding leadership, training, internal governance arrangements and meet the requirements outlined in the contract and the Care Act 2014.

Healthwatch Slough

Healthwatch Slough aims to make health and social care better for everyone, especially those who face additional challenges in accessing services. Healthwatch Slough engages with communities and plays a central role in enabling people's views and experiences of health and social care to be heard. In 2016/17 Healthwatch heard 600 issues.

Healthwatch Slough has produced a number of reports, including: How organisations in Slough learn from feedback and complaints; Raising awareness of Female Genital Mutilation in Slough; Vulnerable patients' use of the Slough Walk-in Centre; Big Food Fight and Children's Quiz.

Healthwatch undertook a case study of a 97-year-old resident, comparing the care she received from over 10 local organisations over the summer of 2016 with the East Berkshire's New Visions of Care. After discussion at the Primary Care Qualities Committee, the ten organisations involved were challenged about future improvements to services.

One of the Healthwatch Champions has established a carers' group in Cippenham. Feedback about the importance of supporting carers contributed to several developments at Frimley Health NHS Foundation Trust to support carers, such as the launch of carers' information booklet and a Carers' Box on all wards at Wexham Park Hospital. More staff have volunteered to be Carers Champions.

Healthwatch Slough has monthly teleconference calls with the Care Quality Commission Inspectors, sharing intelligence, and this liaison has shaped CQC's inspection calendar. Healthwatch Slough also shares intelligence with partners at numerous groups and committees, including the Thames Valley Quality Surveillance Group.

Healthwatch Slough's Annual Report can be found at:

<http://healthwatchslough.co.uk/wp-content/uploads/2016/01/Annual-Report-2016-17-Slough-v12-PDF.pdf>

National Probation Service

Practice guidance regarding safeguarding adults has been developed to provide Offender Managers with all the information they need in order to effectively assess and manage the risks when working with cases where there are adult safeguarding issues. Specific reference is made to offenders with care and support needs, offenders who are adults at risk, safeguarding enquiries, residential and nursing homes, hate crime, extremism, learning disabilities or difficulties, domestic abuse, barred list, and planning for release, including the allocation of approved premises. It also provides useful guidance on abuse and neglect and care and support needs, and provides practical information on how to record and track concerns.

The National Probation Service has also issued a policy statement for 'safeguarding adults at risk'. This provides all the necessary information relating to identification, assessment and management of offenders, leadership and inter-agency collaboration including information sharing.

Both these documents are widely and easily available to staff to inform their practice on a day to day basis.

Practice meetings have been held regarding Serious Organised Crime and there is now an increased understanding in the team regarding how this type of offending significantly impacts on vulnerable adults. This has led to a different approach to supporting some of the vulnerable adults managed as 'offenders,' one which looks at moving them away from the environment and risk situations.

Royal Berkshire Fire and Rescue Service (RBFRS)

RBFRS works to identify foreseeable risk to our communities and deliver effective, managed, timely performance in a wide range of disciplines, preventing and protecting the public along with delivering effective response to incidents when required. Partnership working and information sharing with a wide range of groups and agencies have enabled identification and protection to the most vulnerable members of our communities. The fire risk based preventative intervention supports individuals to live independently and safely in their own homes.

The work of RBFRS has continued to drive down fire deaths and casualties in our communities. The Integrated Risk Management Process (IRMP) has been consulted on with the public, with proposals developed to further improve the service. This will focus attention on those groups evidenced at being more vulnerable to fire death and those whose lifestyle choice places them at elevated risk of having an accidental fire and receiving associated injury.

RBFRS is working in partnership to provide falls, age related and winter warmth services, delivered as part of our Home Fire Safety Check process, signposting those people assessed as being at risk to partner agencies.

Royal Berkshire Fire and Rescue Service (RBFRS) is undergoing an internal restructure which is due to be completed by the end of August 2017, and will include a dedicated Designated Safeguarding Officer to provide significant increased capacity and improve service delivery.

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 risk is managed effectively and in a person centred way. Embedding the learning from Safeguarding Adults Reviews continued in 2016-17. Three sessions were delivered to Adult Social Care staff, with four other sessions delivered to partner agencies, including GPs and practice nurses, community and mental health staff, and a neighbouring borough's Safeguarding Adults Board. In addition, as an outcome of a Slough case review, Adult Social Care commissioned mandatory, bespoke domestic abuse training which was delivered by the local Domestic Abuse service provider.

One non-statutory review was undertaken in the time period, and this led to the development within Adult Social Care of guidance for staff when making attempts to contact someone where there is a concern. The guidance promotes a consistent approach, ensures management involvement at an earlier stage and supports requests to Thames Valley Police for "Fear for Welfare" checks, ensuring that all reasonable attempts have been made prior to contacting the police.

The Safeguarding Team played an active part in the training for every taxi driver licensed in Slough on recognising and responding to concerns about adults at risk and child sexual exploitation. Working in conjunction with the Licensing Team and Child Sexual Exploitation and Trafficking Co-ordinator, this was the first program of its kind in Berkshire. The aim was to deliver training to 934 individuals between September 2016 and March 2017. This accounts for all 880 drivers and 54 operators in the area. By March 31st 2017, 860 drivers/operatives had been trained (92% of the target group). This program was given an achievement award for outstanding work by the Berkshire Environmental Health Managers Group in February 2017 and the long term outcomes will be evaluated by University College London in September 2017.

There has been a firm commitment to working more closely with the Community Safety Team this year, to raise awareness of the issues facing multi-agency partners in working with adults who do not have care and support needs, but who may live in ways which puts them and others at risk. This has seen the Safeguarding Co-ordinator undertaking work within the Community Safety Team for two days a week, undertaking projects such as the Slough response to Modern Slavery. It is expected that this cross-team working will continue throughout 2017 as teams continue to address a wider range of issues than previously seen within the traditional safeguarding remit.

Slough Clinical Commissioning Group

Safeguarding has continued to be a priority area for the CCGs East of Berkshire; the safeguarding team has worked hard to continuously improve safeguarding performance across the health economy of East Berkshire.

The Associate Director of Safeguarding is the chair of the Safeguarding Adults Review Panel (SARP) and presented a SARP annual report to the Safeguarding Adults Board. SAR procedures have been developed and adopted across East Berkshire.

Primary care safeguarding training was delivered in Autumn/Winter 2016 with an emphasis on implications of the Care Act 2014, care homes, MCA/DOLs and lessons from national and local serious case reviews. Safeguarding Level 3 training was delivered to each CCG. A safeguarding training strategy for CCG staff was developed, with the addition of Prevent eLearning as a mandatory requirement.

CCG staff have been engaged in raising awareness of gangs and increasing levels of violence against children and young adults. This has led to the establishment of an umbrella sub-committee of Slough Safer Partnership, Violence Against Women and Girls.

Achievements include development of documents such as the multiagency 'vulnerable adults at risk' guidance, a leaflet for carers and adults to prevent pressure ulcers, a safeguarding newsletter, a briefing on the DoLS interim

statement and impending statutory changes, and Modern Day Slavery guidance for health staff. The CCG safeguarding policy regarding allegations against staff has been reviewed.

A primary care safeguarding self-assessment was undertaken and reported to the Board.

The CCG was part of the Syrian families repatriation programme and one family has been successfully rehomed in Slough.

The CCG was successful in a £15,000 bid which will fund a conference across East Berkshire against violence and exploitation in November 2017.

South Central Ambulance NHS Foundation Trust (SCAS)

As an organisation that covers seven counties, South Central Ambulance NHS Foundation Trust (SCAS) contributes to and complies with Safeguarding Adults Boards' business plans wherever possible, including priorities within our own safeguarding developments. SCAS works closely with partner agencies and Safeguarding Boards across the area to ensure that all developments benefit the people who use our many services. In the coming year we aim to forge closer links with safeguarding hubs across our area; move to a paperless referral process; regularly undertake multi-agency audits and reviews of safeguarding referrals; and encourage regular feedback from partner agencies with regard to safeguarding cases. These actions will form part of a SCAS action plan that will be presented and monitored on a bi-monthly basis at our Patient Safety Group meeting, which feeds directly into the Trust's board.

Thames Valley Police

Safeguarding vulnerable adults is one of the core aims of Thames Valley Police and it is replicated in the local policing priorities under the theme of 'protecting children and vulnerable adults'.

Significant training has been completed over the last year aimed specifically at safeguarding adults. Training packages include the Safeguarding Vulnerability and Exploitation programme (SAVE) which helps officers to identify risk more effectively, Modern Slavery and a number of packages relating to protecting vulnerable persons. This is particularly important in Slough with the increased risks of honour based abuse (HBA), forced marriage (FM) and female genital mutilation (FGM).

Thames Valley Police has successfully utilised partial closure notices on a number of premises where vulnerable adults were being exploited, typically in connection with drug trafficking. This has helped to safeguard the adults while disrupting the activity of the crime groups.

Slough Council for Voluntary Services

The voluntary and community sector make a huge contribution to supporting and enriching the lives of the population in Slough. Over the last year, Slough Council for Voluntary Services (CVS) have represented the sector on the Safeguarding Adults Board and provided information to professionals and volunteers working to support adults in Slough. Slough CVS has communicated safeguarding messages and has supported groups to put in place effective safeguarding policies.

4. Areas for development for 2017-18 include:

- Strengthen strategic links with Slough Safer Partnership and the Local Safeguarding Children's Board (LSCB). Ensure stronger connectivity and coordinate service delivery between the SAB and the LSCB through the development of a Joint Business Unit.
- Deliver further fire safety awareness training from venues in Slough to protect vulnerable adults from risks of fire.
- Engage with a wider audience to promote safeguarding via a new Slough Safeguarding Website and social media.

- Continue to share learning from local and national case reviews and investigations to improve practice.
- Promote best practice for working with those who self-neglect or hoard.
- Develop multi-agency pathways and guidance for Modern Slavery, Domestic Abuse and working with those who choose not to engage.
- Continue to promote the rights of vulnerable adults in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards by all agencies. Work with Children's Services to ensure staff are trained and can apply the principles of MCA to transition cases.
- Ensure that people are supported during the safeguarding process by either a relative/friend or advocate.
- Develop ways to collect feedback from people who have gone through the safeguarding process and measure outcomes to evidence that Making Safeguarding Personal is embedded in practice.
- Refresh the Workforce Development Strategy to ensure multi-agency awareness training is Care Act compliant and includes Making Safeguarding Personal.
- Training priorities include: refresher programmes and bespoke training for care providers; simulation based training to support social workers with best interest decisions; mandatory Safeguarding Adults eLearning requirement for all new staff and mandatory face to face training for all front line staff within Slough Borough Council; assessment and investigation skills training for provider services carrying out enquiries; Independent Management Review training for provider and social care managers.
- Deliver further training for front line staff under the banner of Safeguarding Vulnerability and Exploitation programme (SaVE) 2 which aims to help police officers identify risk more effectively.
- Review the potential to extend the remit of the Multi-Agency Safeguarding Hub (MASH) to include adults, which will support staff to recognise risk more effectively.
- Identify gaps and improve service planning through the self-assessment safeguarding tool rolled out to smaller health providers by the CCGs.
- Deliver an East Berkshire conference Against Violence and Exploitation in November 2017.

Glossary

ADASS	Association of Directors of Adult Social Services
BHFT	Berkshire Healthcare Foundation Trust
BIA	Best Interest Assessor
CCG	Clinical Commissioning Group
DoLS	Deprivation of Liberty Safeguards
FGM	Female Genital Mutilation
FM	Forced Marriage
HBA	Honour Based Abuse
LSCB	Local Safeguarding Children's Board
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
Prevent	Prevent is one stream of the Government's Counter-Terrorism strategy; the aim is to work with communities and address any grievances in order to avoid violent extremism being supported.
RBFRS	Royal Berkshire Fire and Rescue Service

SAB	Safeguarding Adults Board
SAR	Safeguarding Adults Review
SARP	Safeguarding Adults Review Panel
SAVE	Safeguarding Vulnerability and Exploitation
SCAS	South Central Ambulance NHS Foundation Trust
Slough CVS	Slough Council for Voluntary Services
WRAP	Workshop to Raise Awareness of Prevent

DRAFT

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 10th October 2017

CONTACT OFFICER: Craig Brewin, Head of Commissioning
(For all Enquiries) (01753)690408

WARD(S): All

PART I

FOR COMMENT & CONSIDERATION

RESIDENTS INVOLVEMENT IN SHAPING ADULT SOCIAL CARE SERVICES

1. **Purpose of Report**

This report outlines how people who use adult social care services have their say on the way services are designed and delivered, and the future plans to adopt a more co-productive approach.

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

2.1 The Health Scrutiny Panel is recommended to note the report and the current and future work being undertaken to improve the way in which residents are and will be involved in the shaping of services.

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

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

The strategy states that “the Board is committed to being able to give the public a voice in shaping health and wellbeing services in Slough. Over the year ahead we will look for ways in which we can build on how we currently engage with people as individual agencies and look for opportunities to coordinate this.”

One of the five principles behind the strategy is “Engage in an on-going dialogue with our residents, communities and patients.”

3b. **Five Year Plan Outcomes**

Resident involvement in shaping social care services will help to deliver outcome two of the Five year Plan:

- Our people will become healthier and will manage their own health, care and support needs.

Importantly this also reflects the statement of how we will achieve the outcomes in the Five Year Plan:

- We will listen to and work with our communities, customers and partners.

Listening actively and working with the people who use social care services is at the centre of how we plan to develop and deliver services in the future.

4. **Other Implications**

(a) **Financial**

There are no financial implications

(b) **Risk Management**

The immediate activity is the review of our engagement arrangements, which has a low risk.

Risk Area	Risk/Threat/Opportunity	Mitigation(s)
User Experience	The opportunity to benefit from user experience in service design and delivery	Peer Mentoring, user involvement in service reviews.
Prioritisation	Capturing the residents voice in strategic planning	Consultation and user involvement in strategic planning
Addressing concerns	Concerns of residents relating to service delivery not addressed	Surveys and discussions with users as part of contract monitoring
Personalisation	The opportunity to create service that address individual needs	Increased use of direct payments and asset based approach to social care

(c) **Human Rights Act and Other Legal Implications**

The Care and Support Statutory Guidance states: “Engagement with people needing care and support, people likely to need care and support, carers, independent advocates, families and friends, should emphasise understanding the needs of individuals and specific communities, what aspirations people have, what outcomes they would like to achieve, their views on existing services and how they would like services to be delivered in the future. It should also seek to identify the types of support and resources or facilities available in the local community which may be relevant for meeting care and support needs, to help understand and build community capacity to reinforce the more formal, regulated provider market.”

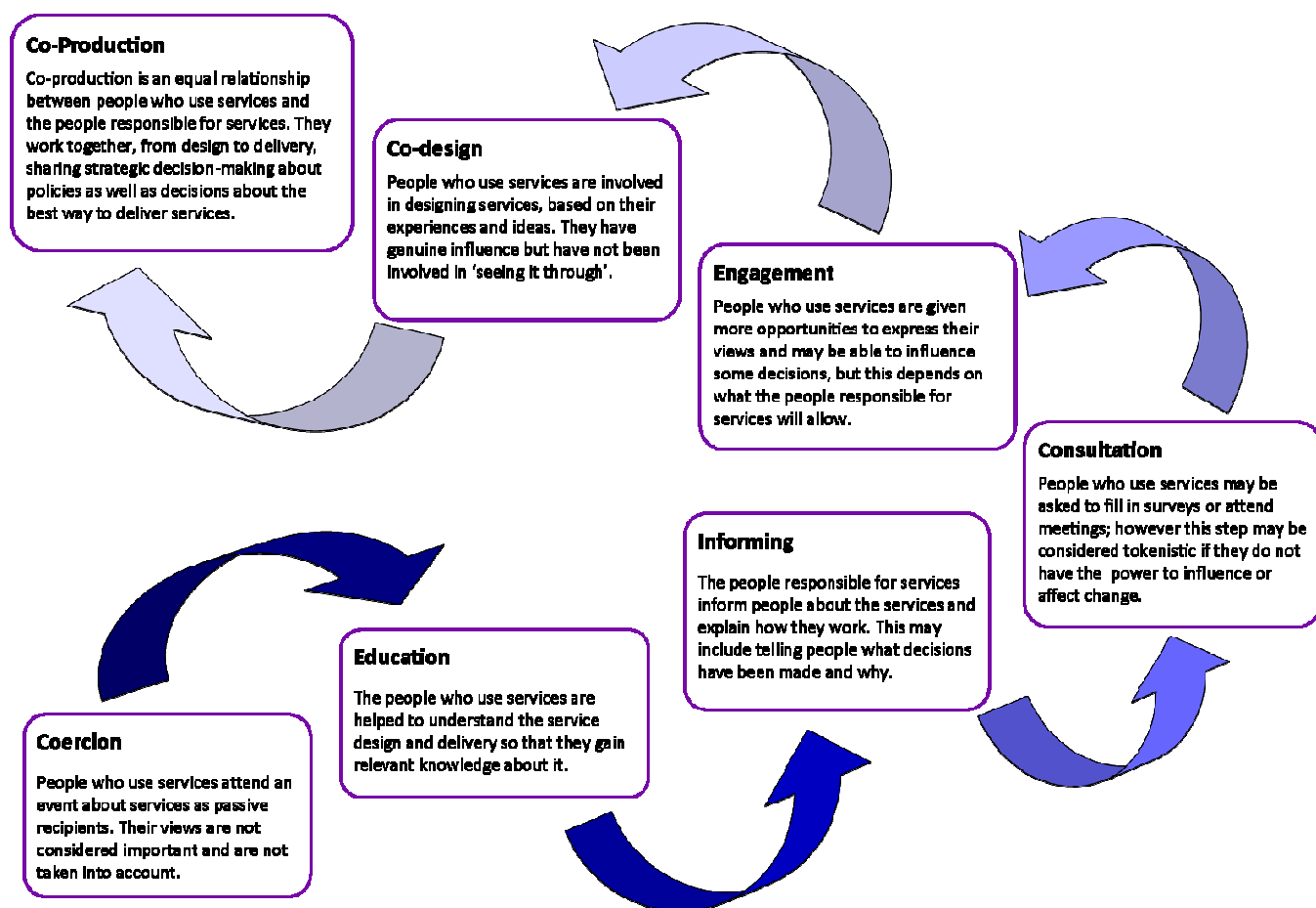
(d) **Equalities Impact Assessment**

Resident engagement, to be successful must be open to all sections of the community.

5. **Supporting Information**

5.1 Involving residents in shaping services is increasingly becoming an integral part of the social care system and is important in supporting the strength based approach to social care adopted in Slough and in many other authorities. There is no set model, with each authority developing its own approaches based on the specific characteristics of the area and the requirements of the specific services being developed. Approaches can range from simple consultation at one end of the spectrum, to the community led commissioning approach being developed by some other authorities.

- 5.2 Underpinning all the approaches is the desire to achieve some degree of co-production. Co-production as described in the guidance in the Care Act 2014 “is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered. Such interventions can contribute to developing individual resilience and help promote self-reliance and independence, as well as ensuring that services reflect what the people who use them want.” It can also mean developing new models of service delivery which incorporate a degree of user control, or supporting the strength based approach by “encouraging people to use their gifts and strengths in a community setting, which could involve developing residents’ groups and appropriate training to support people in developing their skills.” The guidance also refers to people building on their “cultural and spiritual networks”.
- 5.3 Slough has a good track record in involving residents through formal networks. Since 2002 it has had a number of strong Partnership Boards, including Learning Disabilities, Carers, Autism, Mental Health and Older People. The Boards vary in the way they function, but broadly bring together residents who use social care services and carers with partners from statutory and voluntary services and organisations.
- 5.4 We are now looking to change this, to create a stronger more inclusive network which taps into a wider number of people, and operates in a way that goes beyond attending formal Board meetings and makes the involvement of residents more meaningful. The tool we are using is called the ladder of participation which is set out in the diagram below. This maps the different levels of engagement that organisations use.



- 5.5 Moving to a co-production approach would require a change to our whole approach towards service delivery when thinking about the people who use services and we need to strengthen our current work with residents to get ideas and input into the way forward.
- 5.6 In order to do this we are reviewing the engagement methods that already exist; primarily the Partnership Boards. Partnership Boards have been seen as a best practice approach to working with partners, stakeholders and people who use services for a number of years. However, the existing Partnership Boards vary in their functionality, with understanding of the purpose of the Board often unclear to its membership.
- 5.7 The Boards all offer a good method of sharing information, both from the local authority and between organisations. The members who use services and carers can use the Board as an opportunity to feedback on personal experiences and issues to get a direct response or action; this is of benefit to individuals but does not necessarily reflect the wider experiences of the community. This means that using the membership of the Partnership Boards as a focus for consultations can miss opportunities to involve different members of the community.
- 5.8 But, there is more to our resident engagement than the Boards, although some of the work is led by them. Examples are as follows:
- Asset mapping: The strengths based approach to social care requires a greater knowledge of the different groups, activities and organisations that exist within the Borough that can provide support to people at a local level. A project was undertaken in 2016/17 to attempt to map local activity in one particular area – Langley. The Community Development Team, Neighbourhood Services, and Langley Library staff were all involved and the work began with meetings with identified groups and individuals including faith leaders, community associations and forums, and local Councillors. The range of contracts widened and it was agreed that the map should take the form of a directory, which will be maintained by the community groups themselves. A learning paper has been produced to support an expansion of the work.
 - Speak-up: The Learning Disabilities Board co-produced the Learning Disabilities Plan for the Borough, with service users, and in the process the need to train staff to develop their understanding of the issue was identified. A training course, called “Speak-up” was subsequently developed and delivered by people with learning disabilities themselves, along with their carers, and with support from Council staff. This included training materials and a video. Trainers were given train-the-trainers training from a self advocacy group and the course was delivered to staff from SBC and Slough Children’s Services Trust and people from community groups. Responsibility for the programme now sits with the Council’s Employ-Ability Service.
 - Procurement: The Council has worked with service users in its tender evaluation process, specifically in the awarding of the contract to the new advocacy service where a user panel contributed to the overall scoring.
 - Contract management: Surveys and face to face discussions both form part of regular contract monitoring. For some services there is a specific

outcome based approach where people are specifically asked how the service has impacted on the planned outcomes. In mental health for example, the Warwick-Edinburgh Mental Well-being Scale is used to measure the value of the service to those who receive it.

- Personalisation: Each person with care needs who has a strength based/asset based assessment/conversation has the option of designing their own care support to meet their needs with a personal budget and/or direct payment. The Council has been steadily increasing the number of people in receipt of a direct payment with an 80% increase in the last 18 months. The total number currently stands at 246.
- Peer Mentoring: There is a strong focus in many services on reducing social exclusion and the building of positive links with family, friends and the local community. Peer Mentors (volunteers with lived experience service user needs health needs) provide support in our drug and alcohol service, and in mental health. CMHT's Recovery Team consists of mental health professionals and volunteer peer mentors.
- Engagement Toolkit: ASC is also developing an engagement toolkit to be used by staff to assist them in new commissioning initiatives. It is being co-designed for health and social care professionals as a guide to how best to consult, engage, co-design and co-produce service design and delivery with people who use social care services and their carers. The project group consists of people who use services, Healthwatch, carers and health and social care professionals. This is expected to be completed early in the new year.

5.9 The current review of the engagement arrangements began with a workshop with all of the Partnership Board members and other voluntary and community groups, residents and carers. The workshop developed two alternative models which are now being consulted on through the Board and networks.

The agreed objectives for the new arrangements were as follows:

- Working with a more co-productive approach
- Helping to inform strategic commissioning and change arrangements
- Enabling a stronger stakeholder voice
- Improving community resilience
- Increasing opportunities for innovation
- Sustainability
- Meeting the identified gaps in current arrangements.

5.10 Some of the weaknesses identified in the current arrangements were identified as being an inconsistency of influence between the Boards, duplication of activity in relation to cross-cutting themes, gaps relating to some client groups, and varied ability of the Boards to hear a wider variety of voices.

5.11 Both the proposed models involve broader community conferences and task and finish groups around specific initiatives that could come from the Council or the community itself. Which model will be adopted in the future will be based on the consensus from the Board members and networks.

6. **Conclusion**

- 6.1 The Council has a well established resident engagement approach but this is now being reviewed and developed to meet changing requirements, the new asset based approach and changes in user expectation. People involved in the new post –Board arrangements will themselves take responsibility for developing our approach further.

7. **Background Papers**

1. <https://www.scie.org.uk/Co-Production>

8. **Appendices**

None.

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 10th October 2017

CONTACT OFFICER: Craig Brewin, Head of Commissioning
(For all Enquiries) (01753)690408

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

QUALITY MANAGEMENT OF ADULT SOCIAL CARE SERVICES

1. **Purpose of Report**

1.1 This report provides Health Scrutiny Panel with a progress report on the quality of adult social care services in Slough and the arrangements for ensuring the quality of care.

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

2.1 The panel is requested to note the progress being made in managing the quality of care services in Slough and comment on the arrangements for ensuring that quality is maintained or improved.

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

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

Improving quality of life is a key component of the Slough Joint Wellbeing Strategy and “commission better services” is a stated aim of the Wellbeing Board. These are linked as quality of service has a direct impact on quality of life.

3b. **Five Year Plan Outcomes**

The focus of outcome 2 of the Five Year Plan is to support people to manage their own health and social care needs

4. **Other Implications**

(a) **Financial**

There are no financial implications. However, ensuring service quality can have an impact on managing the demand for services, ensuring that there are a range of options available to ensure best value in service provision.

(b) **Risk Management**

There is also a clear link between quality and safeguarding, with safeguarding incidents highlighting poor quality services, and our identification and

intervention of quality issues minimising the risk of safeguarding issues arising.

Risk Area	Risk/Threat/Opportunity	Mitigation(s)
Market sufficiency	Poor quality provision reduces the availability of services	Work with providers to support improvement
Demand management	Identifying the desired impact on improving outcomes	Changed contractual terms
Safeguarding	Shared information between contract management and safeguarding	Reported jointly to Care Governance Board.
Knowledge	Information available to one agency but not other	Information protocols and joint care governance arrangements

(c) Human Rights Act and Other Legal Implications

There is a statutory requirement under the Care Act (2014) to secure supply in the market and assure its quality.

(d) Equalities Impact Assessment

The quality assurance work impacts on all social care users

5. **Supporting Information**

5.1 The importance of quality

5.1.1 Service quality is one of the most important considerations in the delivery of adult social care services. Not only is it key to achieving personal outcomes but it is also an important component of the activities designed to ensure that the overall strategic requirements of the partnership are met, and that social care remains financially viable and safe as a service.

5.1.2. The quality assurance process is therefore an integral part of the social care system and is reflected in governance arrangements, workforce development and the supplier relationship management process. The Care Act places an emphasis on the quality and consistency of practice and on securing supply in the market and assuring its quality through contracting.

5.2 Strategic Approach

The Adult Social Care service has a wide ranging Quality Assurance Framework, covering safeguarding, practice, complaints, workforce development, information sharing, and supplier relationship management. This includes a number of objectives which include working with providers across the whole market to support improvement and quality improvement, promoting choice, and working with service providers where concerns arise to

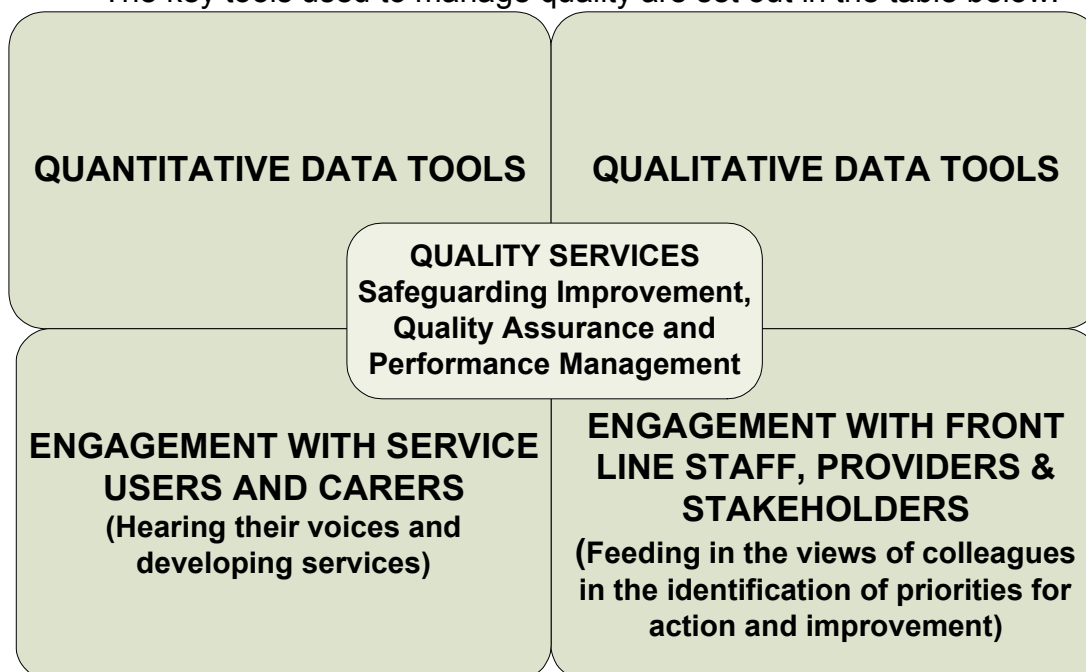
improve the quality of services and agree and follow up on action plans. The service also works closely with the care Quality Commission and NHS. The processes include pre-contractual checks, initial service monitoring and supplier authorisation, pro-active monitoring, re-active monitoring, quality improvement processes, and obtaining, collating and disseminating information.

5.3 Governance

Quality issues are a matter for most governance meetings within Adults Social Care, as quality issues have an impact on all aspects of the Council’s work, including safeguarding. The management and operation of the Quality Assurance Framework is primarily overseen by monthly meetings of the Care Governance Board, which is chaired by a Head of Service, and contains staff from the Supplier Relationship Team, Social Care Operations, Performance Management, Safeguarding and the NHS and CQC. This reviews performance on a number of quality related issues, receives reports on provider performance, agrees appropriate action and monitors improvement plans. The Board also oversees activity in relation to provider failure.

5.4 Tools

The key tools used to manage quality are set out in the table below.



These include the specific tasks set out below

Quantitative data tools	Qualitative data tools
<ul style="list-style-type: none"> • Scheduled monitoring visits • Periodic monitoring forms • Reactive visits • Safeguarding performance data 	<ul style="list-style-type: none"> • Service deficit forms • Client/Carer/Stakeholder feedback • File audits • Front line staff/carers/service

<ul style="list-style-type: none"> • RAG status • CM2000 – scheduling and business management software • Training • 	<p>users spoken to.</p> <ul style="list-style-type: none"> • Care • Quality Assessment Framework
<p>Engagement with service users</p> <ul style="list-style-type: none"> • Safeguarding cases • Monitoring visits/Annual reviews • Service User questionnaires • Feedback from clients/Carers though periodic monitoring • Feedback though clients experience of safeguarding 	<p>Engagement with frontline staff/Providers and Stakeholders</p> <ul style="list-style-type: none"> • Provider forums • Feed back from staff through Best Practice Seminars • Team meetings/1-1's • Partnership Boards • Monitoring visits/Annual reviews

5.5 The Care Quality Commission

5.5.1 Registered care providers are registered and reviewed by the Care Quality Commission (CQC). Registered providers deliver a range of defined care activities for which registration with CGC is required, and which are subject to their inspection. CQC publish individual reports and provider ratings as well as an overview of care quality in the country. Their recent report (2017) states that the majority of services in England are safe, of a high quality, and many are improving, but too many people across England are still living in care homes and receiving care and support in their own homes that is not of a good enough quality. 2% of adult social care services nationally are currently rated as Outstanding, 77% are rated Good, 19%,are rated Requires Improvement and 2% are rated Inadequate.

5.5.2 There are 24 domiciliary care agencies in the borough (23 services provided by private providers and 1 in-house Recovery, Rehabilitation and Reablement service). The CQC inspection for domiciliary care services rated 10 as Good and 1 as inadequate at present.

5.5.3 Slough has 15 residential and nursing services in the borough (13 services are run by private providers and 2 in-house services are managed by the Council). The CQC inspections for Slough care homes have overall been positive, of which 11 rated as Good, 2 require improvement, 1 report to be published, and 1 not yet inspected due to only recently opening.

5.6 Operational Approach

5.6.1 The Supplier Relationship Management Team (SRMT) in Adult Social care has the key responsibility for the quality and performance of external providers. This is primarily in relation to domiciliary care and residential care, but covers all service commissioned by the Council, including those not registered with the CQC. Last year the Council introduced a new way of procuring domiciliary care, establishing a new Dynamic Purchasing System and using that to tender for a new Framework of providers. The new contracts require providers to submit key performance indicators to the SRMT who use this to ensure that care is delivered at the right time in the service users' home to promote and maximise the independence of service users. This is supplemented by planned and unannounced visits to these services. .

5.6.2 There are three Supply Chain Managers based in the SRMT, and these carry out both proactive (planned) and unannounced visits to care services. The team carries out around 10 planned visits and 8 unannounced visits per year. Reactive visits occur where there has been a complaint or safeguarding alert. As well as visits, the SRMT, in partnership with Slough CCG, regularly collects key performance information about falls, medication errors, pressure ulcers and safeguarding. It monitors key areas to ensure that quality of care is provided in these services. This is also supplemented with user surveys and discussions with service users.

5.6.3 A traffic light system is used to advise the Care Governance Board of current quality standards with a score of red meaning a complete embargo of the provider until the concerns have been addressed to the satisfaction of the Board. Where providers are not performing, they are requested to work towards an improvement action plan, which is then monitored. Information regarding the quality of care home services is shared amongst key partners, including Health, CQC and Safeguarding at the Care Governance meeting. In addition to monitoring, the SRMT regularly holds Provider Forums to share best practice and to address challenges being faced by the providers.

5.7 Workforce

The main challenge for care sector providers is the recruitment and retention of good quality staff and nurses. Ensuring staff recruited by providers have the right skills and qualifications to provide the service is another challenge. The Council reviews the provider's recruitment procedures, training and supervision matrix during service reviews to ensure that the providers are providing the support to their staff to deliver the care and support.

5.8 Future Developments

There is now a Quality Assurance Manager post within the structure of the Commissioning Service which will be looking to widen the reach of the quality assurance function. It will look at quality in the market as a whole, arrangements for non-registered services and for new services that are created as part of our duty to widen the range of providers. We are also now working more collaboratively with other authorities and the NHS, and a Care Homes Quality Group has been established within the Frimley Health and Care Sustainability Transformation Partnership.

6. Conclusion

- 6.1 The Council has a well established Quality Assurance Framework and the structures, processes and governance in place to ensure that it can quickly respond to identified quality concerns. It also regularly shares information with other commissioning authorities. The general quality of care for Slough residents is good and when issues are found acted on swiftly in a joint approach. The task now is to expand the work into overseeing the market as a whole, particularly as we are actively encouraging and supporting people to take responsibility for their own care needs.

7. Background Papers

- A- [http://www.cqc.org.uk/The state of adult social care services 2014-2017](http://www.cqc.org.uk/The%20state%20of%20adult%20social%20care%20services%202014-2017)

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 10th October 2017

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

WARDS: All

PART I

FOR COMMENT & DECISION

HEALTH SCRUTINY PANEL – 2017/18 WORK PROGRAMME

1. **Purpose of Report**

1.1 For the Health Scrutiny Panel (HSP) to identify priorities and topics for its Work Programme for the 2017/18 municipal year.

2. **Recommendations/Proposed Action**

2.1 That the HSP:

- 1) Identify the major issues it would like to cover in the 2017/18 municipal year; and
- 2) Agree, where possible, timing for specific agenda items during the 2017/18 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, alongside the Overview and Scrutiny Committee and the other 2 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 HSP also reflects the following priority of the Five Year Plan:

- Our people will become healthier and will manage their own health, care and support needs.
- Our children and young people will have the best start in life and opportunities to give them positive lives

3.3 Overview and Scrutiny is a process by which decision-makers are accountable to local people, via their elected representatives for improving outcomes relating to all priorities for the Borough and its residents. Scrutiny seeks to influence those who make decisions by considering the major issues affecting the Borough and making recommendations about how services can be improved.

4. **Supporting Information**

4.1 The purpose of scrutiny is to hold those that make decisions to account and help Slough's residents by suggesting improvements that the Council or its partners could make.

4.2 Prioritising issues is difficult. The scrutiny function has limited support resources, and therefore it is important that the work scrutiny chooses to do adds value.

4.3 There are three key elements that make up the responsibilities of the scrutiny function:

- provide transparency and public accountability for key documents relating to the financial management and performance of the Council;
- scrutinise significant proposals which are scheduled for, or have been taken as, a Cabinet/Officer delegated decision; and
- strategic shaping of service improvements relating to the Cabinet Portfolios of Finance & Strategy and Performance & Accountability

4.4 In considering what the HSP should look at under points two and three above, Members are invited to consider the following questions:

- *To what extent does this issue impact on the lives of Slough's residents?*
- *Is this issue strategic and pertinent across the Borough?*
- *What difference will it make if HSP looks at this issue?*

5. **Suggested Topics**

5.1 It is generally recommended that a Scrutiny Committee should aim to look at no more than 3 or 4 items in any one meeting. This limited number can prove challenging, but does allow the Committee to delve down into specific subject areas and fully scrutinise the work that is being undertaken.

5.2 This will be a continuous process, and flexibility and responsiveness vital to success. It is important not to over-pack the Committee's agenda at the start of the year, which will not allow the flexibility for the Committee to adapt to take into consideration issues that have arisen during the year.

6. **Conclusion**

6.1 The scrutiny function plays a key role in ensuring the transparency and accountability of the Council's financial and performance management, and strategic direction. The proposals contained within this report highlight some of the key elements which the Committee must or may wish to scrutinise over the coming municipal year.

6.2 This report is intended to provide the HSP with information and guidance on how best to organise its work programme for the 2017/18 municipal year. As previously stated, this is an ongoing process and there will be flexibility to amend the programme as the year progresses, however, it is important that the Committee organises its priorities at the start of the year.

7. **Appendices Attached**

A - Draft Work Programme for 2017/18 Municipal Year

8. **Background Papers**

None.

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HEALTH SCRUTINY PANEL
WORK PROGRAMME 2017/2018

Meeting Date
22 November 2017
<ul style="list-style-type: none"> • STP Update • CCG Operating Plan • Berkshire Healthcare NHS Foundation Trust – Annual Report • NHS Frimley Health Foundation Trust
18 January 2018
<ul style="list-style-type: none"> • STP Update • Adult Social Care – programme update (to include strengths-based conversations) • Public Health Programme (to include low take up of health checks) • Recovery Colleges • Local Account
26 March 2018
<ul style="list-style-type: none"> • STP Update • Five Year Plan – Outcome 2, key actions 1, 3 and 5 • Learning Disabilities Offer – update

To be programmed:

- Five Year Plan – Outcome 2, key actions 2 and 4 (11th September 2018)
- Community hubs

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MEMBERS' ATTENDANCE RECORD 2017/18

HEALTH SCRUTINY PANEL

COUNCILLOR	10/07	31/08	10/10	22/11	18/01	26/03
Chaudhry	P	P				
M Holledge	P	P				
Pantelic	P	P				
Qaseem	P	Ap				
Rana	P	P				
A.Sandhu	P	P				
Sarfraz	P	P				
Smith	P	Ap				
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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