

# **Slough Adult Social Care**

## **Local Account 2013/14**

**Councillor Sabia Hussain  
Commissioner for Health &  
Wellbeing**

I am pleased to be able to present the third Local Account for Adult Social Care Services. The Account summarises the outcomes that have been achieved, against agreed priorities, during 2013/14.

Another year has gone by when we as a Council have been required to address the austerity measures of the national government. In our every day lives this is proving difficult for many of us – there has been no difference as a Council with decisions having to be made to reduce expenditure given Government driven reductions in the spending powers of Councils. Deciding, like you in your own homes, what we can do with, do without and the consequences.

None the less, Slough Adult Social Care Services have continued to deliver high quality care and support to many people in Slough who need our help. Whether this is help to continue living in their own home or a move to Extra Care Housing or a care home dependent on eligible need. The latter moves are diminishing in recognition that people, particularly older people, want to remain in their own homes for as long as possible.

There is still much to achieve in the Borough particularly in addressing national policies as well as our local priorities.

May I thank the staff in Adult Social Care and the various Directorates of the Council who support them in their valued work

**Jane Wood  
Strategic Director, Wellbeing**

Much has been achieved in the past year and I am encouraged by the way in which more people who use our services are being placed at the centre of care – are participating in the identification of their needs and defining the ways in which their needs are to be met. This is what is meant by “think local, act personal”, an approach that will continue to underpin our priority objectives to:

- Ensure more people have their care and support provided within their own home and community, and have a voice in how that care is provided.
- Ensure more people are supported to access community and voluntary sector services.
- Ensure that services provided by primary health care and social care are better organised, and are targeted to support the most vulnerable.

The year ahead will be a demanding one for health and social care services, as demand for services grows and the resources available become increasingly limited. However within these constraints there are also opportunities to improve outcomes for residents by changing the way health and social care collectively provide care and support.

In closing, I unreservedly endorse Councillor Hussain’s thanks to all staff in Adult Social Care and the wider Council for their continued commitment in improving outcomes for our most vulnerable residents.

## **Introduction: what is the Local Account?**

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

This document contains information on our performance for the year beginning 1st April 2013 and ending 31st March 2014.

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

Slough, like other Councils with Adult Social Care responsibilities, is required to be open and transparent on information and data; which in turn promotes local accountability and allows us to identify the wider health & well being agenda. Hence, this Local Account reviewing the year 2013-14 and summarising priorities for 2014-15.

### **Factors relevant to the Health and Social Care needs in Slough**

Slough is rich diverse urban environment with over 140,000 people living in a densely populated area of 7 miles long and 3 miles wide. There are over 150 languages spoken in the town and about 40% of our local residents were born outside of the UK. This presents unique opportunities and challenges to the way we deliver health and social care to ensure our vulnerable groups receive the right care at the right time.

In addition and most significantly in terms of future demand on health and care services, the people aged over 85 in Slough are projected to increase by approximately 27 % over the next five years. This includes a significant ethnic population with diverse needs.

Employment levels for local residents are comparable to regional averages. However opportunities to local residents are limited as over 40,000 people commute into the area to work everyday, largely in the Trading Estate. The residents of Slough do not share equally the same income opportunities with those working outside the town. Gross weekly pay of residents in Slough is significantly below the South East average, and substantially lower than the average salary for jobs in Slough.

The general health of many local people is poor. There are high numbers of people with mental health problems and people who misuse drugs or alcohol. There are high rates of obesity; low levels of physical activity and people who smoke which are factors that impact on health and disability.

The health of Slough is also aggravated by poor quality housing, overcrowding and high population density; combined with the factors above, the people of Slough experience more years of ill health and disability than

average. There are high rates of coronary heart disease, pulmonary disease (chest and lungs) diabetes and some cancers. In addition, there is a higher than average number of people who are HIV positive or have AIDS and there has been a rise in the rate of TB.

This means that social care services must be able to meet the needs of the growing number of people with complex needs. Many people who use social care services also have health and housing needs and it is essential that we work in a joined up way within the council and with the NHS.

#### Adult Social Care Outcome Framework (ASCOF)

Throughout this report we will be referring to the **Adult Social Care Outcome Framework (ASCOF) 2013/14**. The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

There are 22 indicators across 3 domains:

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

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

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

## Financial Overview

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The annual budget for Slough Adult Social Care in 2013/14 was approximately £36 million. This money is spent on a variety of services to support local residents to take control of their care and support needs, maintain their independence, integrity and dignity as valued members of our community as well as supporting people to be safe from harm.

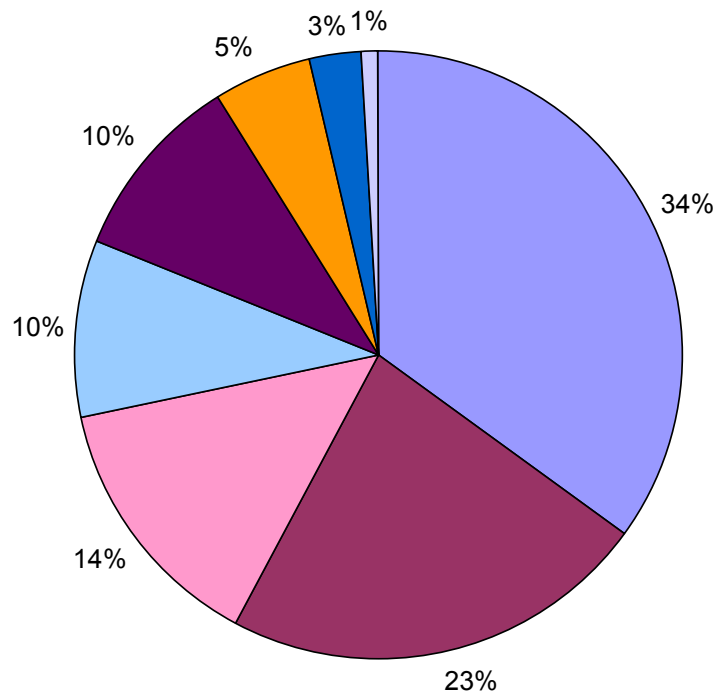
The support given by Adult Social Care includes:

- supporting people to be independent in their own home including managing their care and support via a direct payment
- residential care and nursing care
- day services
- supporting people home from hospital
- work with young people in transition from children's services
- help disabled people into employment

We supported over 1350 people during 2013/14, and our delivery is split between four distinct client groups who require support :

- Older people and frailty: During 2013/14 this was equivalent to 507 clients. Services include the provision rehabilitation and reablement, dementia support, support at home, direct payments and care homes.
- Learning Disabilities: During 2013/14 this was equivalent to 372 clients. Services include the provision of day services, supported living, support at home, direct payments, residential services, information, advice and guidance, support with speech and language, occupational therapy and physiotherapy.
- Mental Health issues: During 2013/14 this was equivalent to 328 clients. Services include the provision of a memory clinic-diagnosis and support, joint clinical and psychiatric liaison assessments for individuals in hospital and in the community, support at home, supported living, residential care, day services plus a range of interventions to treat mental health crises in the community.
- Physical Disabilities: During 2013/14 this was equivalent to 201 clients. Services include the provision of support at home, direct payments and residential placements, both short and long term.

## Adult Social Care 2013/2014 – where the money went.



- 34% or £12.5m is spent ongoing support to people in care homes
- 23% or £8.2m is spent on ongoing support to people so they can be cared for in their home or community
- 14% or £5m is spent on staffing costs; we employ a range of specialist workers from social workers, occupational therapist, commissioners and contract managers to safeguarding officers and care workers
- 10% or £3.5m is spent on working with local services provided by the voluntary sector to provide ongoing support to maintain independence and to be cared for in the community
- 10% or £3.5m is spent on directly provided services in line with support and care plan needs
- 5% or £2m is spent on Rehabilitation, Reablement and Recovery services
- 3% or £1m is spent on day services
- 1% or £0.3m is spent on equipment services

As a result of the reduction in funding from Central Government to Local Authorities since 2010/11, the Council and this Department has had to cope with decreases to its resources. The reduction in funding is equivalent to £3,633m or -9.08%. We have managed to achieve these savings without impacting our services, 51% of the savings made are due to service efficiencies with 42% due to service transformation and the remaining 7% due to increased income generation.

Over the 12 months between April 2013 and March 2014, the Council has<sup>1</sup>



Commissioned 248,500 hours of Home Care for 746 people who access services



Undertook 2123 Adult Assessments of which: -

- 1189 Contact Assessments
- 269 Needs Profiles
- 230 Occupational Therapy Assessments



Provided 853 local people with 5,367 items of equipment to enable them to stay in the home or to manage their health.



Supported 1,111 people in the Rehabilitation, Reablement and Recovery Service



Provided services to 389 carers, including information and advice



Supported 176 residents to be cared for in the local community through provision of Telecare, this included 1058 piece of equipment



Helped 28 people with learning disabilities to live independently in a supported setting and four more people to move from residential care to a home of their own



Supported 92 local residents and their carers to access services after a stroke

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<sup>1</sup> Includes multiple-episodes by service users

## Enhancing Quality of Life

### What we said we would do in 2013/14

Service users and carers are involved in 100% of services that are commissioned or re-designed

- ✓ We have involved service users in the development of commissioning strategies such as the Autism Strategy and the Carers Strategy
- ✓ We have involved service users in the development of new supported living services for people with a learning disability
- ✓ We have a number of user led forums in place for service users and carers such as the Older People's Forum, Carers Forum and Speak Out (Learning Disabilities)

We know this works, the feedback from ASCOF adult social care survey shows that

- ✓ more people reported a better quality of life, this is important to us as it reflects on how our service impacts you and is an indication of your wellbeing.

The Council runs a weekly Health Drop-in for local service users with learning disabilities. This provides an opportunity for service users to tell us about their health and how we can improve services. Feedback from the participants has been positive; many have said the Health Drop-ins are "helpful" and "interesting". Since launching the drop-ins membership has **increased – this is all through word of mouth.**

We have worked hard to engage with service users and carers and have recruited a Participation Officer to ensure your voice is heard. The proportion of people who report they have as much social work contact as they like is low. This will be a priority focus for us as addressing isolation is key to improving the welfare and emotional wellbeing of our local residents

We increased the numbers of people receiving self directed support & direct payments by

- ✓ Working directly with local residents to address any concerns around direct payments and support
  - The number of people receiving direct payments/self direct support has increased by 18%

We know this works, the feedback from ASCOF adult social care survey shows that

- ✓ Significantly more people state control over their daily lives. We will continue to improve on this next year

Increase the numbers of people receiving self directed support and direct payments

**CASE STUDY** Mr M has told us that since employing his Personal Assistants (PA's) through his direct payment to meet his care needs his confidence has grown, he has found that his PA's have some of the same interests as him which in turn has led to Mr M having improved wellbeing and an improved social life.

Picture to be added

**Get involved** we value your opinion, to find out how you can be involved in our user led groups contact [getinvolved@slough.gov.uk](mailto:getinvolved@slough.gov.uk) or phone 01753 87 5593



### Our key achievements

### Why is this important?

We undertook 2123 Assessments:  
1189 Contact Assessments  
269 Needs Profiles  
230 Occupational Therapy Assessments

We gained information about the person's own views why they are asking for help or advice that enabled, where appropriate, further referral and then service

Development of the new Learning Disabilities Supported Living services at Stoke Road and Langley Road

Choice and control for supported living environment and "ordinary life experience"

### Our priorities for 2014/15

- Increase the number of people in receipt of self directed support and a direct payment
- Promote the development of Personal Assistants to support people in meeting their needs with a direct payment
- Support more people with a learning disability to live independently
- Continue the advance of Telecare take-up in order to provide assurance to those who access services and their carers
- Further development of our Extra Care Housing services in Slough to support independent living
- In collaboration with Public Health and the Slough Clinical Commissioning Group help people to stay healthy, feel less isolated and stopping or delaying their need for social and health care services
- Improve services and develop partnership response to address social isolation
- Work in partnership with our service users and carers to improve services around local needs
- Encourage service providers to work together to provide an improved level of care to vulnerable adults in Slough

## Delaying and reducing the need for care and support

### What we said we would do in 2013/14

We reduced the need for care and support by

- ✓ Providing increased support to local people needing reablement or rehabilitation.
  - 58% of referral made last year to prevent older people going to hospital
  - The other 42%, helped people to leave the hospital earlier, so they could be supported in the community
  - Rolled out telecare across Slough to support independent living

**Delay and reduce the need for care and support**

We know this works,

- ✓ ASCOF data shows 100% of older people are still at home 91 days after discharge from hospital
- ✓ ASCOF data tells us the number of people admitted to nursing home/residential home placements are reducing, this is making the best use of resources through investing in community based services.

After a serious fall and infection, 94 year old Mrs J was confined to her bed. The rehabilitation, reablement and recovery service worked with Mrs J and her daughter and began a strengthening exercise programme so Mrs J would have use of her legs. Mrs J's daughter contacted us to thank us and wrote "without you and your band of angels, I really feel my Mum would still be in bed, instead she is enjoying a cup of tea after a short walk round the garden"

**Improve services for people with dementia**

We improved services for people with dementia by

- ✓ providing home placements for people where placements are appropriate
- ✓ Recruiting a Dementia Advisor, offering personal support to dementia sufferers and their carers
- ✓ Recruiting a Black and Minority Ethnic community Dementia Advisor to encourage local residents to seek support earlier

We will work with people in need of care and support after a period of illness, so they can regain independence and have an improved quality of life

We have worked with our Health partners to join services that are important to you:

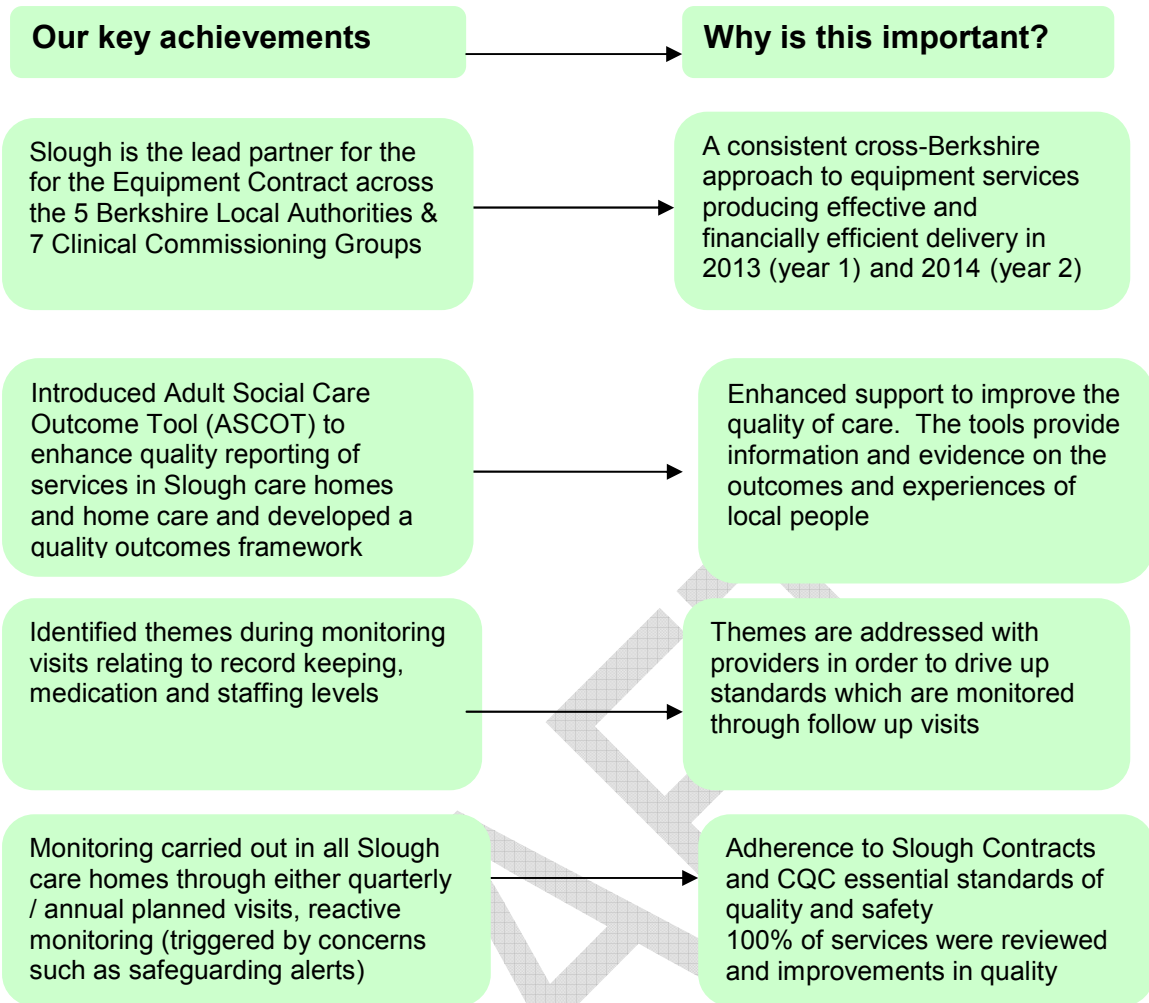
- ✓ We have in place joint arrangements for funding nursing homes
- ✓ We have the RRR Service (reablement, rehabilitation and recovery service) which allows you to leave the hospital earlier and continues your care in your own home. Last year we supported over 1100 people
- ✓ Worked with your local health services to improve services for drug and alcohol treatment and increase self referral rates

**Increase number of people who use joint health and social care services**

We know this works,

- ✓ ASCOF data tells us that there are fewer delays between hospital and social care transfers; this means we are able to support people after an illness in their home or community

**Get involved** we value your opinion, to find out how you can be involved in our user led groups contact [getinvolved@slough.gov.uk](mailto:getinvolved@slough.gov.uk) or phone 01753 87 5593



### Our priorities for 2014/15

- Delivery of the integration plans in the Better Care Fund
- Redesign the Intermediate Care Services in light of the Better Care Fund plans
- With the ending of the current Home Care contracts in March 2015 the Council will re-commission domiciliary care services to commence from April 2015. Service redesign will be at the centre of this to facilitate increased choice and control for people who access services
- Replacement of some Group Home supply in favour of individualised supported living
- Develop Supported Living units to address people with high complex needs in drug and alcohol, high risk forensic histories and challenging behaviour
- Address the requirement for Specialist Nursing Placements – to meet needs of people with complex mental health need, combined with physical health need
- Introduce a Telehealth model in collaboration with the Clinical Commissioning Group to address the needs of people with Chronic Obstructive Pulmonary Disease, Diabetes and Coronary Heart Disease

# Ensuring that people have a positive experience of care and support

## What we said we would do in 2013/14

### Increase the number of carers supported

- ✓ We have increased the number of carers receiving information and advice through close working with our local partners such as Age Concern and Stroke Association
- ✓ We have also employed a Dementia Coordinator to support Carers of Dementia patients
- ✓ This year we have re-launched the Carers Strategy which was developed with Carers, looking ahead we are hoping to provide improved services for Carers including respite, training opportunities and increased consultation around assessments

We know this works, ASCOF Survey data tells us

- ✓ 72% of Carers surveyed state they have been included or consulted in discussion about the person they care for
- ✓ 82% of carers and service users report that services in place make them feel safe and secure.

We know we have to work harder to improve our information services, ASCOF tells us there has been a small decrease in the number of people who use services who say they find it easy to find information and advice about services. To date we have:

- ✓ Published new literature about our services
- ✓ Increased the number of service groups in place
- ✓ Worked hard to raise awareness; increase referrals and responses to protect and safeguard vulnerable adults

This will be an area for further development for Slough as we implement the Care Act during 2014/15.

### Increase the take up of social care training provided by Slough Borough Council for independent and voluntary sector providers

We have increased the take up of social care training to safeguard and protect vulnerable adults:

- ✓ Workshop attendance increased by 20%
- ✓ eLearning completions increased by 40%

This means local residents have increased choice and flexibility to access support, advice and guidance with the voluntary services and with greater confidence.

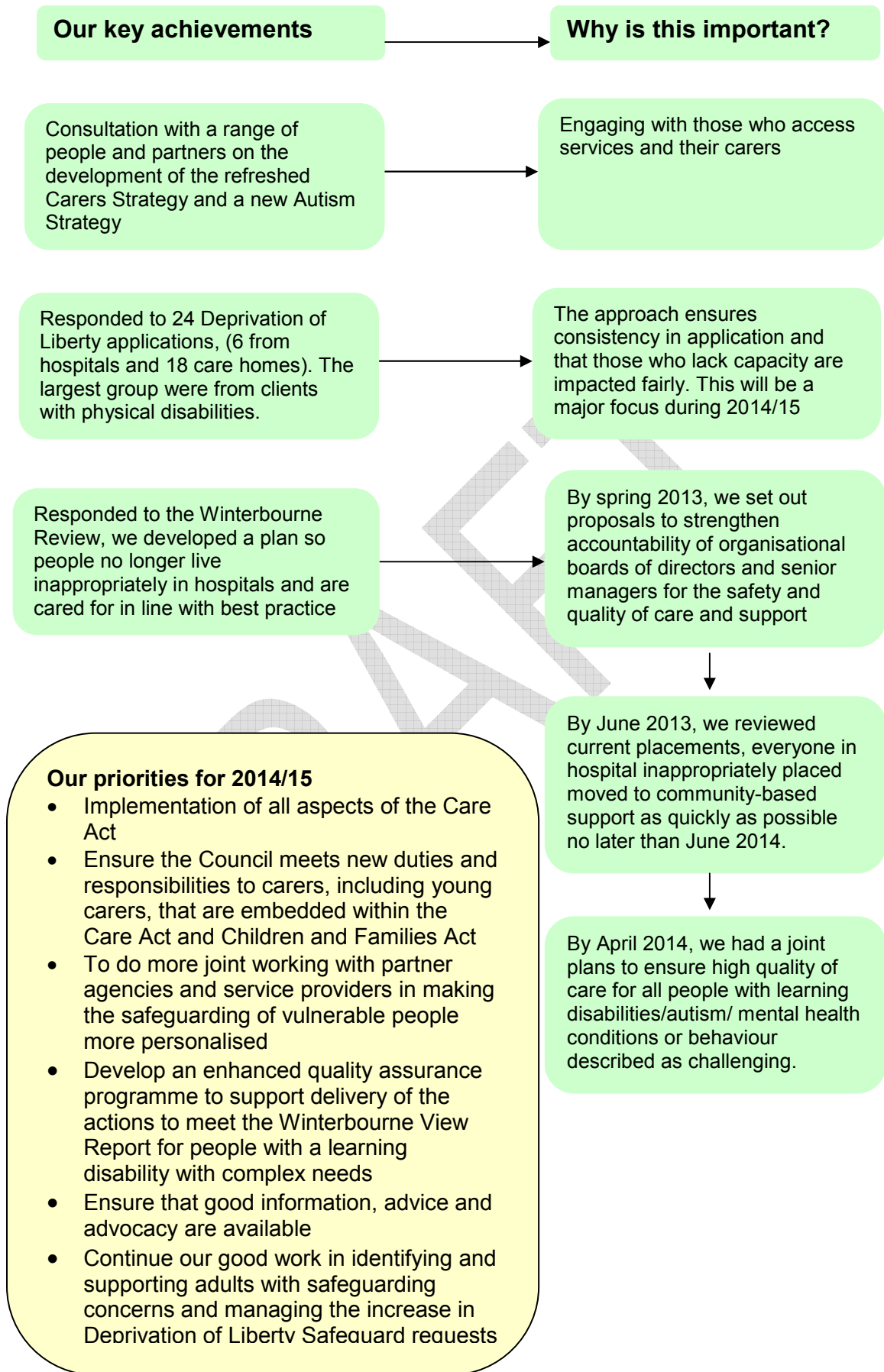
## CASE STUDY

26 year old Mr K has been living in Shropshire for 6 years. Family visits were infrequent as this involved a 4hr journey. Mr K with the help of Social Services has moved back to Slough, his family are "delighted as this means Mr K can now join in more family events and even visit local places of worship"

### Increase the proportion of people who use services who find it easy to find information and advice about

After living in residential care in Dover for 4 years, 33 year old Mr K with the help of Social Care has moved back to Slough to be closer to his family. His Mum is pleased as she is able to visit him more frequently. Mr K has also reported an improved social life and successfully got himself a job.

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## Want to know more?

**Care Act 2014:** this is the biggest change to health and social care policy for a generation, and introduces a number of significant changes to how care is charged for, who has to contribute, and how much people will have to pay towards their care. Part One of the Act is the most relevant section for local authorities and focuses on the following:

- Bringing care and support law into one statute
- Is built around people and outcomes that matter to them
- Clarifies entitlements to care and support
- Provides for the development of national eligibility criteria
- Puts carers on the same legal footing as the person they are caring for
- Reforms how care and support is funded and creates a cap on care costs
- Re-focuses care and support by promoting wellbeing and prevention, instead of only intervening at crisis point
- Provides new guarantees and reassurance for people needing care, to support them to move between areas and have the care they need
- Simplifies the care and support system and processes to provide local authorities and care professionals the freedom and flexibility to integrate with other local services.

In Slough, we have already developed plans to ensure we fully meet the requirements set out in the Care Act. A project board has been established to ensure we deliver against key actions.

Further information about the Care Act can be found in the links below:

Care Act in full:

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Care Act Fact Sheets:

<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

### **Better Care Fund (BCF)**

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

- Delayed transfers of care;
- Emergency admissions;
- Effectiveness of reablement;
- Admissions to residential and nursing care;
- patient/service user quality of life and experience

We will achieve this by investing in:

- **Proactive Care:** we will identify vulnerable residents and those at risk to provide intensive support so people can receive the right care at the right time in the right place.
- **Accessible Care - A common point of entry:** we will establish a single contact point (with a single phone number) for professionals to have a quick response and gain access to a range care services that will support those in crisis.
- **Integration: Every patient to receive a coordinated service:** we will ensure that all patients in Slough receive joined up health and social care support to maintain and promote independence, avoiding admissions and supporting patients back into the community following acute care.
- **Community Capacity – building resilient people, communities' people and places:** we will work with residents and communities to take control of their own lives and working with health and care professionals to jointly plan their health and care needs.



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## **Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA DOLS) – what you need to know**

Some people living in care homes and hospitals lack the mental capacity to make their own decisions about where to live or how to be cared for, so they need extra care and protection to ensure they don't suffer harm.

This may mean restricting their freedom to the point of depriving them of their liberty by ways such as preventing them from leaving or supervising them to keep them safe, this is allowed under the Mental Capacity Act

Deprivation of Liberty Safeguards Authorisations are given when it is necessary to prevent risk of harm to someone living in a care home or hospital. Where possible, social workers and care home staff will work together to seek a least restrictive solution to allow the person to continue living with as few restrictions as possible.

In Slough the Deprivation of Liberty Team sits within the Adult Safeguarding Team who manages the service with the support of Best Interest Assessor from a range of Social Care teams within Slough Borough Council, in both Adult Care and Mental Health Teams. There are now ten Best Interest Assessors working for Slough Borough Council, and we currently have three Best Interest Assessors going through the Best Interest Assessors training programme; this ensures that we have the necessary number to meet the needs of the Service.

To find out more about how the interest of vulnerable residents are safeguarded email [dols@slough.gov.uk](mailto:dols@slough.gov.uk)

**To find out more about how the Council is improving services email [adultsocialcare@slough.gov.uk](mailto:adultsocialcare@slough.gov.uk)**



Appendix One: **Adult Social Care Outcome Framework (ASCOF) 2013/14**




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





There are 22 indicators across 3 domains

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

Domain 1 Enhancing Quality of Life					Performance comparison		Comments
	Good is a..	Slough 2012-13	Slough 2013-14	Direction of travel	South East	England	
Social Care related quality of life	High Number	17.1	<b>18.4</b>	↑	19.1	19	<p>This is measured through a survey where respondents are asked how well their needs are met on arrange of factors relating to quality of life. These are: control, personal care, food and nutrition, accommodation, safety, social participation, occupation and dignity.</p> <p>We have improved on last year but are still below our comparators. This will be a focus for 2014/15</p>
Proportion of people who use services have control over their daily lives	High number	65.4	<b>72.2</b>	↑	79.1	76.7	<p>It is important people have control over their daily life and wellbeing. Care services are designed to match the needs and wishes of the individual, putting them in control of their care and support. This leads to better outcomes.</p> <p>We have improved on last year but are still below comparators. The score reflects low take up of direct payments, this will be a priority focus for 2014/15</p>


Domain 1 Enhancing Quality of Life					Performance comparison		Comments
	Good is a..	Slough 2012-13	Slough 2013-14	Direction of travel	South East	England	
Proportion of people using social care services who receive self directed support	High number	58.5	<b>63.7</b>	↑	66.7	62.1	<p>We want local residents to use self directed services as this puts people in more control over their care and makes a positive impact on happiness, social isolation as well as promoting a speedier recovery.</p> <p>This is an improvement on last year and puts as on a par with comparators. This will be a priority focus for 2014/15</p>
Proportion of people using social care who receive direct payments	High number	5	<b>12.1</b>	↑	18.2	19.1	<p>We want local residents to use direct payments as this is another way for people to manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.</p> <p>This is an improvement on last year but still below comparators. This will be a priority focus for 2014/15</p>
Carer related quality of life	High number	8.3	N/A	N/A	8.1	8.1	<p>This was a new indicator in 2012/13 and is derived from the biannual carers survey so no score for 2013/14.</p>
Proportion of adults with learning disabilities in paid employment	High number	6	<b>5.8</b>	↔	8.1	6.8	<p>This is indicative of quality of life and control; if people are able to find employment and contribute to their local community they feel better. This improves wellbeing and avoids loneliness or isolation</p> <p>There has been slight reduction on last year. We will continue to make links with the local job market to provide further opportunities.</p>

Domain 1 Enhancing Quality of Life					Performance comparison		Comments
	Good is a..	Slough 2012-13	Slough 2013-14	Direction of travel	South East	England	
Proportion of adults in contact with secondary mental health services in paid employment	High number	8.0	<b>6.3</b>		6.6	7.1	This is a disappointing score and we recognise further work is needed but this a difficult challenge given the population and job profile for Slough.
Proportion of adults with Learning Disabilities who live in their own home or with their family	High number	78.5	<b>79.9</b>		70.7	74.8	<p>We want local residents to be supported at home (own home or otherwise) for as long as possible. Not only does this positively impact quality of life and control, but if people are able maintain a family and social life, this avoids loneliness or isolation</p> <p>This is a good score for Slough and an improvement on last year and above comparators. Further improvement is planned over the next two years</p>
Proportion of adults in contact with secondary mental health services who live independently, with or without support	High number	85	<b>85</b>		52.1	60.9	<p>This is indicative of quality of life and control, if people are to live independently they have better outcomes.</p> <p>Local data gives a higher score of 90.8% which needs to be confirmed. This is a good score for Slough and reflects work that supports people to be part of the community rather than in care homes or hospital beds.</p>
Proportion of people who use services who reported that they had as much social contact as they would like	High number	n/a	<b>37.2</b>	N/A	45.2	44.2	This is a new addition to the ASCOF and is a poor result for Slough. Addressing issues of social isolation will be a priority area of work for 2014/15

Domain 2 Delaying and reducing the need for care and support					Performance comparison		Comments
	Good is a..	Slough 2012-13	Slough 2013-14	Direction of travel	South East	England	
Permanent admission of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	LOW number	5.5	<b>11.1</b>		15	14.4	<p>Avoiding admissions in residential and nursing care homes is a good indication of how local health and social care services work together to delay needs. Where possible, people prefer to stay in their own home rather than move into residential care. Providing support in the community is cost effective and has better outcomes.</p> <p>Values for small authorities such as Slough can spike quickly based on relatively small numbers of admissions – for 2012/13 this was 10 people for Slough. This is still a relatively good score for Slough compared with comparators</p>
Permanent admission of older people (aged 65 and over) to residential and nursing care homes per 100,000 population	LOW number	801.4	<b>564.8</b>		644.9	668.4	This is a good improvement for Slough compared with last year and comparators and reflects this area of work being a priority in 2013/14.
Proportion of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (effectiveness of services)	High number	95.2	<b>100</b>		80.1	81.9	<p>This captures joint working arrangements between health and social care services to support people after a period of illness. We will work with individuals to help them regain independence and control over their life.</p> <p>This is an excellent score for Slough and reflects the priority given to this area of work.</p>
Proportion of older people who were still at home 91	High number	2.0	<b>2.7</b>		3	3.3	This captures joint working arrangements between health and social care following an

Domain 2 Delaying and reducing the need for care and support					Performance comparison		Comments
	Good is a..	Slough 2012-13	Slough 2013-14	Direction of travel	South East	England	
days after discharge from hospital into reablement / rehabilitation services (offered the services)							<p>admission to hospital to ensure people are discharged home and get the support they need and help people maintain or recover their independence as soon as possible.</p> <p>This is an improvement on last year and remains a priority area for improvement for Slough in 2014/15 to increase the number of people using this service.</p>
Delayed transfers of care from hospital per 100,000 population	LOW number	8.3	6.5	↑	9.8	9.7	<p>When people develop care needs and require additional support, we aim to minimise delayed transfers of care from a hospital setting in order to promote a quick recovery and enable independence</p> <p>This is a continued improvement area for Slough and reflects this area of work being a priority.</p>
Delayed transfers of care from hospital which are attributable to adult social per 100,000 population	LOW number	0.6	0.3	↑	3.4	3.1	<p>When people develop care needs, it is important they receive the right type of support at the right time in order to regain their independence. We will support vulnerable people after a hospital discharge to maintain their integrity, independence and control over their daily life.</p> <p>This is a continued improvement area for Slough and reflects this area of work being a priority.</p>

Domain 3 Ensuring that people have a positive experience of care and support					Performance comparison		
	Good is a..	Slough 2012-13	Slough 2013-14	Direction of travel	South East	England	
Overall satisfaction of people who use services with their care and support	High number	49.9	57.8	↑	65.1	62.8	<p>Providing high quality services is a priority for Slough. Satisfaction with services is a good indicator of quality.</p> <p>This is an improved position for Slough but is still below comparators and is a priority focus area for 2014/15.</p>
Overall satisfaction of carers with care and support	High number	34.9	N/A	N/A	41.8	42.7	<p>This was a new measure for 2012/13 that is derives from the biannual carers survey so there is no score for 2013/14. As overall satisfaction has been a priority for 2013/14 we should see an improvement at the next carers survey in 2014/15</p>
Proportion of carers who report that they have been included or consulted in discussion about the person they care for	High number	72.1	N/A	N/A	73.9	72.9	<p>This was a new measure for 2012/13 that is derives from the biannual carers survey so there is no score for 2013/14.</p>
Proportion of people who use services who find it easy to find information about services	High number	75.4	<b>74.5</b>	↔	74.4	74.7	<p>This reflects experience of access to information and advice about social care and is a key factor in early intervention and reducing dependency.</p> <p>This is a continued good performance for Slough and will remain a priority during 2014/15 with the launch of the Slough service directory.</p>
Proportion of people who use services who feel safe	High number	51.3	<b>64.9</b>	↑	66.4	66	<p>This is a good improved performance for Slough and puts us on par with comparators after a very low score in 2012/13 and reflects the work of community safety rather than social care where the perceived high levels of the 'fear of crime' are higher than the actual levels of crime and</p>

Domain 3 Ensuring that people have a positive experience of care and support					Performance comparison		
	Good is a..	Slough 2012-13	Slough 2013-14	Direction of travel	South East	England	
							disorder.
Proportion of people who use services who say that those services have made them feel safe and secure	High number	70.1	<b>82</b>		79.7	79.2	<p>We will work with our vulnerable residents and respond to their care needs so they are protected as far as possible from avoidable harm, disease and injury</p> <p>This is a good improved performance for Slough and puts us above comparators and reflects the good work that has been undertaken working with care agencies to improve service quality.</p>

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