

Date of issue: Friday, 16 March 2018

<b>MEETING:</b>	<b>HEALTH SCRUTINY PANEL</b> (Councillors Rana (Chair), Smith (Vice Chair), Ajaib, Chaudhry, M Holledge, Qaseem, A Sandhu, Sarfraz and Strutton)
	<b>NON-VOTING CO-OPTED MEMBERS</b> Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative
<b>DATE AND TIME:</b>	MONDAY, 26TH MARCH, 2018 AT 6.30 PM
<b>VENUE:</b>	VENUS SUITE 2, ST MARTINS PLACE, 51 BATH ROAD, SLOUGH, BERKSHIRE, SL1 3UF
<b>DEMOCRATIC SERVICES OFFICER:</b> (for all enquiries)	NICHOLAS PONTONE 01753 875120

NOTICE OF MEETING

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



**NIGEL PALLACE**  
Interim Chief Executive

AGENDA

PART I

AGENDA  
ITEM

REPORT TITLE

PAGE

WARD

**APOLOGIES FOR ABSENCE**

**AGENDA**  
**ITEM**

**REPORT TITLE**

**PAGE**

**WARD**

**CONSTITUTIONAL MATTERS**

- |    |   |       |   |
|----|---|-------|---|
| 1. | Declarations of Interest  | -     | - |
|    | <p><i>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 4 paragraph 4.6 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.</i></p> <p><i>The Chair will ask Members to confirm that they do not have a declarable interest.</i></p> <p><i>All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.</i></p> |       |   |
| 2. | Minutes of the Last Meeting held on 18th January 2018   | 1 - 6 | - |
| 3. | Action Progress Report  | 7 - 8 | - |

**SCRUTINY ISSUES**

- |    |  |         |     |
|----|--|---------|-----|
| 4. | Member Questions   | -       | -   |
|    | <p><i>(An opportunity for Panel Members to ask questions of the relevant Director/ Service Lead, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated).</i></p> |         |     |
| 5. | ASD / ADHD All Age Autism Hub  | 9 - 46  | All |
| 6. | Five Year Plan: Outcome 2 Update   | 47 - 52 | All |
| 7. | Update Report on the Reconfiguration of the Borough's Activities for People with Learning Disabilities   | 53 - 58 | All |
| 8. | Slough Wellbeing Board's Annual Report 2017/18   | 59 - 76 | All |

**ITEMS FOR INFORMATION**

- |     |                                    |         |   |
|-----|------------------------------------|---------|---|
| 9.  | Members' Attendance Record         | 77 - 78 | - |
| 10. | Date of Next Meeting               |         |   |
|     | 28 <sup>th</sup> June 2018, 6.30pm |         |   |



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**Health Scrutiny Panel – Meeting held on Thursday, 18th January, 2018.**

**Present:-** Councillors Smith (Vice-Chair, in the chair), Ajaib, Chaudhry, M Holledge (from 7.23pm), Qaseem, A Sandhu and Strutton

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

**Apologies for Absence:-** Councillors Rana and Sarfraz

**PART I**

**43. Declarations of Interest**

None.

**44. Minutes of the Last Meeting held on 22nd November 2017**

**Resolved –** That the minutes of the last meeting held on the 22<sup>nd</sup> November 2017 be approved as a correct record.

**45. Action Progress Report**

The Panel noted the progress made on the actions agreed at recent meetings. During the course of the discussion it was agreed that a report be considered in June on female genital mutilation and that a visit for the Panel be arranged to a supported living facility unit.

**Resolved –**

(a) That the Action Progress Report be noted.

(b) That a Panel visit be arranged to a supported living facility unit.

(c) That the Panel receive a report on Female Genital Mutilation be added to the work programme for the meeting in June 2018.

**46. Member Questions**

No questions had been received from Members.

**47. Recovery Colleges**

The Head of Mental Health Services introduced a follow up report to that presented to the Panel on 31<sup>st</sup> August 2017 on the preventative mental health services in Slough, particularly recovery colleges where service users were supported to better manage their own mental health problems.

The Panel welcomed two peer mentors to the meeting who shared their experiences of mental health services and highlighted the value of recovery

## Health Scrutiny Panel - 18.01.18

colleges by working with the community, reducing isolation and provided a positive and supportive environment for service users. Working with peer mentors was considered to be a key factor in the success of the programme. The approach being taken to deliver preventative services of this kind was in line with the policy direction set by the NHS Five Year Forward View 2016 and the Care Act 2014.

Members raised a range of issues during the course of the discussion which can be summarised as follows:

- The relationship with services such as talking therapies. It was responded that the two were complimentary and were part of the same pathway.
- It was generally agreed that tackling the stigma of mental health in the workplace was an important priority and the Panel noted the range of activities to raise awareness of this issue.
- The therapeutic benefits of engaging people in activities such as horticulture and sport was recognised and the 'Growing Better Lives' project and several sport related programmes operating locally were highlighted as delivering successful outcomes.
- Concern was raised that 75% of people experiencing mental health problems were not using health services and the reasons for this were discussed. It was an ongoing task to raise awareness to increase access to services for example by reducing stigma, encouraging GP referrals and improving community based provision.
- The interaction with partners such as Slough Healthwatch and MIND was raised and Members encouraged further joint working with appropriate organisations locally.
- There had been a significant increase in the number of people using and benefitting from the recovery college with 163 courses delivered between March 2015 to December 2017 and 615 students self enrolling.

The wider issue of adult social care funding was raised and a Member commented that spend in Slough was lower than the national average. The Director of Adults & Communities explained the overall position regarding funding including some a growth bid being considered as part of the budget setting process for 2018/19 and the use of the adult social care precept introduced by the government. The Panel asked for further information about of the adult social care budget, excluding the precept, and the proportion spent on mental health in the past three years.

At the conclusion of the discussion, the Panel noted the report and requested a further update in twelve months. Members welcomed the positive work that was being done and thanked Officers and particularly the peer mentors for their contribution to the meeting.

### **Resolved –**

- (a) That report be noted.

## Health Scrutiny Panel - 18.01.18

(b) That the Panel receive a further update report in 12 months

### 48. Update on Public Health Programme

The Acting Consultant in Public Health introduced a report updating the Panel on the public health programme and the position on health checks. Members noted the overall context in which Slough was either similar to, or worse than, the England average on a wide range of indicators set out in the Public Health Outcomes Framework. Slough had poor outcomes in terms of life expectancy and healthy life expectancy, smoking prevalence, obesity and levels of activity.

In relation to health checks, which were now universally offered to people aged between 40-74, it was noted that since 2013, 35,795 of Slough residents had been eligible for a check, 20,858 had been offered a check and 12,204 people had taken up the offer. Members expressed concerns about the apparently low level of take up given the high levels of preventable health problems in Slough. The Officer responded that the uptake by those offered a health check was higher than the national average and a significant amount of activity was underway to target those people more at risk who may benefit most from having a check.

The Panel asked about the success of initiatives to tackle childhood obesity. In addition to the wide range of programmes in schools, it was noted that there was significant investment in the Council's leisure facilities as part of the wider Leisure Strategy to increase the levels of activity by ensuring local people used the new and improved facilities. Members asked that the family orientated activities surrounding the return of the Slough half-marathon in October be promoted. The issue of obesity more widely was discussed and the Director of Adults & Communities highlighted the forthcoming awareness campaign to be launched by the Slough Wellbeing Board partners.

*(Councillor Qaseem joined the meeting)*

A Member highlighted the problems caused by smoking and drinking in local parks and the Panel asked that the senior leadership team give further consideration to the options to tackle the issue including the prohibition of alcohol and smoking in public areas, canals and parks.

It was noted that children in Slough had significantly worse oral health compared to national and regional averages. The Healthy Smiles Slough project had been launched in March 2017 to tackle the problem by delivering information, creating environments that promoted oral health and worked with partners to ensure oral health was promoted as part of wider public health activity. The Panel asked for further information on the outcomes of oral health initiatives for younger children and that the appropriate linkages be made for oral health services to Looked After Children (LAC) and Members asked to be updated with oral check numbers for LAC.

## Health Scrutiny Panel - 18.01.18

The Panel discussed the work being undertaken so that the Council was an exemplar in promoting wellbeing and it was noted that the Overview & Scrutiny Committee was conducting a major review into the area. In view of the Council's responsibilities as a corporate parent, the Panel recommended that health activities in Slough be extended to include free use of electric bicycles for looked after children and care leavers in Slough.

At the conclusion of the discussion, the Panel noted the update and thanked the Acting Consultant in Public Health who would shortly be leaving the Council for her work in promoting public health in Slough.

### **Resolved –**

- (a) That the update be noted.
- (b) That further information be provided to the Panel on the outcomes of oral health programmes for younger children aged between 0-5 and oral health checks for looked after children.
- (c) That senior leadership give consideration to the further actions that could be undertaken to reduce smoking and alcohol consumption in parks and open spaces.
- (d) That the electric vehicle scheme be made available for free to looked after children and care leavers.

## **49. Adult Social Care Transformation 2017- Annual Update**

The Adult Social Care Programme Manager introduced a report that updated the Panel on the progress being made on the Adult Social Care Transformation Programme introduced in 2015. The programme aimed to oversee improvements to social care practice under the Care Act 2014, develop new ways of working, improve integration with the NHS and deliver £7.9m savings by 2019.

The Panel noted the context in which the transformation programme was being delivered including demographic pressures from a growing population with more complex health and care needs and financial pressures arising from reductions in central government funding. The main projects in Tranche 1 of the programme were summarised, such as the Learning Disability Change Programme, Housing Related Support, review of Drug & Alcohol Services and a new voluntary sector contract with the SPACE consortium. The three key areas were strengths based conversations to help people help themselves; asset based community development; and a shift to locality community based teams. The Panel noted a number of benefits of the programme including improved client outcomes; a total of £4.8m of the targeted £7.9m savings over the four year programme had been achieved to date; an increase of 42% in direct payments and reduced staff turnover and recruitment of permanent staff. The future funding position was uncertain with the Better Care Fund due to end in 2020 and the approach for the second tranche of the

## Health Scrutiny Panel - 18.01.18

transformation programme focused on increase integration with the NHS, consolidating the strengths based approach and promoting self care.

Members discussed a range of issues including the different ways in which adult social care was seeking to work with clients and the recruitment issues both in terms of social workers and in the care sector more widely. Officers recognised the particular workforce challenges of recruitment and retention in the domiciliary and care home sector. It was noted that there was a workforce strand in the Sustainability and Transformation Programme to address the issues more widely. A Member raised concern that the 17% reduction in the net budget since 2013 meant that the proportion of the Council's budget spent on adult social care was 32.1% which was circa 3% lower than the national average. In response, it was noted that despite the financial pressures, Slough had a younger population and it was not always possible to make like for like comparisons with other Councils.

At the conclusion of the discussion, the update on the transformation programme was noted and it was agreed to receive a further report in twelve months time.

### **Resolved –**

- (a) That the presentation on the progress of the Adult Social Care Transformation be noted.
- (b) That an update to the Panel be received annually.

## **50. Adult Social Care- Local Account 2016-17**

The Market Development Manager introduced the draft Adult Social Care Local Account 2016-17 which detailed the activities and performance for the year to March 2017.

The document set out the progress that had been made in supporting people to live independently in their own home, strengthen community connections, support communities to be more resilient, invest in preventative support and improve public health. In response to feedback, the Local Account this year made greater use of service user's experiences and case studies. Members welcomed this approach.

The Panel reviewed the performance indicators as set out in the Adult Social Care Outcomes Framework (ASCOF) data as detailed in the Appendix to the report. Slough had improved performance on 10 indicators out of 26 during the year, however, the figures overall were worse than the previous year. This was largely attributed to the fact that peoples expectations and perceptions of a service as reflected in the survey data often took some time to shift despite the work being undertaken. Members asked how they could support this work and it was agreed that they be involved in the communications and engagement strategy which was being developed.

## **Health Scrutiny Panel - 18.01.18**

A Member raised a point about the primary use of Salt Hill Park, of which the Council was the Trustee, to promote 'physical activity' and the Panel asked that this be widely promoted.

At the conclusion of the discussion, the Local Account was noted.

**Resolved** – That the presentation on the Adult Social Care Local Account 2016-17 be noted.

### **51. Forward Work Programme**

The Work Programme for the remainder of the 2017-18 municipal year was considered and the items for the next meeting on 26<sup>th</sup> March were agreed as follows:

- STP Update
- Five Year Plan- Outcome 2, key actions 1, 3 and 5
- Learning Disabilities Offer- Update
- Disabled Access to bus stops
- Wellbeing Board

The following items were provisionally agreed for the following meeting to be held on 28<sup>th</sup> June 2018:

- Community Hubs
- Female Genital Mutilation

**Resolved** – That the Forward Work Programme be agreed.

### **52. Attendance Record**

**Resolved** – That the Members' Attendance Record 2017/18 be noted.

### **53. Date of Next Meeting**

The date of the next meeting of the Panel was confirmed as Monday 26<sup>th</sup> March 2018 at 6.30pm.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.39 pm)

## Health Scrutiny Panel – Actions Arising from Meetings

18<sup>th</sup> January 2018

Minute:	Action:	For:	Report Back To: Date:
45	That a Panel visit be arranged to a supported living facility unit.	Service Lead Adult Social Care Operations	HSP 17 <sup>th</sup> April 2018 (Dimensions)
47	The Panel asked for further information about of the adult social care budget, excluding the precept, and the proportion spent on mental health in the past three years.	Adult Social Care	HSP 26 <sup>th</sup> March 2018 (circulated 1 <sup>st</sup> Feb 18)
48	<p><b>Resolved:</b></p> <p>(a) That further information be provided to the Panel on the outcomes of oral health programmes for younger children aged between 0-5 and oral health checks for looked after children.</p> <p>(b) That senior leadership give consideration to the further actions that could be undertaken to reduce smoking and alcohol consumption in parks and open spaces.</p> <p>(c) That the electric vehicle scheme be made available for free to looked after children and care leavers.</p>	<p>Public Health</p> <p>Adults &amp; Communities</p> <p>Adults &amp; Communities</p>	<p>HSP 26<sup>th</sup> March 2018 (circulated 12<sup>th</sup> Mar 18)</p> <p>HSP As appropriate</p> <p>HSP As appropriate</p>

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel      **DATE:** 26<sup>th</sup> March 2018

**CONTACT OFFICER:** Geraldine Smith – Autism Practice Lead  
**(For all Enquiries)** (01753) 690 431

**WARD(S):** All

**PART I**  
**FOR COMMENT & CONSIDERATION**

**ASD / ADHD ALL AGE AUTISM HUB**

1. **Purpose of Report**

To update the Panel on the work of a Project Team which is scoping the possibility of a Berkshire Wide Ageless Autism and ADHD Service.

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

The Panel is requested to note the report and provide comments on the work of the Project Team.

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

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

The work being undertaken which is outlined in this report supports the following priorities:

- Protecting vulnerable children
- Improving mental health and wellbeing

3b. **Five Year Plan Outcomes**

This work also supports these outcomes of the Five Year Plan:

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

4. **Other Implications**

(a) **Financial**

The total cost of the project outlined in Appendix A is £167 364. This cost would be divided between 8 organisations, with Slough Borough Council to contribute £21,000. This would be included in existing budgets.

(b) Risk Management

A full risk register is included in Appendix A (as Appendix H).

(c) Human Rights Act and Other Legal Implications

There are no implications for this work under the Human Rights Act.

(d) Equalities Impact Assessment

The Equalities Impact Assessment is included in Appendix A (as Appendix F).

5. **Supporting Information**

5.1 At present, there is an identified pressure that is being created by a growth in the demand for services relating to autism and ADHD. Given the risks that would be generated by not responding to this, CCGs in East Berkshire have started work on scoping a service for these areas that would cover all of Berkshire.

5.2 This work has fully involved all clinical and social care leads for Autism and ADHD and has had a significant amount of preparation committed to it. The full details of the proposals are included in Appendix A, and outline the remit of the proposed body, the current levels of provision and how these would change under the proposals.

5.3 In essence, should the project be commissioned, then a team would examine the potential for a new model of delivery. This process would take 6 months, and conclude with its proposals involving co-operation between agencies, the support that would be offered and any potential costs. These findings would be based on a thorough analysis of the data and how services are used at present.

5.4 Should these proposals gain approval, the work will then commence. The Panel, as well as clarifying its views on these proposals, may also wish to consider how progress on the matter should be reported back to it in future. It may also want to enquire how it could support any future efforts in this areas in a manner which will maximise its impact on delivery.

6. **Comments of Other Committees**

This matter has not been considered by other Committees at SBC. It will be taken by the Performance Delivery Group in May 2018.

7. **Conclusion**

The Panel is asked to register its support for the proposals made in this report.

8. **Appendices Attached**

'A' - Business case for Berkshire Wide Ageless Autism and ADHD Service

9. **Background Papers**

None

APPENDIX A

Title of meeting									
<b>Date of Meeting</b>				<b>Paper Number</b>					
<b>Title</b>				Project team to scope the possibility of a Berkshire Wide Ageless Autism and ADHD Service					
<b>Sponsoring Director</b> (name and job title)									
<b>Sponsoring Clinical / Lay Lead</b> (name and job title)									
<b>Author(s)</b>				Emma Willing, Associate Director for Mental Health, Learning Disabilities and Children and Young People for East Berkshire CCG's					
<b>Purpose</b>				To deliver an options appraisal of how we can improve clinical care and holistic support for people and their families who have either Autism or Attention Deficit Hyperactivity Disorder					
<b>The Business Planning and Clinical Commissioning Committee is required to (please tick)</b>									
<b>Decision</b>	<input checked="" type="checkbox"/>	<b>Review</b>	<input type="checkbox"/>	<b>Discuss</b>	<input type="checkbox"/>	<b>Note</b>	<input type="checkbox"/>	<b>Recommend</b>	<input type="checkbox"/>
<b>Risk and Assurance</b> <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>				Risk of doing nothing regarding the growing demand on these services is higher than the risk of agreeing the project described.  We need to better understand the demand and the usage of these services before we can commission a new service model					
<b>Legal implications/regulatory requirements</b>				No current legal implications however these will be considered					
<b>Equality Impact Assessment has been undertaken (see Appendix E)</b>									
<b>Links to the NHS Constitution (relevant patient/staff rights)</b>									
<b>Strategic Fit</b>									
<b>Commercial and Financial Implications</b> <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?</i>  <i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i>				Date Deputy CFO sign off .....					

<p><b>Quality Focus</b>  <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Date Director of Nursing sign off.....</p>
<p><b>Clinical Engagement</b>  <i>Outline the clinical engagement that has been undertaken</i></p>	<p>Clinical and Social Care leads for Autism and ADHD have been fully involved</p>
<p><b>Consultation, public engagement &amp; partnership working implications/impact</b></p>	<p>Working together for Berkshire and Autism Work stream for the TCP have been involved</p>
<p><b>NHS Outcomes</b>  <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:  Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p><b>Domain 2 Enhancing quality of life for people with long-term conditions;</b></p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p><b>Domain 4 Ensuring that people have a positive experience of care; and</b></p> <p><b>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</b></p>
<p><b><u>Executive Summary</u></b>  <i>(summary of the paper and sign-posting the reader to the key sections within the report / paper)</i></p> <p>This paper makes the case for the development of a small project team to look at the demand and service usage for people with Autism and ADHD, it demonstrates that the services in place locally are not meeting the demand and needs of local people and we need to review these.</p> <p>To enable us to commission services for the future we need to fully understand the current demand and how this has gone in recent years and what the potential is for this to further grow and the impact on health, social care and education in the local area.</p> <p>The project team would have 6 months to develop this information and analysis it to inform an options appraisal of the next steps – clearly articulating the cost of a do nothing position</p>	

<p><b><u>Recommendation(s)</u></b></p> <p>For East Berkshire CCG, West Berkshire CCG and the 6 Local Authorities to jointly fund the project team to support the development of the options appraisal in 6 months</p>

## East Berkshire CCGs – Full Business Case (FBC)

Project Reference ID: XXX	<b>Development of Autism and ADHD Options Appraisal</b>
Programme	Mental Health
SRO	Emma Willing
Project Lead	Emma Willing
Period covered by project	
Date Business Case prepared	December 2017
Author(s)	Emma Willing
Version History	

Project checklist	
Programme Board pre-approval received	<i>Jan 2018</i>
Compliance with National Guidance	Yes
Alignment with STP priorities	Yes
Alignment with the CCGs' strategic objectives	Yes
Alignment with the New Vision of Care (NVoC) Principles	Yes
Quality Impact Assessment completed and signed off	<i>This is a scoping exercise, Sarah Locke has been involved in the business case,</i>

	<i>and agreed that the project team tasks outlined are working towards a full quality, equality and sustainability impact assessment</i>
<b>Equality Impact Assessment completed and signed off</b>	<i>As above</i>
<b>Sustainability Impact Assessment completed and signed off</b>	<i>As above</i>
<b>FBC reviewed and signed off by Finance team</b>	<i>JP Jan 2018</i>
<b>FBC reviewed and signed off by Contracts team</b>	<i>N/a at this stage</i>
<b>FBC reviewed and signed off by Business Informatics team</b>	<i>N/a at this stage</i>
<b>FBC reviewed and signed off by Quality team</b>	<i>as above</i>
<b>FBC reviewed and signed off by Procurement team</b>	<i>N/a at this stage</i>

IT Requirements		
Please confirm whether your proposal would require the procurement of any new IT software (if yes, please see Appendix A for additional information)		No

Project Summary	
<b>Project description</b>	<p><b>Context</b></p> <p>ASD and ADHD are common lifespan conditions that cost society more than cancer, diabetes, and heart disease combined. It is clear that effective assessment and intervention leads to increased patient and carer well-being and to decreased long-term social and health care costs. (National-slam.nhs.uk) In 2014 the London School of Economics estimated the economic cost of Autism to the UK to be £32 billion.</p> <p>ASD is a lifelong condition in which there are difficulties with social and communication skills, restricted interests and repetitive behaviour and difficulty tolerating change, some are sensitive to external stimuli.</p> <p>It occurs in approximately 1.1% of the population. This indicates 6,911 adults over 18 years in the Berkshire.</p> <p>There are no treatments for ASD but interventions and support can be offered to address some of the comorbid difficulties ADHD is also a condition which can cause problems in childhood with attention, hyperactivity and impulsive behavior that impact on everyday life.</p> <p>ADHD is estimated to affect anywhere between 3% and 9 % of the population depending on the diagnostic criteria applied (NICE 2008)</p> <p>ADHD and ASD are not mental health disorders but both can lead to increased risk of individuals developing mental health conditions, substance misuse and difficulties accessing education and employment, so it is important to offer the right support. Risk of mental health difficulties and behavioural difficulties is even higher for individuals with a dual diagnosis and autism and ADHD as opposed to Autism or ADHD. Diagnosis of Autism and ADHD can often be missed or misinterpreted and not picked up until individuals access support for mental health difficulties. Comorbidity and complex presentations require expertise to diagnose and support colleagues in other parts of the health and care system.</p> <p>In recent years there has been a significant increase in the numbers of children who have been diagnosed with Autism and/or ADHD with number of autism diagnoses rising from 1 in 10,000 children in the 1960's to a current diagnosis rate of 1.1 in every 100 children. More recent estimates in America are 1 in 88 children and it is likely these figures will reflect numbers in the UK.</p> <p>The CCG have also noted an increase in specialist placements for both adults and children who have ASD or ADHD due to their challenging behavior. These placements are often out of the borough. Waiting lists have increased and there is increase political pressure to support people living with ASD and ADHD more.</p> <p>NICE Guidelines  The Autism Act 2009  Fulfilling and rewarding lives DOH 2010</p>

Transforming Care Partnerships  
Every Child Matters  
SEND  
Transition between children and adults services

Locally we have ASD Strategies. The local CCG's have been able to participate in the development of these strategies.

#### **Current Health Service Provision**

Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactive Disorder (ADHD) services have traditionally sat within mental health services for clinical care which in Berkshire consists of:

The Adult ADHD Diagnostic and Treatment Service;

- Initial psychological assessment and diagnosis
- Medical Assessment, medication initiation, titration and monitoring, which requires shared care working with GP's
- Post diagnostic psycho-educational group and referral to an ongoing support group
- Training and supervision of other psychological therapists involved with clients with ADHD
- Very limited individual psychological therapy
- Yearly follow up medication reviews and liaising with GP's
- Regular liaison with and advice for other services
- Professional education
- Prioritise CAMHS graduates
- Prioritisation of high risk cases

The Adult ASD Service;

- Initial psychological assessment and diagnosis
- Post-diagnostic 'Being Me' psycho-educational group and referral to an ongoing support group
- Training, supervision of other psychological therapists involved with clients with ADHD
- Very limited psychological therapy
- Liaison with and advice for other services
- Professional education
- A weekly priority clinic for more rapid diagnosis of high concern cases

Children ASD

Diagnosis, signposting and follow up support via CAMHS BHFT online support service. Specialist CAMHS support for CYP with comorbid mental health difficulties.

Children ADHD

Diagnosis, Signposting and follow up support via CAMHS BHFT service

These services receive their funding via the block contract with East Berkshire CCG and BHFT. Another part of the block contract with BHFT is the Paediatrics services such as Occupational Therapy, Speech and Language; however these are not specialist to ASD or ADHD.

There are waiting lists for all the services due to the demand. This has a significant impact on other parts of the system such as education and primary care, but also uncertainty and delay for people and their families.

As part of the CAMHS transformation monies there has been some investment to voluntary sector organizations which will be reviewed to ascertain their success at the end of this year:

Autism Berkshire support children and young people and their families before and after a diagnosis of autism (ASD), by developing their understanding of the condition, introducing coping strategies and letting them know what help is available to them.

The Autism Group support parents through Special interest social groups, Parent support and Autism training to parents/carers.

Parenting Special Children support parents and carers before and after a diagnosis of Autism and/or ADHD. They offer parenting support, targeted workshops including a parents group specifically for Autistic Girls, and a sleep course.

#### **Current Social Care Provision**

Bracknell – Adults Autism Team - 18.5 hrs Team Lead, 3 x FT Social Care Practitioners sit alongside CTPLD. They provide support, signposting and commission on-going practical support through care providers for any adult with Autism with no LD if they are assessed as having 2 or more eligible social care needs. 2 x evening social groups, which are run on a weekly basis by Choice and partially funded by BFC.

RBWM – 2x Autism Social workers within CMHT for adults who have Asperger's with no LD. Also a commissioning Lead who manages Autism Strategy and Autism Board

Slough – Autism Practice Lead – Commissioning / Strategy / Awareness / Training / Consultancy on ASD cases across Slough ASC

Local Authorities across East Berkshire commission a few services specifically for people with ASD or ADHD, but otherwise many of the universal services can also be accessed. These specific services are Autism Berkshire, Breakthrough employment, Choice, Ways into work and Social Eyes.

Whilst we have some provision for both conditions locally, it is clear from the waiting lists and the disjointed funding and provision across the CCG's and Local Authorities that we need to better understand the local populations need and review the current model of provision and explore opportunities to further invest and develop our services to ensure we are delivering the best possible care and treatment for people living with ADHD and ASD. We are beginning to see a small group of adults who are requiring care 24- hours a day in high cost placements due to their behavior and difficulties in managing everyday life. It is believed that if an expert was to offer support and intervention at an earlier point in their lives this may have been avoided.

#### **Aim**

We have a vision to build a new service model that would work with all stakeholders in Berkshire (this could also include the wider STP) to assess and diagnosis children and people with ADHD and ASD and offer ongoing psychological, social and medical treatment for these people. We would like this to be coproduced and designed with support from people who already have experience of living with ASD or ADHD. We would like this service to deliver gold standard support to our MH teams, schools and GP's to ensure people who have ADHD and ASD receive the best possible support once they receive their diagnosis.

	<p>This service could be an ‘alliance’ of health, social care, voluntary and community organisations as well as people and their carers. It will offer a range of support functions: holistic assessment, diagnosis, medical and psychological treatment, support with education and employment to ensure people with a diagnosis of ASD and ADHD live to their full potential. This service could attract funding from research and NHS England as a pioneering holistic service for people living with ADHD and ASD.</p> <p>Through the Transforming Care Partnership we have developed an Autism Work stream which is a multiagency steering group to explore the opportunities the TCP can bring to improving the lives of people with Autism. This group consists of: local authorities across Berkshire, clinical specialists, commissioners, expert by experiences and parents. All those are supportive of this business case to invest in a project team to:</p> <p>Analysis and understand local intelligence from health, education and social care to ensure we have accurate data regarding the number of local people diagnosed with ASD and ADHD compare to the national figures  Model predicted numbers of people who will be diagnosed and require support over the next 10-20 years  Explore the increasing trends of children being diagnosed and what support they will need in the future  Support commissioners to understand the ‘do nothing’ position in terms of the current population and demonstrate the cost to the system by doing nothing, the potential impact of the service in making savings across a wider system – education, criminal justice and health and social care  Explore current spending locally for ASD and ADHD across the stakeholders and what this is buying in terms of quality and resource for people in Berkshire  Identify potential funding streams for a new service model  Understand the service users experiences and how these can be improved  Engage with all stakeholders to develop and co design a service model and produce a business case to fund a new service model  Provide clinicians time to participate in this project team Identify the key outcomes of the service and how these can be achieved and monitored so that commissioners and local people can see the value of any changes in the future</p> <p>The project team could be used to work across different footprints depending on future discussions. It was initially hoped that this would be a Berkshire Wide Service, with East Berkshire CCG leading on the initial project team, but with some financial and commissioning support from West Berkshire CCG and the 6 local authorities. The current clinical provider BHFT works across Berkshire and are keen that this is a service that remains Berkshire wide.</p> <p>The preferred way forward would be a Berkshire Wide Service in this initial scoping exercise and therefore funding shared across a wider range of stakeholders.</p> <p>It is also recognized that both adult and children ASD and ADHD services are not meeting the demands of referrals at this time and considerable work needs to be done in the interim to support BHFT to deliver a reduction in waiting times, including the possibility of further financial investment.</p>
<p><b>Investment required</b></p>	<p>Project team costs to be shared between local authorities and CCG’s for an initial 6 months:</p> <p>Project team consisting of a project lead, project, data and admin support and</p>

	<p>clinical expertise and on costs</p> <p>Total: £167 364 This cost would be further divided between 8 with a contribution of £21 000 being made by East Berkshire CCG, West Berkshire CCG and the 6 local authorities.</p> <p>Therefore the request for each organization in reading this business case if for £21 000 for 6 months</p>
<p><b>Expected savings</b></p>	<p>This is a scoping exercise initially and there are not expected to be any financial savings in this part of the project.</p>
<p><b>Quality benefits</b></p>	<p>To understand the current demand on services and how this will change over the next 5-10 years To understand the current commissioning arrangements of services for ASD and ADHD and how we can further ensure quality and equality of service across Berkshire To offer people using the services a say in how the services are run in the future To develop a new service model which will be reduce the waiting times longer term, provide assessment and support for people holistically ensuring better outcomes for people To procure providers who are able to work collaboratively to deliver this new service model – giving a wider range of support and interventions to people, and more choice</p>

## Contents

1. Purpose of the document .....	6
2. Aim and background of the project, including the clinical case for change .....	6
3. Strategic fit .....	6
3.1 Alignment with STP Priorities .....	6
3.2 Alignment with the CCGs' strategic objectives .....	7
3.3 Alignment with New Vision of Care (NVoc) principles .....	7
4. Key objectives and deliverables.....	8
5. Scope .....	8
6. Non-financial benefits and contractual implications .....	8
6.1 Non-financial benefits.....	8
6.2 Contractual implications and requirements .....	9
7. Assumptions and constraints.....	9
8. Project plan.....	9
9. Measurement and key performance indicators (KPIs) .....	9
10. Finance.....	10
10.1 How will the savings be realised? .....	10
10.2 Project costs, investments and savings .....	10
11. Stakeholder engagement.....	11
12. Patient engagement .....	11
13. Interdependencies.....	11
14. Quality Impact Assessment (QIA) .....	11
15. Equality Impact Assessment (EIA).....	11
16. Sustainability Impact Assessment (SIA) .....	11
17. Risk register .....	12
18. Issue Log .....	12
19. Logic Model .....	12
20. NVoc Principles .....	12

### Appendices:

- Appendix A – IT Procurement Process
- Appendix B – Project Plan
- Appendix C – Financial Template – **to follow**
- Appendix D – Communications Plan
- Appendix E – Quality Impact Assessment
- Appendix F – Equality Impact Assessment
- Appendix G – Sustainability Impact Assessment

- Appendix H – Risk Register
- Appendix I – Issue Log
- Appendix J – Logic Model
- Appendix K – NVoC Principles?

## 1. Purpose of the document

The purpose of this document is to:

- Define the project
- Form the basis for its management
- Support the assessment of overall success for sign-off by Business Planning and Clinical Committee

## 2. Aim and background of the project, including the clinical case for change

*Summarise the overall aim and background to the project, including the clinical case for change (referencing any evidence base such as national evidence, NICE guidelines, user feedback, etc.)*

### **Background**

We currently have various provision for people living with ASD and ADHD across Berkshire, however, there is feedback that what we are currently commissioning is not 'enough' to meet current demand, it is patchy across the county and there are waiting lists for assessment and diagnosis. We also have limited resources to provide ongoing support for people once they received their diagnosis.

We are aware that there are high numbers of children who have been diagnosed in recent years, who will require transitioning into an already overwhelmed adult service.

We commission the necessary services to support people; however, we would like to improve this to ensure that people living with ASD and ADHD can live the best lives possible.

### **Aim**

The aim of this project is to commission a small project team that will scope the possibilities of a new service model. This will be presented in a report at the end of the scoping period (6 months). This team will look at current data and usage of services, which will require multiagency co-operation, waiting times, diagnosis, support offered, support that should be offered as well as costs.

### **Evidence**

We have different ASD and ADHD strategies across the county indicating a disjointed approach to commissioning

Different service offers in different localities indicating a postcode lottery of support

Waiting lists for assessment and diagnosis for both children and adults

Limited clinical and voluntary sector support after diagnosis

High cost placements for people who have challenging behaviour due to ASD and/or ADHD

This indicates a need to understand what is happening in our local population, what is needed and look to develop a new model of service provision that is collaborative with all the stakeholders. We need to

understand the costs to the system, in doing nothing and developing a new service model. There are potential funding opportunities for a new pioneering service.

### 3. Strategic fit

#### 3.1 Alignment with STP Priorities

<p>Improve wellbeing and increase prevention, self-care and early detection</p>	<p><i>This project team would look at how the service could reduce the waiting times for assessment and diagnosis, offer self-help techniques and peer support rather than clinical interventions. One of the outcomes would need to improve wellbeing of people who have ASD and ADHD. Evidence also suggests that early diagnosis and support can lead to prevention of other service use over the course of someone's lifetime</i></p>
<p>Improve treatment planning for patients with long-term conditions, including greater self-management and proactive management across all providers.</p>	<p><i>ASD and ADHD are both lifelong conditions, this project team would be developing a service model that would offer a holistic treatment package with a range of providers. Although this project would not directly deliver on treatment planning as it is a scoping exercise</i></p>
<p>Provide proactive management for people who have multiple, complex and long-term physical and mental health conditions, to reduce crises and prolonged hospital stays.</p>	<p><i>As above. It would be hoped that in developing a service model this would be a fundamental part of the service – to support people with complex and comorbid conditions (comorbid mental health and substance misuse issues are very high with ASD and ADHD) to prevent crisis and hospital admissions or placements</i></p>

Redesign urgent and emergency care, including integrated working and primary care models providing out of hospital responses to reduce hospital stays.	<i>As above. The development would look at engaging with GP's and offering support to them. There is also consideration that this service could sit within primary care but this would need to be further explored</i>
Reduce variation and health inequalities to improve outcomes and maximise value for citizens across the population, supported by evidence.	<i>There is current variation of service provision across Berkshire, and people with ASD and ADHD are more likely to experience inequalities in their lifetime especially regarding health (EVIDENCE)</i>

### 3.2 Alignment with the CCGs' strategic objectives

We will commission services that improve the outcomes and experience of all our residents by consistently delivering the NHS Constitutional standards	<i>This project team would look at the services currently commissioned and the outcomes of these and develop new ways of improving this for people with ASD and ADHD. It is hoped that a new service would improve access, deliver clinical excellence, and put the client at the heart of what the service does. An important part of the initial scoping project would be to engage with people to ensure we fully understand their experiences and needs in the future so that we can design a service together</i>
We will play a proactive role in the development and delivery of an innovative and united Sustainability and Transformation Plan	<i>ASD and ADHD are an integral part of the STP in both footprints. However, they are not identified specifically. However, part of this project teams remit will be to scope the impact on other work streams such as primary and urgent care or mental health and whether investment in a specific specialist service can impact other parts of the system in a positive way, as well as improving people's lives.</i>
We will ensure that clinical leadership and patient engagement is at the heart of everything we do, and develop a culture that brings to life "thinking locally, working together"	<i>The project team specifically requires input from the clinical team to understand the demands and the specialist nature of these conditions. They have worked locally for many years and are keen to ensure we deliver clinical excellence moving forward. The team will also spend time exploring patient and families views.</i>

### 3.3 Alignment with New Vision of Care (NVoC) principles

Respect	<i>Summarise how the project aligns with this NVoC principle</i>
Person-centred care	<i>Summarise how the project aligns with this NVoC principle</i>

Navigation	<i>Summarise how the project aligns with this NVoC principle</i>
Joined-up care	<i>Summarise how the project aligns with this NVoC principle</i>
Quality of care	<i>Summarise how the project aligns with this NVoC principle</i>
Story once	<i>Summarise how the project aligns with this NVoC principle</i>
Public pound	<i>Summarise how the project aligns with this NVoC principle</i>
Safeguarding	<i>Summarise how the project aligns with this NVoC principle</i>
Coordinated care	<i>Summarise how the project aligns with this NVoC principle</i>

Further details about the NVoC principles are included at Appendix K.

#### 4. Key objectives and deliverables

*Summarise the key objectives and main deliverables of the project, including specific quality benefits. The deliverables need to be tangible.*

The project team will produce a collaborative appraisal within 6 months to outline the do nothing position and the opportunity for a new service model this report would include:

The current data and needs of the local population

The projected needs of the local population

Service Usage

Gap Analysis of services commissioned and recommendations

Themes from the Autism Strategies and recommendations of how we can work more collaboratively to bring these together

Current spending and resources for ASD and ADHD in the county

Successful Service models and costs in other areas of the country/world

Outline and brief description of a proposed service model in Berkshire and approximate costs

If the organisations feel developing a service model based on this appraisal the project team would continue for an additional 6 months to work to:

Co designed a service model for an ageless Autism and ADHD service with all stakeholders including clients and their families

Demonstrate this evidence of engagement with the stakeholders

Present costs and funding opportunities through grants, bids and research

Complete Service Specifications and outcomes of any new service model

Demonstrate how any service could be commissioned and delivered – this will include costs, benefits and ensure that it is a collaborative service with multiple partners to ensure holistic care and support and reduce fragmentation

Make recommendations to commissioners to the next steps

#### 5. Scope

List the areas you will cover within your project under ‘in scope’, and those that fall outside it under ‘out of scope’.

In Scope	Out of Scope
Berkshire residents	
Diagnosis of ASD and ADHD (comorbidity to be considered within service model)	Mental Health Diagnosis (to consider comorbidity)
Primary Care/GP interface – could this be a primary care service?	

## 6. Non-financial benefits and contractual implications

### 6.1 Non-financial benefits

*Describe the key non-financial benefits*

*Working collaboratively across Berkshire will bring services together, which will result in less confusion for people using the services*

*Understanding the current demand on services and the needs of the population will give us greater understanding of how we commission services in the future and what specialist clinical and voluntary sector services are required*

*The long term aim of this project is to commission and operationalise an ageless service for people with Autism and ADHD which will focus on holistic support across the entire pathway of support for this population and therefore improve outcomes for individuals to lead a full and meaningful life.*

### 6.2 Contractual implications and requirements

*Summarise the key contractual implications*

*There would need to be a memorandum of understanding between the local authorities and CCG's if there is agreement of funding costs for the project team. One organisation would recruit the posts and the other organisations would then pay a contribution towards the salaries for the 6 months. The MoU would also encourage joint working, access to data and other sensitive financial information regarding services for ASD and ADHD including activity and outcomes of contracts.*

## 7. Assumptions and constraints

*Outline any assumptions made in relation to the key success factors of the project. Outline any constraints you foresee and how these will be dealt with.*

Recruitment of project team would need to be completed in a timely fashion to enable to report to be written in 6 months

Recruitment of additional clinicians to backfill specialist clinicians to participate in the project team and ensure waiting lists do not grow even more

Agreement of all the organisations within the Autism Work Stream to develop a new service model is

continued and the project team would feedback to the Autism Work Stream who would be represented by all organisations involved

## 8. Project plan

Below is a summary of the project deliverables and milestones. A detailed project plan is attached at **Appendix B**

Month	Deliverable or milestone to be achieved
December and January 2017/18	<i>Business Case completed to take to the CCG's and LA committees for discussion and agreement</i>
January 2018	<i>Recruitment of clinical staff to support current BHFT services to reduce waiting times and participate in project team</i>
February 2018	<i>Autism Work Stream ToR and invitees agreed to ensure participation with all stakeholders and develop a work plan for the project team</i>
February/March 2018	<i>Recruitment of project team</i>
April 2018	Project team starts
October 2018	<i>Report and business case delivered to CCG's and LA for consideration of new service model</i>
Monthly	<i>BHFT to produce report of waiting lists and times</i>
	<i>Needs to be tangible (... delivered; ... published; ... commenced; ... completed; etc.)</i>

## 9. Measurement and key performance indicators (KPIs)

KPI	Target	Current Performance	Frequency of Measurement	Data source
Report and Business Case outlining the objectives and deliverables			6 months	Report

## 10. Finance

### 10.1 How will the savings be realised?

Describe exactly how the project will achieve savings? For example: reduced appointments, reduced costs of prescribing, etc. Which organisation will the savings come from?

**Not applicable at this time and will form part of the scope of the project team**

## 10.2 Project costs, investments and savings

Below is a summary of the costs associated with delivery of the project and the savings to be realised. A detailed financial template is attached at **Appendix C (template for this to be provided)**.

### Costs / investments

Description	2017/18 £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000	2021/22 £'000
Project Team	21 000				
<b>Total</b>	<b>Total A</b>	<b>Total B</b>	<b>Total C</b>	<b>Total D</b>	<b>Total E</b>

### Savings

Description	2017/18 £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000	2021/22 £'000
<b>Total</b>	<b>Total F</b>	<b>Total G</b>	<b>Total H</b>	<b>Total I</b>	<b>Total J</b>

### Summary of financial impact

Description	2017/18 £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000	2021/22 £'000
<b>Total costs / investments</b>	<i>Total A</i>	<i>Total B</i>	<i>Total C</i>	<i>Total D</i>	<i>Total E</i>
<b>Total savings</b>	<i>Total F</i>	<i>Total G</i>	<i>Total H</i>	<i>Total I</i>	<i>Total J</i>
<b>Total net cost / (saving)</b>	<i>A minus F</i>	<i>B minus G</i>	<i>C minus H</i>	<i>D minus I</i>	<i>E minus J</i>

## 11. Stakeholder engagement

Below is a summary of the project's key stakeholders and the approach to communications. A detailed communications plan is attached at **Appendix D**

*The Autism Work stream will lead the engagement of the necessary stakeholders as part of the project team, they will advise the project team on the approach to communications with support from the communications team of each organisation*

## 12. Patient engagement

Summarise how the project will involve patients in the design and implementation of the changes

As above

## 13. Interdependencies

Identify other projects or programmes which may be impacted or may have an impact on this project.

Project	Project lead	Brief description of impact

## 14. Quality Impact Assessment (QIA)

A full Quality Impact Assessment is attached at **Appendix E**. This has been approved and signed off by the Quality team.

## 15. Equality Impact Assessment (EIA)

A full Equality Impact Assessment is attached at **Appendix F**. This has been approved and signed off by Quality team.

## 16. Sustainability Impact Assessment (SIA)

A full Sustainability Impact Assessment is attached at **Appendix G**.

## 17. Risk register

See **Appendix H** for a full description of key risks and mitigating actions.

## 18. Issue Log

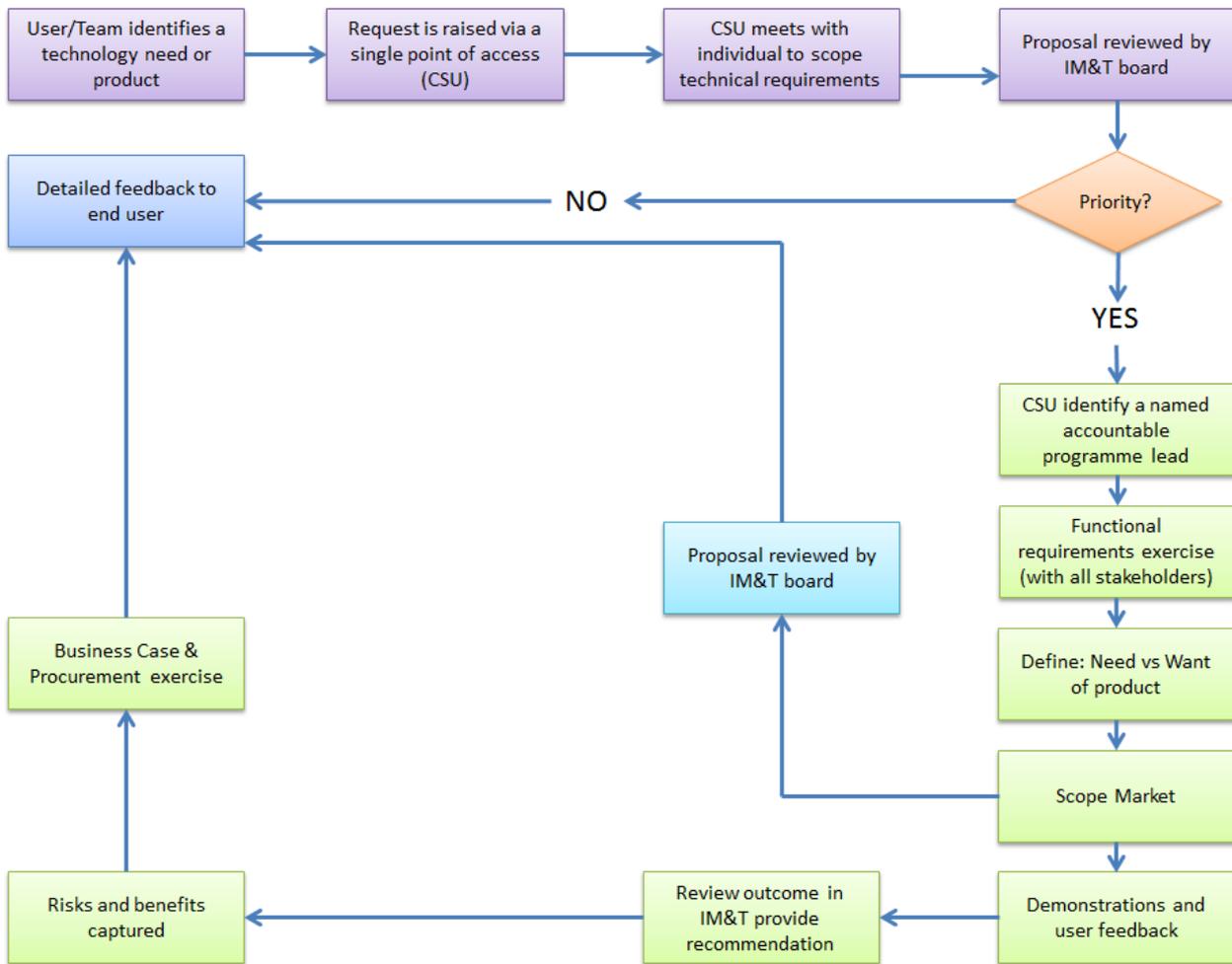
See **Appendix I** for a full description of key issues and planned actions for resolution.

## 19. Logic Model

See **Appendix J** to evaluate the effectiveness of the project and develop measures to support outcomes.

## 20. NVoc Principles

See **Appendix K** for ensuring the project aligns with the New Vision of Care principles.



**Appendix B – Detailed project plan**

Deliverable, milestone or key task	Activity	Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Current Status	RAG rating
<b>Deliver</b>	<i>Recruitment of Project Team</i>	CCG												x	<i>Not required at FBC Stage</i>	
<i>Milestone 1.1</i>	<i>Report to CCG</i>	<i>Project Team</i>						x								
<i>Key task 1.1.1</i>																
<i>Key task 1.1.2</i>																
<i>Milestone 1.2</i>																
<i>Key task 1.2.1</i>																
<i>Key task 1.2.2</i>																
<b>Deliverable 2</b>																
<i>Milestone 2.1</i>																
<i>Key task 2.1.1</i>																
<i>Key task 2.1.2</i>																
<i>Milestone 2.2</i>																
<i>Key task 2.2.1</i>																
<i>Key task 2.2.2</i>																

Page 31

RAG criteria	
	Deadline for deliverable or milestone to be achieved
	Work in progress towards milestone
	Action completed or on track with no issues
	Some risk – but potential to resolve or mitigation already in place
	Significant risk (timescale, delivery, budget, etc.)

**Appendix C - Financial template**

**To be supplied by Finance team – KG template may be an option for QIPP schemes**

Appendix D – Communications plan

Target audience	Mechanism for communication	Message	Target date (week commencing)	Lead(s)	Completed?
<i>e.g. Clinical Chairs</i>	<i>Face-to-face meeting</i>	<i>Project launch</i>		<i>Name(s)</i>	<i>Tick</i>
<b>Stakeholders (which includes some service users and carers and experts by experience)</b>	<b>Autism Work stream and East and West ‘Working together for Autism’ Group</b>	<b>Discussion of project idea and working up information to develop project team business case</b>			
<b>Local Authorities</b>	<b>To be agreed</b>	<b>To ensure understanding of the project, investment both financially and with resource and access to data and information required</b>			

**Appendix E – Quality Impact Assessment**

<b>Project Title</b>	
<b>Project Lead</b>	
<b>Project Start Date</b>	
<b>Date of QIA Completion</b>	
<b>Person Completing QIA</b>	
<b>Project Summary</b>	
<b>Key Issue Raised in QIA</b>	

<b>Summary of Quality Impact Assessment</b>	<b>Outcome</b>	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>	<b>Not Applicable</b>

<b>Summary of Clinical Assessment</b> (risk matrix as below)	<b>Impact</b>	<b>Likelihood</b>	<b>Risk Score</b>

### 5X5 Clinical Risk Assessment Matrix

Assessment of Impact of Risk					
Impact	1 - None	2 - Minor	3 – Moderate	4 - Major	5 - Catastrophic
Clinical Safety	No impact on service user	Minimal impact of service user which could directly affect their experience but will have no foreseeable impact on health and wellbeing	Moderate impact on Service user which will directly affect their experience and will require amendment to their current care delivery model. This <b>may</b> affect health and wellbeing	Major impact on service User which will directly affect their experience and will require major changes to their current care delivery model. This <b>is likely to</b> affect the health and wellbeing of the individual and support network.	Significant impact on Service user which will radically change their experience with a potential for significant adverse effect on their health and wellbeing. This <b>will affect</b> a number of service users, partner agencies and support systems.

Assessment of Likelihood of Risk				1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain
1	Rare	May occur in exceptional circumstances (1 in 1000 or less)	1 – Minimal	1	2	3	4	5
2	Unlikely	Could occur at some time (1 in 100 to 1 in 1000)	2 – Minor	2	4	6	8	10
3	Possible	Might occur at some time (1 in 10 to 1 in 100)	3 – Moderate	3	6	9	12	15
4	Likely	Will probably occur in most circumstances ( 1 to 10 to evens)	4 – Major	4	8	12	16	20
5	Almost Certain	Is expected to occur in most circumstances (evens to certain)	5 - Catastrophic	5	10	15	20	25

Quick Reference Guide			
Patient Safety	Clinical Effectiveness	Patient Experience and Involvement	Well Lead
<ul style="list-style-type: none"> <li>- What are the current patient safety concerns?</li> <li>- How do you know that the service developments will be safe?</li> <li>- What measurement/metrics will you use to demonstrate safety?</li> </ul> <p><b>Any Questions?</b> Jo Greengrass – <a href="mailto:joanne.greengrass@nhs.net">joanne.greengrass@nhs.net</a></p>	<ul style="list-style-type: none"> <li>- What clinical evidence demonstrates best practice?</li> <li>- How is the clinical evidence being used?</li> <li>- What more needs to happen to make sure best practice is achieved and patient outcomes improved?</li> </ul> <p><b>Any Questions?</b> Appropriate professional lead</p>	<ul style="list-style-type: none"> <li>- What do patients and carers say about the current service?</li> <li>- How will patients be involved in the decision-making process?</li> <li>- How will the patient experience be monitored?</li> <li>- Will patient choice be affected?</li> <li>- Anticipated level of public support?</li> </ul> <p><b>Any Questions?</b> Jo Greengrass – <a href="mailto:joanne.greengrass@nhs.net">joanne.greengrass@nhs.net</a> Fiona Harcombe – <a href="mailto:Fiona.harcombe@nhs.net">Fiona.harcombe@nhs.net</a></p>	<ul style="list-style-type: none"> <li>- What do staff think of the current service?</li> <li>- How will they be involved in the changes?</li> <li>- Are there any workforce issues identified?</li> <li>- What governance arrangements are in place to ensure a safe and effective service?</li> </ul> <p><b>Any Questions?</b> Jo Greengrass – <a href="mailto:joanne.greengrass@nhs.net">joanne.greengrass@nhs.net</a></p>

### Quality Assessment Tool

In healthcare, quality includes patient safety, patient experience and patient effectiveness. These domains include Dignity and Respect and the effects of planned changes on workforce.

<b>What is a Quality Impact Assessment (QIA)?</b>	This is a tool to help develop service change. It should be used at the <i>beginning</i> of a process to inform its development, ensuring that the core pillars of quality are covered and that the service is developed in a comprehensive way, based on rounded data and intelligence. The tool begins with some overarching questions in the quick reference guide. If there are any aspects of those questions which cannot be satisfactorily answered, there are prompts in the following workbook which will help provide assurance that the service is developing robustly. It is not a requirement that each section needs to be methodically worked through, but intended as a tool to help where there are gaps in knowledge or experience.
<b>Why undertake a QIA?</b>	When a change to a service/care pathway is proposed, commissioners must ensure that the proposal has only <b>positive effects</b> on patient safety and patient experience, and are evidence based, and demonstrate best practice. Only then can we be assured of high quality care. Commissioners also need to demonstrate that issues of workforce planning and skills transfer, together with education and training have been appropriately considered. This tool will enable commissioners to be assured that all essential factors are being considered and addressed through the development of service design.
<b>Who undertakes a QIA?</b>	The team responsible for service design should begin the QIA at an early stage, to ensure compliance with statutory requirements. The Quality team is available to discuss any areas that need clarification or guidance.
<b>Ratings</b>	Use the form to make notes from which the self-assessment rating can be determined. The QIA threshold result is designed to provide an assessment of the perceived impact that the service development will have on the quality of care delivered. Whatever the outcome of the threshold result, there may be individual indicators rated as having a negative impact on quality. In that case, due consideration should be given to all of these to establish how the scheme/plan could be changed to improve the quality impact or to ensure that on balance, the scheme is worth pursuing. In these cases, the reason for the decision to go ahead should be clearly documented.

The QIA Threshold Key	
Outcome	Suggestion – the assessment suggests that the plan/scheme:
Negative	This development will have a negative impact
Neutral	There is no anticipated change in the impact of this development
Positive	This development will have a positive impact
Not Applicable	This question is not relevant at this time
<b><i>Please take care when completing this assessment. A carefully completed assessment should safeguard against challenge at a later date</i></b>	

Patient Safety			
What is the potential impact of the service development on patient safety?	Use these prompts to help you comprehensively evaluate the plans	Information to inform the self-assessment	Self-assessment
What are the known patient safety issues within the current service? (as identified by national/local audits, SIRIs, incident trend analysis, complaints, CQC and other external inspections, staff observations/feedback)	<p><b>Has the current safety of the service been evaluated and known patient safety risks identified?</b></p> <p>Prompts to consider</p> <ul style="list-style-type: none"> <li>- Specific safety issues within this pathway or service.</li> <li>- Analysis of available data/information to identify themes and trends.</li> <li>- The way on which the planned changes will address the identified patient safety issues.</li> <li>- Impact on preventable harm.</li> </ul>	<p>Increase in awareness</p> <p>Political agenda</p> <p>Local feedback</p> <p>Service information</p>	<p>Waiting times are long</p> <p>Positive feedback from Adult service once person assessed</p> <p>Little non clinical follow up and support</p>
How will the planned changes to service provision provide evidence of improved or continued safe care?	<p><b>What are the current assurances in place for reviewing this service – if it is a new service what mechanisms will be used?</b></p> <p>Prompts to consider</p> <p>Existing patient safety measure metrics to provide assurance that the changes made to the pathway/service are improving patient safety or reducing the risk of harm.</p> <ul style="list-style-type: none"> <li>- Processes to review patient safety measure to provide assurance</li> <li>- Has there been a quality assurance visit?</li> <li>- Levels of turnover, staff training and education, appraisal and personal development planning and staff feedback</li> </ul>		<p>Project team to specify new measures and outcomes for service through engagement with project team</p>
Do the plans include changes to treatment involving medications (including prescribing, administration or security)?	<p><b>Have you discussed with the medicine optimization team?</b></p> <p>Prompts to consider</p> <ul style="list-style-type: none"> <li>- Patient safety.</li> <li>- Competency in medicine administration.</li> <li>- Systems in place to ensure appropriate monitoring of patient outcomes/safety.</li> </ul>		<p>This will need discussion by the project team at the appropriate time, to enable prescribing for ADHD medication as part of the service specification for the new model of care</p>
Will the plans impact positively or negatively on the organisation's duty to protect children, young people and adults?	<p><b>Protocols to consider include:</b></p> <ul style="list-style-type: none"> <li>- The NHS Constitution</li> <li>- Partnership working</li> <li>- Safeguarding children and adults</li> <li>- DOLS and MCA</li> </ul>		<p>Positively identify vulnerable children and adults. As part of the service specification will consider safeguarding protocols.</p>
Do the planned changes require ratification through a governance process?	<p><b>In the event of a legal challenge, how thorough is the ratification process?</b></p> <p>Prompts to consider</p> <ul style="list-style-type: none"> <li>- Current statuses/professional standards e.g. Mental Capacity Act, Mental Health Act, Dangerous Drugs Act, Children's Act, GMC, NMC etc.</li> <li>- Involvement of the appropriate specialist</li> <li>- Responsible committees within each organisation and across the pathway</li> </ul> <p><i>(Please note these may be outlined within the NICE Guidance).</i></p>		

Clinical Effectiveness			
Please look through the evidence required below and respond to those that relate to your service development	Use these prompts to help you comprehensively evaluate the plans The CCG supports the use of NICE guidance where available and the use of NICE Quality Standards.	Information to inform self-assessment	Self-assessment
Are the NICE Guidance and/or Quality Standards associated with this business case/service change/redesign	<ul style="list-style-type: none"> <li>- Which NICE Quality Standards are identified?</li> <li>- If there is no relevant Quality Standard, has other accredited evidence been sourced? If yes, please state which/</li> <li>- If there is no relevant accredited evidence, will good practice be defined by carrying out research?</li> <li>- Are there protocols or guidelines written which specifies good practice?</li> </ul>		NICE Guidelines for ADHD recommend provision of a diagnostic and treatment service for adults and children and liaison between the two to improve transition. Treatment for adults demonstrates a cost effective approach. The Autism Act 2010 instructed NHS to provide appropriate services for people with ASD and ADHD
Are the planned changes or service redesign in line with the most-up-to-date guidance ensuring the business case is evidence based?	<ul style="list-style-type: none"> <li>- Has a baseline assessment against the recommendations/indicators been undertaken?</li> <li>- Does the plan reflect the Quality Standard Indicators?</li> <li>- Are there gaps? If there are gaps, how will these be addressed?</li> </ul> <p>NICE baseline assessment tool can be accessed from: <a href="http://www.nice.org.uk">www.nice.org.uk</a></p>		Both guidelines above as well as the most up to date research and clinical guidelines will be considered in the development of the new service model
What plans are in place for clinical audit or evaluation once changes have been imbedded into practice?	Audit against standards outlined in NICE guidance or professional standards. USE the NICE clinical audit tool where available <a href="mailto:www.nice@org.uk">www.nice@org.uk</a>		
Health Outcomes	<p>What are the expected health outcomes for patients?</p> <ul style="list-style-type: none"> <li>- How will the success against your expected health outcomes be measured?</li> <li>- How do these compare with other available treatment or care?</li> </ul>		Project team to develop outcomes based on evidence and stakeholders

Patient Experience			
What is the potential impact of the service development	Use these prompts to help you	Information to inform self-assessment	Self-assessment
What do patients and carers say about the service?	<p>Use positive and negative feedback from them:</p> <ul style="list-style-type: none"> <li>- PALS and complaints</li> <li>- Patient Opinion</li> <li>- Surveys</li> <li>- Real time feedback</li> <li>- Focus groups</li> <li>- Healthwatch</li> <li>- FFT</li> <li>- Patient panel</li> </ul>		SEND inspectors – wait times for CAMHS too long Adult services 96% of people would recommend service to friends and family 80% of adult reported a positive effect on the quality of life following the outcome of assessment
How will the patient experience of the new service be monitored?	<p>How will feedback be collected?</p> <p>Who will be analysing it and when?</p>		To be developed
Will patient choice be affected?	<p>Will choice be reduced, increased or stay the same?</p> <ul style="list-style-type: none"> <li>- Do the plans support the compassionate and personalised care</li> </ul>		As part of the stakeholder engagement - people using the current services will be co designing the

	agenda?		service. There will be an enhanced offered of support for both groups of people
<b>What level of public support for this service development is anticipated?</b>	Do you expect people to: <ul style="list-style-type: none"> <li>- Be supportive</li> <li>- Be a little concerned or</li> <li>- Contact their MP or the press as a result of their objections?</li> </ul>		Supportive
<b>Has the patient/public been consulted on the changes?</b>	Consultation Patient Panel		

**Need a tool to help you?**

[http://www.institute.nhs.uk/quality\\_and\\_service\\_improvement\\_tools/quality\\_and\\_service\\_improvement\\_tools/patient\\_perspectives.html](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/patient_perspectives.html)

Well Lead			
What is the potential impact of the service development	Use these prompts to help you	Information to inform self-assessment	Self-assessment
Have staffing, skill mix and workload issues been considered within the plans?	<p><b>What assurances have the service providers given with regard to assessing their workforce requirements to deliver this service/pathway safely?</b></p> <p>Prompts to consider:</p> <ul style="list-style-type: none"> <li>- Skill mix, recruitment activity, vacancy</li> </ul>		
Does the leadership management and governance of the organisations assure the delivery of high-quality person-centred care?	<ul style="list-style-type: none"> <li>- Response to complaints and incidents</li> <li>- Is quality a priority for the new service</li> </ul>		
Does the organisation support learning and innovation, and promote an open and fair culture?			
Are staff aware of the whistleblowing policy?	Whistleblowing policy		
Would staff recommend the service to family and friends?	FFT Results		

**Appendix F – Equality Impact Assessment – this will be completed as part of the project team roles**

<b>CCG Equality Impact Analysis – The EIA Form</b>		
<p><b>1. What is it about?</b> Refer to equality duties</p>	<ul style="list-style-type: none"> <li>- What is the proposal?</li> <li>- What outcomes/benefits are you hoping to achieve?</li> <li>- Who is it for?</li> <li>- How will this proposal meet the equality duties?</li> <li>- What are the barriers to meeting this potential?</li> </ul>	<p><i>Comments here...</i></p>
<p><b>2. Who is using it?</b> Refer to equality duties</p>	<ul style="list-style-type: none"> <li>- What data evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/ local trends)?</li> </ul>	<p><i>Comments here...</i></p>
<p><b>3. Impact</b> Refer to dimensions of equality &amp; equality groups</p>	<ul style="list-style-type: none"> <li>- Show considerations of age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view, gypsies &amp; travellers, sex workers, people who misuse drugs &amp; alcohol</li> </ul> <p>Using parts 1 &amp; 2 does the proposal:</p> <p>a.) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?</p> <p style="padding-left: 40px;">What can be done to change this impact?</p> <p>b.) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?</p> <p style="padding-left: 40px;">Does further consultation need to be done? How will assumptions made in the analysis be tested?</p>	<p><i>Comments here...</i></p>
<p><b>4. So what?</b> Link to the business planning process</p>	<ul style="list-style-type: none"> <li>- What changes have you made in the course of this EIA?</li> <li>- What will you do now and what will be included in future planning?</li> <li>- When will this be reviewed?</li> <li>- How will success be measured?</li> </ul>	<p><i>Comments here...</i></p>

**Appendix H – Sustainability Impact Assessment**

Sustainability Impact Assessment	
<b>Please consider the following implications in relation to your proposed business case:</b>	
Will your proposal reduce or minimise the use of energy, especially from fossil fuels?	<i>Comments here.....</i>
Will your proposal reduce or minimise carbon dioxide equivalent emissions from NHS activity?	<i>Comments here.....</i>
Will your proposal reduce business miles and encourage walking, cycling, and the use of public transport?	<i>Comments here.....</i>
Will your proposal reduce or minimise the production of waste, and increase the re-use and recycling of materials?	<i>Comments here.....</i>
Will your proposal encourage the careful use of natural resources, such as water?	<i>Comments here.....</i>
Will your proposal encourage improved health by protecting and promoting the use of green space?	<i>Comments here.....</i>
Will your proposal improve local conditions, especially in disadvantaged areas e.g. encourage social inclusion, develop business and social enterprise or develop the workforce and labour market?	<i>Comments here.....</i>
Will your proposal reduce social and health inequalities?	<i>Comments here.....</i>

## Appendix I – Risk register

Please include the key risks to the successful delivery of your project in-line with the strategic objectives along with mitigating actions in the table below:

**Please Note:** A project risk is an **uncertain** event or condition that, **if** it occurs can have a negative effect on a project's objectives.

Probability of Risk			Impact of Risk				
1	Rare	May occur in exceptional circumstances (1 in 1000 or less)	1 – Minimal	2 – Minor	3 – Moderate	4 – Major	5 – Catastrophic
2	Unlikely	Could occur in at some time (1 in 100 or 1 in 1000)	A risk that, if it occurs, will have little or no impact on achieving outcome objectives.	A risk that, if it occurs, will have a minor impact on achieving desired results, to the extent that one or more stated outcome objectives will fall below goals but well above minimum acceptable levels.	A risk that, if it occurs, will have a moderate impact on achieving desired results, to the extent that one or more objectives will fall below goals but above minimum acceptable levels	A risk that, if it occurs, will have a significant impact on achieving desired results, to the extent that or more stated outcome objectives will below acceptable levels.	A risk that, if it occurs, will have a severe impact on achieving desired results, to the extent that one or more of its critical outcome objectives will not be achieved.
3	Possible	Might occur at some time (1 in 10 or 1 in 100)					
4	Likely	Will probably occur in most circumstances (1 to 10 to evens)					
5	Almost Certain	Is expected to occur in most circumstances (evens or certain)					
Page 42							

Risk Rating Matrix	1 – Rare	2 – Unlikely	3 – Possible	4 – Likely	5 – Certain
1 – Minimal	1	2	3	4	5
2 – Minor	2	4	6	8	10
3 – Moderate	3	6	9	12	15
4 – Major	4	8	12	16	20
5 – Catastrophic	5	10	15	20	25

Risk ID	Risk Description	Risk Owner	Overall Rating	Risk Mitigation
Page 43				

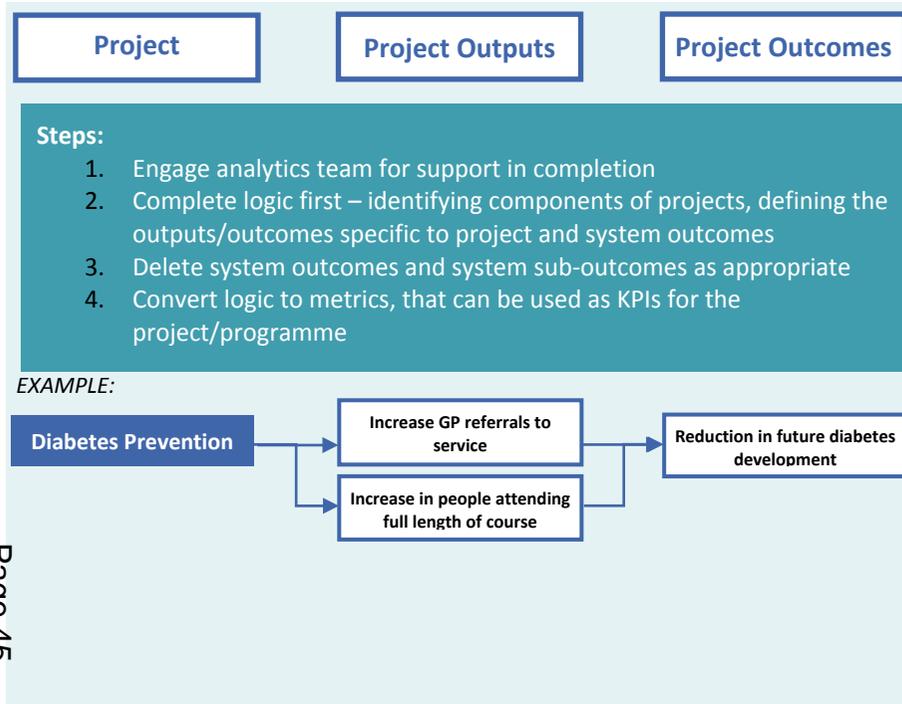
**Appendix J – Issues Log**

Please include any current issues you are aware of that may impact the delivery of this proposed project in the table below:

**Please Note:** A project risk and issue are different, where a risk is an uncertain event; an issue is a **current** event that needs a **response** through action and resolution.

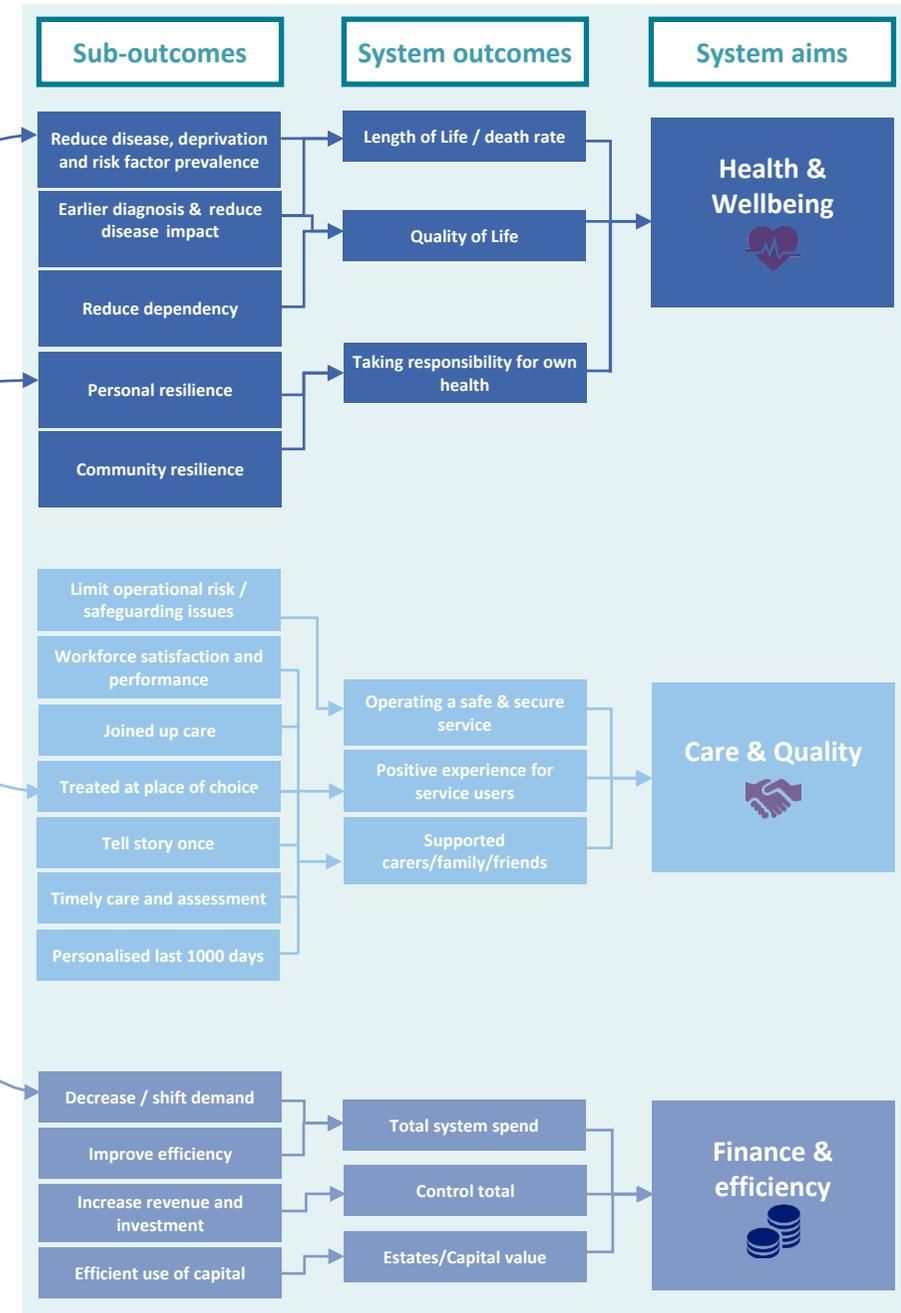
Issue ID	Issue Description	Issue Owner	Priority	Action/Resolution	Due Date	Status Update

## Appendix K – Logic Model



Page 45

**Please note: A logic model is a tool used to evaluate the effectiveness of a programme or project and is often used during the planning and implementation phase. They can be used to develop performance measures and support final outcomes or results.**



## Appendix K – NVoC Principles

Principle	Diagram	Description
1. <b>Respect</b>		Health, wellbeing and quality of life is promoted, and choices and capabilities respected, so that people stay independent for as long as possible.
2. <b>Person centred care</b>		Goals and ambitions of residents, their carers and families will drive the way we provide care and support.
3. <b>Navigation</b>		The system will be easy to navigate for all parties so that residents, their carers and families will get the right care at any time of day or night - the right thing to do will be the easy thing to do.
4. <b>Joined up care</b>		The care experienced by residents, their carers and family will be integrated and make good use of all the strengths in the local system, including the voluntary sector.
5. <b>Quality of care</b>		People will receive high quality and holistic support and care.
6. <b>Story once</b>		Residents, their carers and family will tell their story once and all necessary information will be securely shared and accessible to all those who need to know to deliver support and care at the right time.
7. <b>Public pound</b>		Care provided will be adaptive and flexible, sustainable and affordable.
8. <b>Safeguarding</b>		Safeguarding and high quality of care is assured through effective and efficient system wide governance.
9. <b>Coordinated care</b>		Residents, their carers and family as well as staff that are providing care, are able to influence changes within the health and care system.

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel      **DATE:** 26<sup>th</sup> March 2018  
**CONTACT OFFICER:** Alan Sinclair, Director for Adults and Communities  
**(For all Enquiries)** (01753) 875752  
**WARD(S):** All

**FOR COMMENT AND CONSIDERATION****FIVE YEAR PLAN: OUTCOME 2 UPDATE**1. **Purpose of Report**

- 1.1 To update the Panel on the progress of Outcome 2 (with particular reference to key actions 1, 3 and 5) from Slough Borough Council's (SBC) Five Year Plan.

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

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

- 2.1 The Panel is requested to consider the actions taken to deliver the key actions and the changes proposed in the revised SBC Five Year Plan 2018/19-2022/23..

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**3a. **Slough Joint Wellbeing Strategy Priorities and Joint Strategic Needs Assessment**

The Five Year Plan relates to all aspects of the Slough Joint Wellbeing Strategy's priorities as set out below:

1. Protecting vulnerable children
2. Increasing life expectancy by focusing on inequalities
3. Improving mental health and wellbeing
4. Housing

The Five Year Plan has been developed using the evidence base of the Joint Strategic Needs Assessment and the Slough Story.

3b. **Council's Five Year Plan Outcomes**

This report focusses on outcome 2 of the 5 outcomes in the Five Year Plan: 'Our people will become healthier and will manage their own health, care and support needs.'

4 **Other Implications**(a) **Financial**

The Five Year Plan is important in determining the priority outcomes against which resources will be allocated. The time frame for the Five Year Plan is aligned with

our medium term financial planning and will roll forward each year, i.e. the new Plan looks ahead for the five years 2018/19 to 2022/23.

(b) Risk Management

There are no identified risks associated with the proposed actions.

(c) Human Rights Act and Other Legal Implications

There are no direct legal implications. The specific activity in the Plan and other plans may have legal implications which will be brought to the attention of Cabinet separately. There are no Human Rights Act Implications.

(d) Equalities Impact Assessment

There is no requirement to complete an Equalities Impact Assessment (EIA) in relation to this report. EIAs will however be completed on individual aspects of any actions produced to sit underneath the Plan, as required.

## 5 Supporting Information

5.1 The Health Scrutiny Panel has been given responsibility for oversight of Outcome 2 by the Overview and Scrutiny Committee.

5.2 As with the 4 other Outcomes of the Five Year Plan, Outcome 2 has a series of key actions which set out what will be done to achieve the outcome – these are:

1. Target those individuals most at risk of poor health and wellbeing outcomes to take up health checks.
2. Develop preventative approaches to enable our residents to become more able to support themselves.
3. Build capacity within the community to enable a focus on supporting more people to manage their own health, care and support needs.
4. Deliver a new model of public service that empowers residents to live independent and healthy lives.
5. Ensure people are at the centre of the adult safeguarding process and are supported to manage any risks.

This report focuses on the progress being made on key actions 1, 3 and 5.

### 5.3 **Key Action 1. Target those individuals most at risk of poor health and wellbeing outcomes to take up health checks.**

The Cardiowellness 4 Slough programme was launched in January 2017. It was established to contribute to reducing early deaths from cardiovascular disease through the provision of an integrated cardiac prevention programme bringing together a range of community services via a single point of access. A single point of access will make the service accessible to a wide range of people and will be compliant with the aims of the Care Act and our local prevention strategy.

As well as providing a lifestyle triaging service and brief interventions, it was set up to deliver an additional 800 NHS Health Checks to complement the core NHS Health Checks Service.

Outcomes for year one (January 2017 – December 2017) include:

- Over 1,949 community contacts have been triaged appropriately into services to help them adopt healthier lifestyles or reduce risky health behaviours

- 872 Referrals have made into Eat 4 Health (Slough's Adult Weight Management Programme)
- 802 NHS Health Checks have been completed
- 1,600 behaviour change referrals made

The focus for the coming year is to:

- increase engagement and collaboration opportunities across Slough's partner organisations in Primary Care, the Community and Voluntary Sector; strengthen referral pathways;
- focus on delivering self-care through the use of digital innovations planned to improve engagement with Slough residents
- track and measure outcomes of individuals that have used/ or have been triaged through the service since its inception in January 2017.

#### 5.4 **Key Action 3. Build capacity within the community to enable a focus on supporting more people to manage their own health, care and support needs.**

Over the past year the following projects have been delivered:

- The wellbeing prescription service in Slough now links to the Housing Tenancy Support Service as well as providing a central link to the Adult Social Care Department and local GPs. This service provides early intervention and prevention support services to those clients who would usually be looked after by statutory services.
- The Adult Social Care department continues to expand its model of community based social care, by developing local links and relationships by starting a number of neighbourhood events over 2018. This ties in with last years re-organisation to locality teams and the implementation of strengths based conversations as the departments model of assessment.
- Developing our community engagement arrangements to strengthen the voice of the resident in our strategic and operational activity.
- Increased the provision of direct payments, particularly for carers.
- Continued to work with the SPACE consortium and partners

In the coming year the following initiatives will be started:

- The implementation of an Asset Based Community Development facilitation training programme to provide Council officers and key voluntary sector staff with the skills to work with the communities of Slough
- To complement Asset Based Community Development, the Council is developing a community engagement toolkit and an e-learning package to bring consistency in the approach that is taken when working with Slough's communities
- GoodGym will be launched in Slough by Public Health. This innovative scheme brings socially minded runners off the treadmills to support and engage with their communities and in doing so increase volunteering in the local area.

#### 5.5 **Key Action 5. Ensure people are at the centre of the adult safeguarding process and are supported to manage any risks.**

Making Safeguarding Personal has been embedded into the Councils safeguarding processes and policies that guide staff to include vulnerable adults in the safeguarding process including seeking their view and outcomes as well as involving them in managing risks and participating in meetings.

The suite of safeguarding performance measures include whether vulnerable people (or their advocates) are included in the safeguarding process. Year to date shows that 84% of people were involved in their safeguarding case.

## **6 Five Year Plan 2018/19 – 2022/23**

- 6.1 The current Five Year Plan has been revised and updated for the next 5 years. Future reports to the Health Scrutiny Panel will therefore reflect changes to Outcome 2 which has been revised as follows:

### **Outcome 2: Our people will be healthier and manage their own care needs**

Councils across the country are facing similar challenges relating to health, wellbeing, and independence of their adult residents. People are living longer, often with complex and long-term conditions, which increases demand for health and care services within the borough. In responding to these challenges we will focus on developing preventative approaches to enable our residents to become more able to support themselves. We will target those individuals most at risk of poor health and wellbeing outcomes to take up health checks; build capacity within the community to enable more people to manage their own health, care and support needs; and deliver a new model of public service that empowers residents to live independent and healthy lives. Throughout our plans we will ensure people are at the centre of the adult safeguarding process and are supported to manage any risks.

#### ***Next year we will:***

- Support our residents to be more active
- Open a range of new leisure facilities including Slough Ice Arena, Salt Hill Activity Centre, Langley Leisure Centre, The Centre and a network of green gyms in our parks and open spaces
- Support more people to take control of their care needs including a Direct Payment
- Support more people to have a health check

#### ***Our long term priorities are to:***

- Work with our partners to improve the health and wellbeing of our residents
- Be the most active town/city in the country – More People - More Active -More Often
- Reduce loneliness and isolation – More People - More Connected - and Happy
- Reduce the need for long term social care through improved early help and prevention

## **7 Comments of Other Committees**

The Five Year Plan and outcome performance is regularly discussed by the Cabinet and the Overview and Scrutiny Committee. This specific report has not been considered by any other Committee within SBC.

## **8 Conclusion**

- 8.1 The Health Scrutiny Panel is requested to consider the progress made to date and the most appropriate manner in which to scrutinise Outcome 2 in its future meetings.

9 **Appendices Attached**

(A) 5YP Outcome 2 report at end of quarter 3

10 **Background Papers**

Five Year Plan 2017 – 2021.

**Outcome 2: Our people will become healthier and will manage their own health, care and support needs**

Ref	Outcome Measure	Date Updated	Baseline	Target	Actual	Direction of Travel	RAG Rating	Actions
2.1	Increase number of people starting and completing a smoking cessation course (rate per 100,000 smokers). Percentage of those who successfully quit smoking.	Nov-17	<b>2015/16 Q1-Q4</b> 4 weeks Slough 65.40% [998] SE 55.67% England 51.02%  Rate per 100,000 smokers not available	Above the national rate	<b>2017/18 Q1 4 weeks</b> Slough 80.68% [142] SE 50.15% England 48.56%  Rate per 100,000 smokers Slough 728 SE 417 England 493	↑	Green	The methodology of this indicator has changed from rate per 100,000 population to rate per 100,000 smokers therefore previous years rates for comparison is not available. Slough continues to perform above the South East and England in terms of numbers of people who set a quit date and go on to quit for 4 weeks and longer. The conversion rates are well above benchmarking averages. In Slough, smoking in pregnancy (which is reported as smoking at time of delivery) also remains lower than regional and national averages.
2.2	Increase number of adults managing their care and support via a direct payment	Jan-18	362 [Mar-17] 235 [Mar-16] 197 [Mar-15] 188 [Mar-14]	Increasing	404 clients & carers [Dec-17]  [244 clients + 160 carers]	↑	Green	The number of service users and carers supported through a Direct Payment continues to increase. We have implemented a new system using pre-payment cards which will make Direct Payments easier to manage and use, are contracting with Enham Trust to provide a Personal Assistant Matching and Employment Support service, and have issued guidance to staff to support and seek Direct Payments as the default position when providing services. We will be reviewing the performance measure used in the 5 Year Plan report to ensure we use the most appropriate measure to evidence our primary strategy of increasing the number of service users and carers who can control their support through Direct Payments.
2.3	Increase the uptake of health checks Increase the percentage of the eligible population aged 40-74 <b>offered</b> an NHS Health Check	Nov-17	<b>2016/17 Q1-Q4</b> Slough: 9.75% [3,430] SE: 16.72% National: 17.02%	Closer to the national rate by 17/18	<b>2017/18 cumulative to Q2</b> Appointments offered: 4,658  Slough 13.01% SE 16.65% National 16.92%	↑	Amber	Health Check rates in Slough although improving remain below south east and national rates of 16.65% and 16.92% respectively. Measures are in place to address this, including commissioning a new cardiowellness4 Slough programme. This will deliver 800 additional Health Checks, with a view to bring Slough rates in line with national rates in 2017/18 financial year. The new cardiowellness4 Slough programme launched in January 2017.

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel      **DATE:** 26 March 2018  
**CONTACT OFFICER:** Simon Broad, Service Lead, Adult Social Care Operations  
**(For all Enquiries)** (01753) 875202  
**WARD(S):** All

**PART I**  
**FOR COMMENT & CONSIDERATION**

**UPDATE REPORT ON THE RECONFIGURATION OF THE BOROUGH'S ACTIVITIES FOR PEOPLE WITH LEARNING DISABILITIES**

1. **Purpose of Report**

To provide an update on the progress made in enhancing the range of community based provision for people with a learning disability.

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

The Health Scrutiny Panel is requested to note the report and the progress made in enhancing the range of community based services for people with a learning disability.

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

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

The reconfiguration of services for people with a learning disability will meet several of the current Slough Wellbeing Board strategy priorities including:

- Increasing life expectancy by focussing on inequalities
- Improving mental health and wellbeing

**The JSNA**

The number of adults with learning disabilities known to Slough's Adult Social Care Service is 400.

The numbers of people with learning disabilities is projected to increase. In Slough, there were 2,153 adults with learning disabilities in 2007. The Projecting Adults Needs and Service Information (PANSI) estimated that in 2017 there were 2575 people with a learning disability in Slough with 2276 of them being of working age.

The key areas of inequalities for people with learning disabilities are in housing, health and employment. We continue to work with people, Carers and partners in order to co-produce an activities offer:

- That reflects the activities that people would like to do

- That contributes to individual resilience, self reliance and independence
- Promotes social inclusion and improves access to universal services
- Develops independent living skills and job related skills creating locally based work experience and job opportunities
- Improves health and life expectancy and addresses health inequalities
- Maintains the health and wellbeing of people thereby preventing or delaying their need to access hospital or residential care
- Safeguards people-raising awareness about keeping safe whilst promoting positive risk taking and involvement in community activities

### 3b. **Five Year Plan Outcomes**

The activities offer will support the following outcomes in the Five Year Plan

- Slough Children will grow up to be happy, healthy and successful
- Our people will be healthier and manage their own care needs.

### 4. **Other Implications**

#### (a) Financial

The Capital Strategy Board granted £826,000 in September 2016 towards the refurbishment of the Phoenix and Priors Buildings. It is anticipated that the refurbishment works will be completed in 2018.

#### (b) Risk Management

None

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

No issues identified.

### 5. **Supporting Information**

To assess the impact of the changes made to the activities offer in January 2017 on service users and their Carers, a survey was carried out in October 2017. The participants of the survey included the people currently using the two building based day centres, Priors and Phoenix, and their Carers. It also included people who had previously attended a building based day centre but were now accessing community based activities. The survey asked people and Carers for feedback on the activities they were doing within the community and the day centres, what was going well and what could be improved. Responses to the survey were sought through focus groups, questionnaires and one to one interviews with people and their Carers.

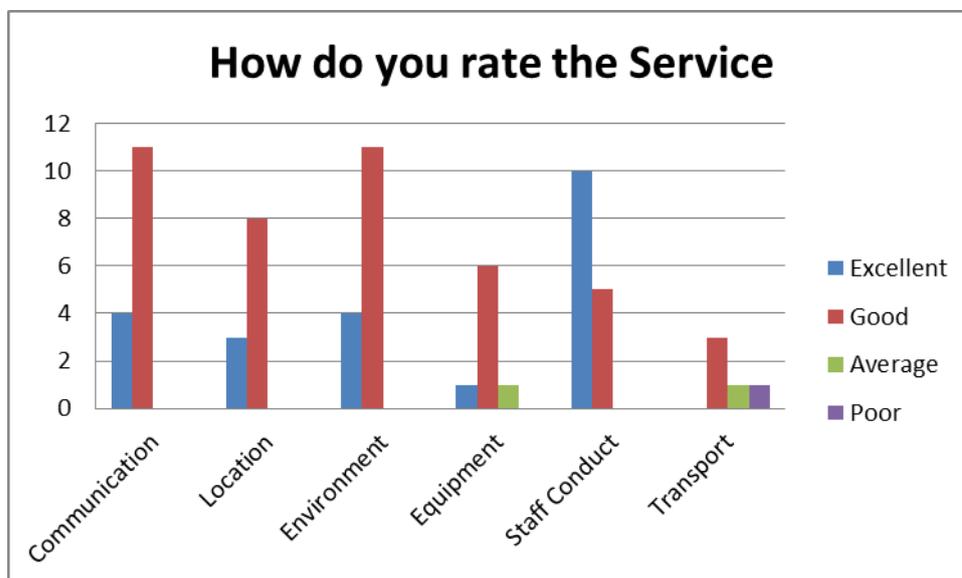
Of the thirty- three people now accessing community based activities, we received 18 responses which equated to a 54% response rate. Half the respondents felt that they were seeing more of their friends and learning new skills. We will continue to work with all service users to ensure that the majority of service users feel that their social networks have widened and that they are learning new skills. 55% felt that they were trying new activities. 22% had elected to access other day centres. Bowling and cooking proved to be very popular activities. When asked

what improvements could be made to people's activities offer, people requested different times for activities and for better transport arrangements. Adult Social Care are working with people, their Carers and support workers to ensure that people's needs are met through their activities offer.

There are currently seventy-eight people accessing either the Priors or Phoenix day centres and also a new service developed from the Britwell Community Centre called the Britwell Hub. We held focus groups with forty of the seventy-eight which equates to a 51% response rate. All users of the Day centres and the Hub were advised in advance of the dates of the focus groups in order to give them an opportunity to feedback about their experiences.

All attendees of the focus groups said they were happy with the activities they were doing at the day centres and the hub. Popular activities included cooking, music sessions, computers, Lego sessions and exercise classes. People missed their bowling sessions at the bowling alley (currently undergoing refurbishment). However, a bowling session is held at one of the day centres on a Friday which is an opportunity for current and former day centre attendees to meet and maintain friendship groups.

We had fifteen responses from Parent Carers from a combination of questionnaires and one focus group. Parent Carers were very happy with the quality of the service their family member received at the Day Centres. Transport though was one area in which parent carers expressed dis-satisfaction. One commonly cited concern was people missing some of their activities because of transport issues. We will continue to work with transport services to improve the quality of the service. We are also looking at other options people have to help them with their transport needs. The responses also showed that there is a need to remind parent carers that the mobility component their family members are receiving from the DWP (Department of Works and Pensions) is for their transport needs. Some parent carers appeared to feel that the Local Authority should continue to pay for transport despite the family having access to a car paid for by the DWP. We have summarised their responses below.



Some Parent Carers were unhappy about the amount their son/ daughter had to pay for some of their support. Adult Social Care will continue to engage with parent carers to explain how payments towards support are calculated. Four

Parent Carers felt that there had been a positive improvement in their family member since they had been attending the day centres. Better communication and stability were two of the improvements cited.

Our Activity Co-ordinators continue to work with people using the day centres, Carers and partners within and outside the Council to widen the range of activities on offer.

Some of the activities that have been offered through the day centres include:

### **Community based activities**

#### **The Britwell Hub**

Based at the Britwell Community Centre, the hub is regularly used by ten to twelve people who previously attended the Elliman Day Centre. Some of the people also regularly attend other groups at the Centre for example, the Recycled teenagers. All of the service users regularly use the computers at the Hub and all have library cards that they use. Some of the service users are able to use the local shops with minimum support which is also an opportunity for them to integrate with the local community.

#### **Allotment**

The allotment behind the Britwell Centre has been managed for service users since January 2017. The service users enjoy taking home the produce they have grown and also cooking the produce in cookery sessions which they have then sold to raise funds to buy seeds for the coming year.

#### **Healthy Walks**

One Activity Co-ordinator has undertaken training to become a Walk leader. There are plans to take groups of service users walking round the borough's parks.

A group from the Britwell Hub, Priors and Phoenix day centres did a sponsored walk in aid of Shelter.

#### **Clear Conscience**

Clear conscience is a social enterprise providing a recycling service to London Hotels for their toiletries. A group of service users help Clear Conscience once a week to recover repurpose and redistribute the toiletries to those who would otherwise be unable to afford the toiletries. Service users are rewarded with some of the toiletries for their own use and the feeling of doing something of value to others.

#### **Activities within the Priors and Phoenix day centres (the activities outlined below are open both to people accessing the Day centres and to those known to the Community team for people with Learning Disabilities)**

We have introduced a Music therapy (music and movement) session called Kiddeydivvey once a week.

To help people maintain healthy feet, a Chiropodist attends the day centres once every six weeks.

People attend an information session run by Destiny Support on a Thursday morning. A recent subject was about maintaining healthy teeth and gums. As a result of this, Slough Healthy Smile (a Community Dental service) will be visiting the Britwell Hub, Priors and Phoenix day centres to give practical lessons about teeth cleaning.

Through the Community Development team, we have held art classes for people in the day centres and are working on developing a Photography course with an external provider.

### **Keeping in touch sessions:**

To maintain friendship groups amongst people who currently attend day centres with those who no longer do so, a regular bowling session is held on a Friday.

We hold regular events to celebrate the diverse faiths within Slough. We also held a 1960 day which included a theatre group performance. We are planning a 1920 day for April 2018.

A coffee morning was held which also raised money for Macmillan care.

### **Life-long learning**

Following the success of our first sessions of cookery and information and communication and technology courses, we are about to start second sessions of these courses.

### **Independent Living skills**

The borough successfully bid for a grant from the Department of Health to purchase smartphones on to which software applications to help people learn and develop independent living skills can be downloaded. Some of the outcomes that people have achieved have been an improvement in their fitness and computer skills.

## **6. Comments of Other Committees**

None.

## **7. Conclusion**

This report outlines the progress made in reconfiguring the borough's activities offer to one which provides opportunities for people with learning disabilities to learn new skills and integrate with the wider community. Family Carers receive valuable respite from the demands of their caring roles secure in the knowledge that the people they care for are accessing activities which bring them different and new experiences

## **8. Background Papers**

None

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel

**DATE:** 26<sup>th</sup> March 2018

**CONTACT OFFICER:** Amanda Renn, Corporate Policy Officer, Policy Team,  
Slough Borough Council  
**(For all Enquiries)** (01753) 875560

**WARD(S):** All

**PART I**  
**FOR COMMENT & CONSIDERATION**

**SLOUGH WELLBEING BOARD'S ANNUAL REPORT 2017/18****1. Purpose of Report**

1.1 To outline the process that is being followed to develop the Slough Wellbeing Board's Annual Report for 2017/18 and provide members with an early opportunity to comment on the current working draft.

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

2.1 The Panel is requested to:

- a) Note the work that is currently underway to reflect the Wellbeing Board's key activities and achievements during the period May 2017 to April 2018;
- b) Comment on the latest draft at Appendix A, and
- c) Provide evidence and case studies, where appropriate, of 'cross partnership' activities that can be included against the Board's priorities.

**3. The Slough Wellbeing Strategy (SJWS) 2016 - 2020, the Joint Strategic Needs Assessment (JSNA) and the Council's Five Year Plan 2017 - 2021**

3.1 The Annual Report 2017/18 has been structured to address progress against the Wellbeing Board's statutory responsibilities as well as each of the Wellbeing Strategy's four strategic priorities. It also contributes to the following Five Year Plan outcomes:

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

**4. Other Implications**

- a) Financial – None
- b) Risk Management - None
- c) Human Rights Act and Other Legal Implications – None

d) Equalities Impact Assessment (EIA) - None

## 5. Supporting Information

5.1 Slough Wellbeing Board has a commitment to openness and transparency in the way that it carries out its work and is accountable to local people. This includes a commitment to annually review progress against the Board's ambition to reduce health inequalities and improve health and wellbeing outcomes across the borough.

5.2 The draft annual report at Appendix A sets out a review of the Wellbeing Board's key activities and achievements during 2017/18 and sets the context for its work during 2018/19.

5.3 The Annual Report is intended to be a means to celebrate the added value the Wellbeing Board is bringing to improve the lives of people in Slough. Members are therefore invited to provide examples of joint working between partners that can be included as case studies to evidence the work that is being undertaken beyond the statutory requirements of the Board.

## 6. Comments of Other Committees

6.1 The current draft will be presented to Wellbeing Board on 28<sup>th</sup> March 2018 and shared with other key partnership groups (such as the Safer Slough Partnership, the Health and Adult Social Care PDG, the Slough Adult's Safeguarding and Children's Safeguarding Board's and Joint Parenting Panel) throughout April 2018. It will then be brought back to the Wellbeing Board for sign off at its meeting on 9<sup>th</sup> May 2018.

## 7. Conclusion

7.1 Publishing an annual report provides the Wellbeing Board with an opportunity to:

- Promote its work;
- Demonstrate the practical progress that has been made in delivering its statutory functions and the priorities in the Wellbeing Strategy; and
- Identify some of the emerging challenges and opportunities that will influence its work in 2018/19.

7.2 Comments are welcomed on the current draft and further progress reports to the Panel once the Annual report has been finalised can be provided, as required.

## 8. Appendices Attached

'A' -Slough Wellbeing Board's Annual Report 2017/18 (Draft)

## 9. Background Papers

None

**Slough Wellbeing Board**  
**Annual Report**  
**2017/18**

DRAFT

## Contents

<b>Foreword</b>	<b>2</b>
<b>Section 1: Introduction</b>	<b>3</b>
<b>Section 2: About the Slough Wellbeing Board</b>	<b>3</b>
<b>Section 3: The Health and Wellbeing Context</b>	<b>5</b>
<b>Section 4: Highlights of progress overseen by the Wellbeing Board</b>	<b>6</b>
<b><i>Statutory responsibilities</i></b>	<b>6</b>
<b><i>Priorities in the Joint Wellbeing Strategy 2016 – 2020</i></b>	<b>8</b>
<b><i>Other achievements in 2017/18</i></b>	<b>15</b>
<b>Section 5: Conclusion</b>	<b>16</b>
<b>Appendix 1: Statutory responsibilities of the Slough Wellbeing Board</b>	<b>17</b>

## Foreword

Welcome to the third Annual Report of the Slough Wellbeing Board. This report covers the period from May 2017 to April 2018.

[Develop with chair and vice chair in April 2018]

Chair of Slough Wellbeing Board

## Section 1: Introduction

Slough Wellbeing Board has a commitment to openness and transparency in the way that the Board carries out its work and is accountable to local people. This includes a commitment to annually review progress against the Board's ambition to reduce health inequalities and improve health and wellbeing outcomes across the town.

This annual report sets out a review of the Wellbeing Board's progress over the last year and sets the context for the work of the Board during the year ahead.

## Section 2: About the Slough Wellbeing Board

The Slough Wellbeing Board was formally established as a statutory committee of the council in April 2013; in accordance with the legislation passed in the Health and Social Care Act 2012.

The purpose of the Slough Wellbeing Board is to:

- Improve health and wellbeing
- Reduce gaps in life expectancy across Slough
- Focus on the wider determinants of health, such as education and training, housing, the economy and employment and
- Commission better, more integrated and efficient health and social care services.

The Board has a series of statutory responsibilities duties which are set out at Appendix 1.

## Membership

The current membership<sup>1</sup> of the Board (as of April 2018) is as follows:

- Slough Borough Council
- NHS
- Slough Clinical Commissioning Group

<sup>1</sup>

In Slough membership of the Board extends beyond the statutory requirements for Health and Wellbeing Boards: The Board has sought to ensure it is able to play a more strategic role so that it can have genuine influence and set direction. We have therefore called our overarching partnership the Slough Wellbeing Board rather than the Health and Wellbeing Board as our arrangements go beyond statutory requirements.

- Slough Children's Services Trust
- Healthwatch Slough
- Thames Valley Police
- Royal Berkshire Fire and Rescue Service
- Slough Council for Voluntary Service
- Business sector
- Slough Youth Parliament

### ***Decision-making***

The Board is subject to the same openness and transparency rules as other committees of the council. All meetings are held in public and all of its agendas, reports and decisions are available to view on the Council's website at: [www.slough.gov.uk/moderngov/ieListMeetings.aspx?Committeeld=592](http://www.slough.gov.uk/moderngov/ieListMeetings.aspx?Committeeld=592)

The Board is also subject to scrutiny through the council's Health Scrutiny Panel. Information about this Committee is available to view on the council's website at: [www.slough.gov.uk/moderngov/mgCommitteeDetails.aspx?ID=105](http://www.slough.gov.uk/moderngov/mgCommitteeDetails.aspx?ID=105)

### ***How the Wellbeing Board works with the key partnership groups in Slough***

The Board works closely with the following:

- Health and Social Care Priority Delivery Group
- Safer Slough Partnership
- Slough's Local Safeguarding Children's Board
- Slough's Adult Safeguarding Board
- Joint Parenting Panel
- Early Help Partnership Board
- Special Educational Needs and Disabilities (SEND) Partnership Board

Each of these partnerships contribute to the delivery of various aspects of the Slough Wellbeing Strategy. Updates on their work have been included in the 'Wellbeing Strategy Priorities' section of this report.

The Wellbeing Strategy 2016 – 2020 explains there is a wider partnership network operating across the town which the Board is seeking to better coordinate.

### **Section 3: The health and wellbeing context**

According to the Public Health England Health Profile for Slough published in [June 2016 – but about to be updated] the health of people in Slough is varied compared with the England average.

- Total life expectancy in Slough is worse than in England and the South East. Men are expected to live on average, up to 78 years old in Slough; this is significantly worse than the England and regional averages; while women are expected to live until 82 which is similar but lower than the national average.
- Healthy life expectancy for both men and women is significantly lower than the England average. Women on average can expect to live the last 24 years

of their life in poor health (compared to 20 years in England), while men can expect to live the last 18 years of life in poor health (compared to 16 years in England). This means men can expect to live shorter lives on average than women in Slough, but they spend a higher proportion of their lives in good health.

- There are also large disparities between the most and least deprived parts of the town: Life expectancy is 6.5 years lower for men and 4.1 years lower for women living in the most deprived areas of Slough, as compared to those living in the least deprived areas.
- Whilst deprivation is lower than the national average, about 7,716 children and young people live in low income families (before housing costs are taken into account) in Slough.
- Obesity in children in Year 6 is significantly worse than the average for England.
- Levels of GCSE attainment, breastfeeding and smoking at time of delivery are all better than the England average.
- There are a significantly lower percentage of physically active adults in Slough than the regional and England averages.
- Although estimated levels of adult smoking in Slough is similar to the England average, Slough's rate of smoking related deaths, Tuberculosis incidence (number of new TB cases notified), and the rate of late diagnosis of HIV are all significantly worse than England figures.
- Diabetes in adults is also significantly higher than the England average
- The take up of cancer screening programmes and preventative programmes in Slough is poor.
- Death rates for cardiovascular disease (CVD) in Slough are significantly higher than the rest of Berkshire, the South East and England – although death rates do appear to be falling at least as fast as the rest of the country.
- Hospital admissions for mental and behavioural disorders due to alcohol are also on the rise in Slough.
- Social isolation, depression and dementia rates are also steadily increasing across the town, although levels of recorded depression in Slough are lower than the national average.
- As people live longer the health and care needs of Slough's older people are also predicted to increase.

More information on the Joint Strategic Needs Assessment (JSNA) can be found here: [\[insert link\]](#)

An easy to read summary version of the 2017 JSNA using infographics is available at: [\[insert link\]](#)

#### **Section 4: Highlights of progress overseen by the Wellbeing Board**

Between May 2017 and April 2018 the Board met six times in public.

The section below sets out highlights of the work undertaken against the Board's statutory responsibilities and against the four priorities of the Wellbeing Strategy 2016 – 2020.

## **Statutory responsibilities**

### **Joint Strategic Needs Assessment (JSNA)**

The Board has a statutory responsibility to undertake a Joint Strategic Needs Assessment (JSNA) for the town. The JSNA is an assessment of the current and future health and social care needs of Slough's population and the factors affecting their health, wellbeing, and social care needs. It brings together information from different sources and partners to create a shared evidence base, which supports service planning, decision-making, and delivery. The 2016 JSNA presents key headlines from the most recent analysis of the data and includes population change, population groups, wider determinants of health (employment, housing, education, environment), health conditions and causes of death, lifestyles and service use. Supporting this information are ward profiles and links to Slough's Clinical Commissioning Groups profiles for those who require more detail.

A summary document is also produced each year drawing attention to key facts and figures, and highlighting priority issues for Slough. The JSNA is a continuous process and is updated as additional information becomes available, to support evidence-based commissioning and highlight gaps and areas for future work.

A refresh of the 2016 JSNA is currently underway and will be published later this year.

### **Joint Wellbeing Strategy**

The Board's refreshed Wellbeing Strategy for 2016-2020 focuses on the areas it plans to make a significant difference to the health and wellbeing of the residents of Slough. The Strategy was developed following a review of the 2013-2016 Strategy and after a renewal of the borough's JSNA in 2016. It is being used to prioritise and underpin the work of the Board and its four priorities for the town are:

1. Protecting vulnerable children
2. Increasing life expectancy by focusing on inequalities
3. Improving mental health and wellbeing
4. Housing

The Board's progress towards achieving each of these priorities is outlined in the next section. More information on the Strategy can be found here -

[www.slough.gov.uk/council/strategies-plans-and-policies/slough-joint-wellbeing-strategy.aspx](http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-joint-wellbeing-strategy.aspx)

### **Pharmaceutical Needs Assessment (PNA)**

The Board has a statutory responsibility to undertake a Pharmaceutical Needs Assessment (PNA) every three years. The PNA aims to review the current pharmaceutical services for Slough and identify any gaps in provision through assessment, consultation and analysis of current and future local need.

The Board approved its second draft PNA for Slough for public consultation in November 2017 and endorsed a final version at its meeting in March 2018. This document will be published on the council's website at [insert link] shortly.

## **Slough Clinical Commissioning Group's (CCG's) Commissioning Intention Plans for 2017/18 and 2018/19**

[insert]

### **Integration / partnership working**

Throughout 2017/18 the Board has continued to oversee the development and delivery of a number of ambitious plans for local health and social care integration which will underpin the town's ambitions for the next five years.

This has provided the Board with a unique opportunity to drive forward its ambitions around health and social care integration. Within this context, the Board's headline achievements during 2017/18 have included the following:

### **Frimley Health and Care Sustainability and Transformation Partnership (STP)**

The Frimley Health and Care Sustainability and Transformation Partnership is one of 44 plans set up across the country to deliver NHS England's 'Five Year Forward View' vision of better health, better patient care and improved efficiency. The plan sets out how this will be achieved locally and how services will evolve and become more sustainable over the next five years. The STP expands upon the work which is already underway in local communities to transform services for people by improving care and helping them to live longer healthier lives. Local people will have access to high quality consistent care as close to home as possible, with specialist services centralised where necessary.

The central role of the STP is to support local plans, such as the New Vision of Care, to achieve the changes that local people and local clinicians have feedback that they want. The plan focusses on the following priorities:

- Developing communities and social networks so that people have the skills, support and confidence to look after themselves.
- Focusing on NHS staffing to ensure the workforce is ready to meet the demands of our communities.
- Delivering consistent care for all aspects of a person's life.
- Using technology to help improve outcomes and increase efficiency.

The Board receives regular updates and progress reports about the delivery of the STP at each of its meetings.

To read the full Frimley Health and Care Sustainability and Transformation Partnership plan please visit: <http://www.sloughccg.nhs.uk/about-us/sustainability-and-transformation-plan>

### **Better Care Fund**

The Better Care Fund (BCF) is a £8.76 million pooled budget between the Council and Slough's CCG. It is a government initiative to transform local health and social care services so that they work together to provide better joined up care and support. The Slough BCF programme for 2017/18 has continued in line with the plan agreed by the Board and assured by NHS England in [when?], which was broadly to:

- Continue investment in schemes that have an impact on avoiding non-elective admissions
- Continue funding the services which actively contribute to achieving the BCF outcomes for Slough as described in the plan
- Provide some additional investment into developed integrated care models and out of hospital services.

The impact of the programme on reducing non-elective admissions to hospital, a key performance indicator, has been successful, but overall activity remains consistently around 9% above that planned. Delayed Transfers of Care have been significantly above an ambitious target of activity set in this year. However, Slough's performance is still exceptionally good when compared to the region and nationally and this is a result of investments made within the first two years of the Better Care Fund. BCF made investment into new integrated ways of working in this year, including an integrated cardio prevention service which provides a single route for GP and self-referrals into individually tailored advice and lifestyle support from a Wellness Coach that helps people improve their cardio wellness. There was also investment to establish a single point of access through to community health and social care services.

The programme is governed through regular monthly meetings of the Delivery Group together with bi-monthly meetings of the Joint Commissioning Board, which meets as part of the Health Priority Delivery Group. There have also been regular reports to the Wellbeing Board on progress and performance, and quarterly monitoring returns to NHS England as required within the BCF guidance. The Board will continue to receive regular updates on the delivery of the BCF throughout 2018/19.

More information on the BCF can be found here – [insert link]

## **Safeguarding**

The Board received annual reports from both the Safeguarding Adults Board and the Local Safeguarding Children's Board. Both boards work on the recurring challenge of supporting practitioners working with vulnerable children and adults who need help and support but who do not need safeguarding interventions.

A new Joint Safeguarding Executive Group has been formed to bring together the work of both of these Safeguarding Boards and the Slough Safety Partnership to create cohesion between the three Boards. A communication strategy and new website has been created for these boards at [insert link]

The key issues facing the Adult Safeguarding Board during this period included the management of risk, working with people who self-neglect, mental capacity and the deprivation of liberty safeguards and making safeguarding personal, and a revised business plan has been developed to deliver the above objectives.

Slough's Local Children's Safeguarding Board's work programme during this period concentrated on implementing revised multi-agency threshold guidance for practitioners; introducing more effective processes on quality assurance; and taking

action to strengthen the Board's oversight of its multi-agency response to children at risk of exploitation.

Further information about the work of these Boards can be found at [insert link] and [insert link] respectively.

### ***Priorities in the Joint Wellbeing Strategy 2016 – 2020***

This section provides a summary of the progress that has been made to achieve the four strategic priorities of the Wellbeing Strategy.

#### **Priority 1: Protecting vulnerable children**

The vast majority of children in Slough lead safe healthy lives and are well cared for. However, as in all communities, a minority of families need additional support at times and a number of children require specific action by agencies to ensure that they do not suffer abuse or neglect. The SLCSB plays a key role in coordinating the work of a range of statutory partners and agencies in helping, protecting and caring for children in Slough. It also has a responsibility to identify blocks and barriers to success across the whole system.

#### **Key achievements included:**

- Endorsing the Slough Multi Agency Protocol for Transition from Childhood to Adulthood.
- Endorsing Terms of Reference for the Early Help Board.
- Receiving a presentation from the Slough Youth Parliament on its new manifesto in July 2017 and an up-date in its activities in September 2017.
- Developing and implementing a two year business plan for the Local Safeguarding Children's Board.
- Finalising and promoting our comprehensive education, employment and training offer and strategy for our looked after children and care leavers.
- Establishing an Early Help Partnership Board.
- Developing an early help strategy, setting out the partnerships expectations for delivering effective early help to all vulnerable children and young people living in Slough.
- Launching a number of local area collaboratives to build closer local working between schools, nursery providers, children centres, health services, family support services, and other key partners.
- Working with partners across the local health system to enable young people to access consistent health advice and support, including effective mental health services.

#### **Other activity throughout 2017/18 included:**

- Hosting a thematic discussion on this priority in January 2018. A report of this discussion can be found at [insert].

#### **Next steps:**

- To review and issue new Local Safeguarding Children's Board's guidance for practitioners to help them make decisions about thresholds for social care intervention.
- To review Local Safeguarding Children's Board's safeguarding training to ensure it is informed by evidence from practitioner experience and serious case reviews.
- To publish a plan in March 2019 setting out how local safeguarding partnership arrangements will operate following new government guidance expected in the summer of 2018.
- To carry out a self assessment of the Local Safeguarding Children's Board to monitor it's effectiveness during 2018/19.

### Case Study

Insert

## Priority 2: Increasing life expectancy by focusing on inequalities

This priority recognises the importance of lifestyle factors on health, and the rising rates of certain long term conditions (such as cardiovascular disease and diabetes) in Slough and which can impact on premature death rates (i.e. deaths that occur before 75 years). In Slough, mortality rates from causes considered preventable are increasing in males and are higher than the England average; while for females they are decreasing and are similar to England average. Preventable deaths [insert statistics] are also more common in men.

In order to make a difference to residents health and their subsequent need for health care, the Board closely collaborates with the Health and Social Care Priority Delivery Group to identify and champion a range of approaches and initiatives to tackle the risk factors that drive ill health, promote positive actions that address entrenched habits and lifestyles and actively encourage individuals and communities to take more responsibility for their own health.

### Key achievements included:

- Over 4,000 children, across nine primary schools are now doing The Daily Mile in Slough. Two schools have invested in a purpose built track to allow them to participate in the programme.
- Over 10,000 children, families, teachers and staff now taking part in Active Movement across eight sites in the borough.
- 55 men are taking part in the weight loss intervention pilot called Man vs Fat, an inspirational programme of physical activity, culminating with the return of the Slough Half Marathon on 14 October
- 155 people took part in #10minutes4Slough (Eldest 79, youngest 5) campaign, culminating on World Mental Health day in October 2017. 92% of participants found they had become more active, while 80% reported feeling healthier (both physically and mentally).
- All Slough Children Centres have now reached Gold Standard in Oral Health promotion.

- Making it easier for residents to access lifestyle improvement programmes and step down help from hospital easier through the Cardiowellness4Slough programme. Over 1,949 residents were triaged to local services during the first year of this campaign. Of these, 872 people were referred to Adult Weight Management (Eat 4 health) support, 802 people benefited from NHS Health Checks.
- 1,600 people benefited from a behaviour change referral. 1,464 of the residents who accessed the programme (and were from a BME group) were triaged on to lifestyle services.
- Launching the #ReRealistic awareness raising campaign (January to March 2018) to improve the health and wellbeing of local people
- Receiving and commenting on the CCG Operating plan and the refresh of the CCG Operational plan 2017/19.
- Finalising Slough's first integrated three year Prevention Strategy to improve the health and well-being of local people. The Care Act (2014) emphasises the importance of a shift in service provision towards preventive services, with the aim of preventing, reducing and delaying the need for care and this strategy will outline our approach.
- Hosting a GP open day in June 2017 to enable patients to share their views on how local health services could be improved. On the day over [xxx] patients completed a short health survey, the results of which are now being used to commission services that meet local needs.
- Hosting a thematic discussion on this priority in May 2017. This report can be found at [insert].
- Continuing to support the implementation of Frimley STP, by providing a 'confirm and challenge' function, ensuring that the STP is aligned with the priorities set out in both the Wellbeing Strategy and the JSNA. The Board will also apply this 'confirm and challenge' approach to the forthcoming implementation of the STP, particularly with regard to the pace and readiness of the individual programmes of work within it.
- Developing a Low Emission Strategy for Slough that reduces emissions (mainly from vehicles) and improves local air quality.
- Hosting wicked issues discussions about obesity across all age groups and poverty and its impact across all age groups during the Board's 2017 Partnership conference.

**Other activity throughout 2017/18 included:**

- Endorsing 'An integrated Approach to identifying and assessing Carer health and wellbeing', developed and published by NHS England in order to promote increased support to and improve outcomes for, unpaid carers.
- Receiving the Slough Prevention Alliance Community Engagement (SPACE) annual report for 2016/17.
- Receiving the BCF annual report 2016/17.
- Receiving the Healthwatch annual report 2016/17.
- Overseeing the recommissioning of the Slough Healthwatch contract.

**Next Steps:**

- To launch GoodGym a combination of running, volunteering, community engagement and a programme to reduce social isolation and loneliness in vulnerable older adults, across Slough during in the Spring of 2018.
- Review the effectiveness of the #BeRealistic campaign.
- Review feedback on poverty campaign.
- To receive the Interim Director of Public Health's Annual Report 2017/18.

Case Study

Insert

**Priority 3: Improving mental health and wellbeing**

This priority responds to the high levels of poor mental health and wellbeing in the town that impacts on the general health and aspirations of individuals and families as well as the town as a whole. Only a small proportion of mental ill health is dealt with within specialist mental health services, so a range of preventative and alternative responses is vital, and these responses need to adapt to the needs of communities and Slough's increasingly diverse population.

The Board's approach to improving mental health and wellbeing includes improving access to information, training and support on maintaining good mental health for workers, volunteers and communities; supporting and strengthening community assets to support self care (primary prevention) and ensuring service users are involved in planning their own care (tertiary prevention).

**Key achievements included:**

- Endorsing the Berkshire Suicide Prevention Strategy 2017-2020 & Slough Suicide Prevention Action Plan. The plan identifies opportunities and priorities for communication around mental health and wellbeing and will focus on suicide and self harm prevention.
- Hosting a wicked issues discussion on the theme of loneliness and social across all age groups during the Board's 2017 Partnership conference.
- Receiving an update on Preventive Mental Health Services in Slough.

**Other activity throughout 2017/18 included:**

[Insert]

**Next steps:**

- To endorse a draft Autism Strategy for Slough.
- To endorse the SEND Partnership Board's Terms of Reference.
- To review feedback received on the #ReachOut loneliness and social isolation campaign
- To review feedback received during Mental health campaign
- To review progress made under Berkshire Suicide Prevention Strategy and Action Plan.

Case Study

Insert

#### **Priority 4: Housing**

There is a close relationship between poor housing and poor health. Poor housing can also have a negative impact on a wider range of physical and mental health problems. Today most of the town's housing can be regarded as having good standards of sanitation, weatherproofing, ventilation and repair. However nationally it has been estimated that approx. 70% of negative health impacts occurs as a direct consequence of factors outside the formal health service. Housing improvements are therefore accepted as one of the most critical of these impacts. However, no single organisation has it within its gift to provide a whole solution.

Improving the health and social wellbeing of our communities will take time and require an increased level of partnership working, not only with the health sector but also with private developers, statutory agencies, the voluntary and community sector, housing associations, our partners and residents themselves, if we are to deliver a range of housing and support services that meet the ambition and needs of our local people.

#### **Key achievements included:**

- Receiving a Housing Strategy Implementation Plan (six month update) in July 2017.
- Receiving a Housing Update: Key Elements and Recent Developments including Key worker housing in November 2017.
- Hosting a themed discussion on the issue of homelessness and rough sleeping in Slough in March 2018.

#### **Other activity throughout 2017/18 included:**

[Insert]

#### **Next steps:**

[Insert]

**Case Study**

Insert

#### ***Other achievements in 2017/18 included:***

- Hosting its second annual Partnership Conference at The Curve in September 2017 to strengthen partner relations and working. The conference, which is a component of the Board's strategic objective to build a strong local partnership

through collaborations with Slough's multi-sector partners, provided participants with an opportunity to come together to discuss a number of wicked issues affecting the town.

- Refreshing its Terms of Reference to ensure we have the correct representation and offer an opportunity for wide engagement.
- Refreshing its Overarching Information Sharing Protocol to ensure information is shared consistently and securely between Board members. More information on this Protocol can be found at [insert link].
- Receiving regular updates from the Preventing Violent Extremism Co-ordinating Group on its activities and achievements.

## **Section 5: Conclusion**

This Annual Report summarises the work of the Board to improve health and wellbeing outcomes for people living in Slough throughout 2017/18. The approach is one founded on strong partnership working and an understanding that the challenges facing health and social care are too great for any single organisation to tackle alone.

Members of the Board are committed to working together to ensure Slough has the right strategic plans and partnership arrangements to face these challenges.

During the course of 2018/19 the Board will continue to review and strengthen its partnership structures to build on the work that has been done to date to improve the health and wellbeing of local people.

The Board will use the findings of this Annual Report to review progress against the priorities in the Wellbeing Strategy and check that these remain the right areas of focus for the year ahead. It will refresh these priorities and the Strategy where appropriate if the data and local context suggest that this is necessary.

The Slough Wellbeing Board will also consult on any changes that are required and will invite input from partners and stakeholders at the annual partnership event to be held in the autumn of 2018.

### **APPENDIX 1: The Wellbeing Board has the following statutory responsibilities (as set out in the Health and Social Care Act 2012):**

- To prepare and publish a Joint Strategic Needs Assessment (JSNA) of the health needs of the people of Slough.
- To prepare and publish a Joint Health and Wellbeing Strategy (JHWS) for Slough.
- To give its opinion to the Slough Clinical Commissioning Group (the CCG) as to whether their Commissioning Plans adequately reflect the current JSNA and JHWS.
- To comment on sections of the CCG's Annual Report which describe the extent of the CCG's contribution to the delivery of the JHWS.
- To give its opinion, when requested by the NHS Commissioning Board, on the CCG's level of engagement with the Board, and on the JSNA and the JHWS.

- To encourage integrated partnership working between organisations that plan and deliver health and/or social care services for local people in the area.
- To work with partners to identify opportunities for future joint commissioning.
- To lead on the signing off of the Better Care Fund Plan (BCF).
- To publish and maintain a Pharmaceutical Needs Assessment (PNA).
- To give its opinion to the Council on whether it is discharging its duty to have regard to any JSNA and JHWS prepared in the exercise of its functions.
- To ensure that strategic issues arising from Slough's Adult Safeguarding Board and Local Safeguarding Children's Board inform the work of the Board.
- To receive the annual reports from the Slough's Adult Safeguarding Board and Local Safeguarding Children's Board and ensure that partners respond to issues pertinent to the Board.
- To exercise any Council function which the Council delegates to it.

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**MEMBERS' ATTENDANCE RECORD 2017/18**

**HEALTH SCRUTINY PANEL**

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