

# **Slough Adult Social Care**

## **Local Account 2014/15**

## **FOREWORD**

Welcome to this fourth edition of Slough Borough Council's Account for Adult Social Care. The Local Account is our way of sharing information with you about how we have supported people to live long, healthy and fulfilling lives.

It has been another challenging year as the Council has faced further financial pressure at a time when we are experiencing a growth in demand for local services. The Council has met expectations and demands presented by national government of reduced funding whilst implementing changes to national policy and reform to social care services. We have met these challenges, with limited impact on service provision as we have focussed our efforts on prevention, reducing or delaying the need for care by enabling more people to be supported at home.

We have successfully implemented the changes required by the Care Act, have increased support to Carers, and have improved our information, advice and guidance offer. Placing the person at the centre of care has allowed the Council to achieve better outcomes for residents as well as change services to reflect local need. Over the next year we will continue to work with our partners to provide support and care based on individual circumstances.

The Council have made further progress to integrate services with our health partners, including the pooling of budgets to enable a more joined up and cost effective approach, we will continue to integrate health and social care services for the year ahead. Avoiding hospital admissions and keeping people in their own home is a shared priority for us all.

The year ahead will be challenging; the Council is expected to make savings and continue to implement the changes as set out by Government in the Care Act 2014. However with investment made in preventative services we are confident we will do our best to continue to improve care and provide a positive experience for residents who use our services. We will continue to improve outcomes for local residents (carers and cared for) by focusing our efforts away from traditional services to one that is underpinned by:

- Prevention to delay the need for care and a focus away from crisis intervention
- Personalised services
- Integrated services with the NHS

Throughout this document you will see examples of the changes we have made in 2014/15 to achieve value for money and to improve outcomes for local residents. This document is only a snapshot of our performance and achievements; details of how you can find further information are provided throughout the Account.

Finally, may we thank our service users and their families, and all the staff and providers involved in the changes that have taken place, and look forward to their continued support for the further changes that lie ahead.

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

## 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 2014 and ending 31st March 2015.

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 about information and data; which in turn promotes local accountability and allows us to identify the wider health and wellbeing agenda. Hence, this Local Account is reviewing the year 2014-15 and summarising priorities for 2015-16.

Attached to this report in Annex 1 is a summary of the Care Act and what is happening in Slough on topics such as Safeguarding and Deprivation of Liberty, Annex 2 is a summary of the Adult Social Care Outcomes Framework 2014/15.

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

Long known for being a welcoming town, Slough has one of the most ethnically diverse populations outside of London. The town represents a rich and culturally diverse urban environment with an estimated 144,600 people living in a densely populated area of 7 miles long and 3 miles wide. Over 40% of our population was born outside the UK; this demographic makeup of Slough presents opportunities as well as challenges to ensure equality of access, to provide preventative and targeted health and social care services.

Slough is unique and presents a stark contrast where over half the population live in areas classified as deprived, against a significant number living in areas of affluence similar to the rest of Berkshire. The health of local people in Slough is varied with wide differentials between the deprived and least deprived areas of the town; life expectancy as a whole is lower than the national average, but within the town, this is 4.5 years lower for men and 3 years lower for women in the most deprived areas of Slough.

The health of the town is poor, the town is experiencing increasingly high rates of TB, and the number of premature deaths due to cardiovascular and cancer is worse than the national average. 25.7% of our adult population is classified as obese and this is expected to continue to increase. The estimated level of smoking is above the national average at 22%, and Slough

## Local Account DRAFT v8

has low levels of physical activity, which results in a significant impact on health and disability.

There have been some successes in tackling the health of the local area; premature deaths arising from heart disease and stroke have fallen since 2003. The rate of alcohol related harm hospital stays is better than the national average, this also true for self-harm and hip fractures. The proportion of local residents who have more choice and control over their care is increasing; and a larger percentage of our more vulnerable residents are being cared for in their own home rather than a care home.

Looking ahead and perhaps more significantly, the proportion of people aged 85 years and above in Slough is expected to increase by 27% over the next five years; this includes a growing percentage of a population which is diverse with complex health and social care needs. This means that local health and social care services must change to meet the growing number of people with complex and long term needs.

### Adult Social Care Outcome Framework (ASCOF)

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 2014/15 was approximately £36.3 million. This money is spent on a variety of services to support local residents to take control of their care and support needs, maintain their independence, integrity and dignity as valued members of our community as well as supporting people to be safe from harm.

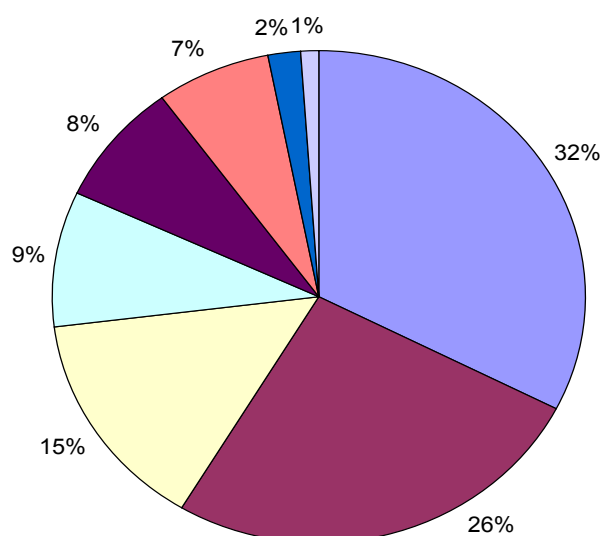
The support given by Adult Social Care includes:

- Information, advice and guidance
- supporting people to be independent in their own home including managing their care and support via a direct payment
- equipment to help with daily living and independence
- residential care and nursing care
- day activities and opportunities
- supporting people home from hospital
- working with young people in transition from children's services
- helping disabled people into employment

As well as the above, we provide support to local people with complex needs, during 2014/15 we supported 1827 people. Our delivery is split between six distinct client groups who require support:

- Older people and frailty: During 2014/15 this was equivalent to 483 clients. Services include the provision of rehabilitation and reablement, dementia support, support at home, direct payments and care homes.
- Carers: During 2014/15 this was equivalent to 465 carers. Services include the provision of short term respite, support through information, advice, and advocacy, direct payments and training.
- Learning Disabilities: During 2014/5 this was equivalent to 324 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: During 2014/15 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 2014/15 this was equivalent to 210 clients. Services include the provision of support at home, direct payments and residential placements, both short and long term.

### Adult Social Care 2014/15 – where the money went



- 32% or £11.8m is spent on ongoing support to people in care homes
- 26% or £9.4m is spent on ongoing support to people so they can live independently at home
- 15% or £5.2m is spent on staffing costs: we employ a range of specialist workers, occupational therapist, commissioners and contract managers to safeguarding officers and care workers
- 9% or £3.1m is spent on our intermediate care service; Rehabilitation, Reablement and Recovery services
- 8% or £3m is spent on working with local services provided by the voluntary sector to provide ongoing support to maintain independence to stay in their own home
- 7% or £2.5m is spent on directly provided services in line with support and care plan needs
- 2% or £0.7m is spent on day services to reduce isolation and maintain independence
- 1% or £0.4m is spent on equipment to ongoing support to maintain independence to stay in their own home

The austerity measures from Central Government continue to reduce the amount of money available to Councils to spend on local services. This year the council has had to make further reductions in its adults social care budgets of approximately £1.5m net. Most of the savings (83%) will come from continued transformation activities, with 10% being made via service efficiencies and 7% from income generation.

**Over the 12 months between April 2014 and March 2015, the Council has<sup>1</sup>**



Responded to 3793 contacts to Adult Social Care, 2227 of these contacts resulted in a new case and 462 were contacts made in person



Completed 2612 Adult Assessments of which:

- 550 were Occupational Therapy assessments
- 450 assessments made in the hospital to prepare for a community discharge



Reviewed 1127 Client Care Plans to ensure services they receive are still appropriate and meet client needs



Supported 1152 people in the intermediate care service; Rehabilitation, Reablement and Recovery Service

- 1003 were supported in their own home
- 41 in our intermediate care bed service
- 68 end of life patients were supported to die outside a hospital setting



Supported 601 dementia patients through the memory clinic



Supported 192 dementia clients and their families to access local services, including information and advice



Placed 74 residents aged 65 years and over into a Care Home



Supplied 3747 pieces of equipment to 528 clients to remain independent and supported 451 residents to be cared for the community through the provision of Telecare; this included 1167 pieces of equipment



Completed 291 Carers assessments and 140 Carer Reviews



Supported 127 local residents and their families to access support services after a stroke



Helped 17 people with learning disabilities to move into independent supported settings

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

### Our vision for Social Care

Despite the financial challenges the future for social care services is exciting; the national drive for integration with health provides an opportunity to deliver in partnership, the health and wellbeing needs of local residents, carers and their families. Both health and social care budgets and resources will be amalgamated under pooled budget arrangements; this will remove duplication and provide better outcomes in a cost effective way. Local residents will receive a cohesive service and will be supported to have maximum choice and control over how they receive services.

Slough is embracing the change and challenges brought on by integration and the Care Act; this is demonstrated through the [Councils Five Year Plan](#) which outlines our ambition for:

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

To achieve this we will focus our investment on:

- **Prevention:** The development of a local system-wide strategy and action plan, spanning voluntary, health and social care services to maintain a healthy population in the community, working with the high consumers of services through targeted prevention and wellbeing plans
- **Information & Advice:** This component will ensure the right information is provided to the right people at the right trigger points in their lives. Proactive care and support planning will become the norm and independent advice and advocacy will be provided to people to help develop their support plans
- **Personalised outcomes:** Through the development of the market place and focus on personalised safeguarding outcomes, people will have the choices of finding the right care and support at the right times of their lives
- **Building community capacity:** we will focus on nurturing strong communities by developing good social networks, increasing peer support and volunteer relationships, valuing the roles of carers and striving to ensure that everyone is able to make a contribution. This will increase the breadth of choice people have well beyond traditional social care services.
- **Workforce development and quality:** A consistent approach will be developed across social and health care for both internal and external workforces so that we can deal with the changing complexity and demand facing the health and social care economy in the next 5 years
- **Integration:** The scale of the change required cannot be managed in isolation; people do not access care and support just from one single source. Slough services will continue to be commissioned from a whole system perspective around the best outcomes for residents



## Prevention

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### ***We said in 2013/14***

**Continue the advance of telecare take-up in order to provide assurance to those who access services and their carers**

**Mr K's Story:** Mr K's elderly uncle lives alone and due to multiple strokes his Uncle can no longer look after himself and is at risk of injury from falls. On one occasion the Uncle took a fall and was left unaided for 3 hours. In response to Mr K's concerns his Uncle was assessed and is in receipt of a home care service as well as telecare. Since the install Mr K's Uncle has fallen five times, and Mr K has been able to respond quickly (20 mins) thanks to the alert system in place. Mr K has told us the equipment "provides him with peace of mind" and "no longer worries about his Uncle as the telecare equipment instantly tells me if my Uncle is safe and well".

### ***We did in 2014/15***

We have increased our take-up of telecare and have installed equipment to 451 new residents

**PHOTO**

**Improve services and develop partnership response to address isolation**

We have facilitated community events & forums to bring communities together to increase understanding and awareness

**In collaboration with Public Health and Slough CCG help people stay healthy, feel less isolated and stopping or delaying their need for health and social care services**

Recruited Autism, Domestic Abuse and Mental Health Champions; and through our reablement service; have delayed need for care for 1003 people

Our priorities for 2015/16

- Develop preventative approaches to ensure that vulnerable people become more able to support themselves
- Deliver effective Reablement services to more people
- Provide more equipment and assistive technology
- Continue to deliver the National drug and alcohol strategy at a local level to prevent individuals engaging in illicit and harmful drug use and support individuals to become drug and alcohol free
- Identify people on the autistic spectrum not known to social care but through a network of local champions and develop offer of services to avoid isolation
- To work in partnership with local groups to bring together services that reduce isolation, review quality of services and use an evidence based approach to drive up quality
- To support local residents through a personalised prevention support plan

**Add photo**

**Be involved** we value your opinion, to find out how you can be involved in our user led groups contact [beinvolved@slough.gov.uk](mailto:beinvolved@slough.gov.uk) or phone 01753 87 5538

## Information and Advice

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### ***We said in 2013/14***

**Support more people with a learning disability to live independently**

**Autism Partnership Board story:** “I am a member of the Autism Partnership Board, the Board is very friendly and doesn’t judge. I get to find out a lot of different things and can ask questions and get good answers. People there know about autism and I get to know different people. It is good to be involved and I can tell people that I am involved in it which is good. It helps me know what is going on and I can give my point of view. Not everyone always agrees on everything but that’s O.K. it has helped me learn who people are and what they do and how the council works. That way you know where to go and who to go to for help and advice.”

**Ensure that good information, advice and advocacy are available**

### ***We did in 2014/15***

We helped 17 people to move into supported living accommodation as a way to maintain their independence

**PHOTO**

We have refreshed our online web pages to ensure accurate information is provided and have refreshed the Service Directory

Our priorities for 2015/16

Develop Information and Advice and Advocacy Services

- Promote the Slough Services Guide as the primary source for information for local services
- Review and promote the Advocacy services to ensure it provides the right information for people to use this service
- Promote the Independent Financial Advisor services to ensure it provides the right information for people to use this service
- Information and advice will form part of new commissioning intentions for voluntary sector strategy
- We will offer appropriate information and advice to all local people about the help that is available to help them stay independent, safe and well
- Residents will be assisted in the successful navigation of the complex health and social care system
- Use the Autism Capital Fund to develop an Autism Accessible Hub to support information, advice, and advocacy. To house resources, and offer surgeries, drop ins, and a group and 1:1 setting that is accessible to those on the Autism Spectrum

Further information on the Slough Services Guide can be found here:

<http://servicesguide.slough.gov.uk/kb5/slough/services/home.page>

Under the Care Act, the Council is required to support local people in making their own decisions about how they receive care. If a person appears to have substantial difficulty in making decisions, an independent advocate must be appointed to assist and represent them.

*Age Concern Slough & Berkshire East* provides generic advocacy and access to specialist advocacy for residents who are unable to receive support from the council. To access this service please contact My Council (01735 475111)

Add  
photo

Under the Care Act, the Council provides residents with Independent Financial Advice and information to enable local people to make well informed choices about how they pay for their care and support.

From April 2015 local people have access to financial information and advice which is impartial and independent of the local authority. To access this service please contact My Council (01735 475111)

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## Personalised Outcomes

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### ***We said in 2013/14***

**Increase the number of people in receipt of self directed support and a direct payment**

Mrs E experienced depression but quickly realised medication only did so much. She began to attend stress control workshops and then accessed support from the Link Group. This was for her “step 1 of my recovery journey... because I met other people like me and.. was diagnosed with Bi-polar disorder which was a big relief “

From this Mrs E joined the WAVE project through the volunteer centre in Slough and began volunteering and mentoring other people, as she gained confidence Mrs E successfully gained employment 13hrs a week. Mrs E graduated from the BHFT Peer Mentor Project and is now supporting other clients to reach their recovery goals.

### ***We did in 2014/15***

89% are in receipt of self directed support which is higher than the national average; but direct payment is low at 197

**PHOTO**

**Promote the development of Personal Assistants to support people in meeting their needs with a direct payment**

We have commissioned a Personal Assistant service and will implement changes over the next year

**Work in partnership with service users and carers to improve services around local needs**

4 sessions of carer training delivered at the Gateway Partnership Mental Health to help define services plus Carers Week held in July 2014

**Further development of our Extra Care Housing Services in Slough to support independent living**

We have met with a range of Extra Care Housing developers and are evaluating options to ensure the best outcomes

**Mum's story of S:**

"My son was placed in the same home for 12 years; our only concern was that it was the 3hour drive as he was missing out on family activities. When a local house came up we were very happy but concerned how is it all going to work out in the long run....."

My son is very happy, he comes home every week, we pop round whenever we want to and staff are always very helpful with any questions we have. At the moment my son and I as his family are very happy. He seems to be really chilled out and more engaged when he comes home. I am always sharing ideas with staff about foods he likes etc."

**PHOTO**

**Regular partnership meetings to develop community based services to avoid hospital admissions for people with learning disabilities**

Develop an enhanced quality assurance programme to support delivery of actions to meet the Winterbourne View Report

**To do more joint working with partner agencies and service providers in making the safeguarding of vulnerable people more personalised**

Delivered a framework of training with partners and staff to ensure routine involvement in safeguarding alerts

Our priorities for 2015/16

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

- Reform the Social Care system through system redesign and transformation to promote independence
- Redesign of social care pathways and restructure of the service – With the aim of supporting as many people as possible to manage their care and support needs and meeting new burdens under the Care Act 2014
- Development of a range of value for money services available to meet people's needs in using a direct payment.
- Redesign of remaining SBC provided services – to either outsource or close
- Development of a Direct Payments support service

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

- Maintain accurate records which clearly evidence assessment and people's involvement in management of risks
- Ensure compliance with the Mental Capacity Act and Deprivation of Liberty Safeguards

Develop day opportunities for people with learning disabilities including respite

Develop a programme of work for Extra Care

**Add photos**

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## Building Community Capacity

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### ***We said in 2013/14***

**Encourage service providers to work together to provide an improved level of care to vulnerable adults in Slough**

### ***We did in 2014/15***

We have continued to fund the Slough Gateway to ensure provider collaboration and in partnership with health and launched the Navigator Scheme

### **Promoting and supporting the wellbeing of residents with the voluntary sector 2015 – 2020 Partnership Strategy**

The vision of the strategy is to promote a healthy and thriving voluntary and community sector that focuses on meeting the needs of the most vulnerable adult residents living in Slough. It has four clear aims:

- Provide innovative and effective support
- Focus on prevention services that enhance wellbeing and deliver shared outcomes that avoid, delay or reduce the need for care and support
- Support people to manage their care needs better
- Focus on commissioning for social value

Mr C has multiple health and mental health needs as well as gambling problems and lived in an overcrowded flat. This resulted in him being a frequent visitor at A&E and to his GP; who referred him to the Navigator scheme. His Navigator organised a case meeting to review his care in light of his I statements. An action plan was developed involving his GP, housing, voluntary services, community mental health team, psychologist, and ambulance service. This led to a reduction in ambulance calls, better management of medication and support to tackle debt and gambling problems. His housing problem has also been resolved.

**PHOTO**



**Our priorities for 2015/16**

Commission for a range of outcomes to be delivered by the voluntary and community sector that support the delivery of social care, public health and health outcomes – supporting people not to require health and social care services and ensure that those that need support get it early to avoid crisis

- Nurture strong communities by developing good social networks, increasing peer support and volunteer relationships, valuing the roles of carers
- Work with communities to co-produce and run services to ensure that everyone is able to make a contribution
- Change our procurement and contract arrangements so it is more outcomes focused
- Develop the market and improve supplier relations around compliance, value for money and efficiency
- To co-produce with carers an updated Carers Strategy in light of the Care Act, the Children and Families Act and national Carers Strategy
- To continue to increase knowledge and understanding about the needs of carers and young carers in Slough by working with a range of local stakeholders including health, places of worship, employers and schools
- To increase the numbers of adult and young carers having a carers assessment and support plan
- To increase numbers of Direct Payments for carers meeting eligibility for support

**Supporting Carers through**

**SHaRON:** this is a web based communication site has been set up with BHFT to improve carer experience and support. The service offers training and information in multiple languages such as Mental Health First Aid/Lite Training and have engaged with Carers to improve services. In partnership with SCVS, have facilitated a 'Community Engagement Event' to understand the main barriers that Black and Minority Ethnic (BME) communities face when accessing health services

**ADD PHOTO**

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## Workforce Development & Quality

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### ***We said in 2013/14***

**Continue our good work in identifying and supporting adults with safeguarding concerns and managing the increase of Deprivation of Liberty request**

### ***We did in 2014/15***

We made 394 Authorisations last year, compared to 24 the previous year. This is due to a change in case law which lowered the threshold

“My son was due for his annual care review and we were both worried due to previous experiences with people who had no understanding of autism. However, when the social worker arrived, from the onset of the meeting we could both tell he was aware of A.S.D and had received some level of training, his questions and manner of speaking clearly indicated this. We both felt at ease throughout the whole meeting and the social worker made a point of talking to my son. When I spoke to the social worker afterwards he told me that he had really enjoyed carrying out the review and that his autism awareness training had helped immensely.”

**PHOTO**

**Develop Supported Living units to address people with high complex needs in drug and alcohol, high forensic histories and challenging behaviour**

70 people with mental health needs have accessed supported living units; and we have supported 14 people for inpatient drug & alcohol rehabilitation

**Address the requirement for Specialist Nursing Placements – to meet needs to people with complex mental health need, combined with physical need**

We have supported 23 people with physical disabilities and 29 people with mental health needs to access specialist nursing placements

Our priorities for 2015/16

- Develop the market to become more flexible and offer more choice to allow personal budget holders to choose for themselves where they spend their money
- Co-produce a Slough wide workforce development strategy so that we are able to meet the challenges of increasing demand and complexity of peoples lives
- Work with providers to ensure that there is a consistent quality of services on offer and that these are at a reasonable price for the residents of Slough
- Ensure systems are in place to meet significant demand in DOL's referrals through training and raising awareness
- Reform the Social Care system through system redesign of the work force to fit the needs of local people
- Improve quality of our services through the Care Governance process

**Care Governance:** Slough has in place a strict framework for monitoring the quality of commissioned services. During 2014/15 164 planned and unannounced visits were taken to assess the quality of care in Slough Care Homes, Domiciliary Care and Supported Living services. Any concerns are addressed and discussed at monthly Care Governance Board meetings and shared externally with other local authorities, particularly if the provider has been given a red status (serious concerns and have been embargoed until such time as the concerns have been addressed). At the end of 2014/15 a total of 9 providers (6 domiciliary care and 2 residential and nursing home providers) have been permanently removed from the list of authorised providers.

**ADD PHOTO**

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## Integration

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### ***We said in 2013/14***

### ***We did in 2014/15***

**Delivery of integration plans in the Better Care Fund**

The Better Care Fund has been approved with a pooled budget. A review of services is currently underway

The telehealth project has been a success and has allowed health and social care teams to work together through remote technology. Patients record their reading via Bluetooth and this is then shared with Nurses.

One patient has reported weight loss as “someone is always looking at my stats” and another has reported they “feel more confident” and are able to understand when and how their condition worsens.

Since the launch there have been 213 client contacts and seven GP appointments made in response to changing circumstances.

**PHOTO**

**Redesign the Intermediate Care Service in light of the Better Care Fund**

We have changed some parts of the services to improve intensive rehabilitation post an acute admission

**Introduce a Telehealth model in collaboration with the CCG to address the needs of people with long term conditions**

We have launched the Telehealth service with 15 patients receiving support

Our priorities for 2015/16

- Radically transform Slough's community based care and support system by 2019, supporting people to live longer, healthier lives
- Social and care options are more flexible and responsive to the client and patient needs through appropriate integration of delivery models with partners, VSO, providers and Borough Council services.
- Develop the Single Point of Access for health and social care services
- Redesign intermediate care services to meet local needs
- Ensure residents placed in Care Homes receive the right service at the right time to improve outcomes
- Work with our neighbouring authorities to redesign services supplying community equipment

**Add photos**

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### Care Act 2014

The Act received royal assent on the 14<sup>th</sup> May 2014 and introduced the following duties and powers for local authorities:

- duty to integrate local services, promote wellbeing of residents and established new rights for carers
- introduced national eligibility criteria, removing previous eligibility thresholds which were applied locally; the new criteria require local authorities to consider the preventative needs of people
- duty to support shaping a vibrant market to give individuals real choice and control; a universal right to a deferred payments for residential care
- duty to co-ordinate and provide information and advice, and
- duty to promote personalisation.

The Department of Health intend to introduce the Act in two parts, the first part of the Act in April 2015 and the second part of the Act in April 2020. In accordance with the Act, the Council has:

- assess all cases in accordance with the new national eligibility criteria
- tightened multi-agency working protocols for safeguarding
- ensured all new contacts to social care receive a prevention and support plan, prior to the Act, this would have previously ended with a signposting or information outcome
- implemented a new financial advice service for self funders
- increased the provision of independent advocacy support
- refreshed the Slough Services Guide (on-line service directory)

### Changes in April 2016

The government announced on Friday 17 July 2015 that Care Act Phase 2 elements due to be delivered on 1 April 2016 have now been delayed until April 2020. See the [full written statement here](#). In summary, there are a number of areas within the Care Act 2014 legislation that will not be implemented until April 2020, including:

- The £72,000 cap on care costs: this means the current assessment rules continue to apply
- The extension to the means tested threshold: this means the current means-tested threshold regarding how much someone will pay towards their care continues to apply
- A new appeals system for care and support: this means the existing compliments and complaints procedure for adult social care remain in place
- Meeting the eligible needs for self funders: this means anyone is entitled to an assessment of their care and support needs from the Council. If someone who is eligible for care and support but is financially assessed as a full cost payer (self funder), we will signpost them to the relevant information and advice.

**Looking Ahead:** Despite the delay announced, the Act provide clear opportunities for improving our services for local residents and in response to the Act we have launched a wider reform programme. The Adult Social Care Reform Programme will, in spirit of the Act modernise our practices to meet the needs of our population; this will be delivered through a focus on six domains:

1. Prevention
2. Information & Advice
3. Personalised Outcomes
4. Building Community Capacity
5. Workforce Development and Quality
6. Integration

### Better Care Fund

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

- Reduction in delayed transfers of care
- Reduction in emergency admissions
- Increasing the effectiveness of reablement
- Reducing admissions to residential and nursing care
- Increasing patient/service user quality of life and experience

To achieve this in Slough, a pooled budget of £8.762 million for 2015/16 has been agreed between the Council and the Slough Clinical Commissioning Group, the budget has a joint expenditure plan outlining how we will deliver against our shared vision of:

*“My Health, My Care: Slough health and social care services will join together to provide consistent, high quality personalised support for me and the people who support me when I’m ill, keeping me well and acting early to enable me to stay happy and healthy at home.”*

To do this we will deliver on the following priority areas:

- **Proactive Care:** we will identify vulnerable residents and those at risk to provide intensive support so people can receive the right care at the right time in the right place.
  - GP practices across Slough are undertaking a risk profiling activity to identify patients who can benefit from this service. To date there are over two thousand patients on the case management register
  - We are also recruiting two specialist nurses to identify and work with children and young people with respiratory problems
- **A single point of access into integrated care services:** we will establish a single contact of access for accessing community health and social care services that will support those in crisis and direct them in to the right services in a co-ordinated and timely way.
  - The scope for the first phase is under development, this will be open to professional referrals and subject to a period of stability phase two will expand to include further referral points.
- **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.
  - This is being taken forward by the Joint Voluntary Sector strategy and recommissioning programme underway. Within this programme of work; we have included, support for Carers, information, advice and advocacy, as well as seeking contributions from voluntary agencies on how they will integrate with health and social care services.

Further information on how we plan to deliver joined up health and social care services can be found here: <http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-better-care-fund.aspx>

### **Safeguarding: What is safeguarding adults?**

Those who need safeguarding help are often elderly and frail, living on their own in the community, or without much family support in care homes. They are often people with physical or learning disabilities and people with mental health needs at risk of suffering harm both in institutions and in the community.

Safeguarding encompasses six key concepts: empowerment, protection, prevention, proportionate responses, partnership and accountability. Social care organisations play an important role in the protection of members of the public from harm and are responsible for ensuring that services and support are delivered in ways that are high quality and safe.

Adult safeguarding is about protecting adults with needs for care and support from abuse by others. Abuse can be something that is done to a person or something that is omitted from being done. It is a violation of an individual's rights and can happen anywhere, including in someone's home, a residential home, a nursing home, a day centre or hospital. It can happen once or repeatedly.

Abuse includes physical abuse, sexual abuse, financial abuse, psychological abuse, neglect in an institution (such as a care home) or discriminatory (because of someone's disability, age or sexuality).

Abuse can be intentional or it can be because someone is doing what they think is right, such as locking the front door to stop an adult suffering from dementia leaving the house unaccompanied. This is actually not in the best interests of the vulnerable individual.

**Any concerns about possible abuse should not be ignored.**

**Find out how to contact us here: [Report suspected adult abuse](#)**

### **What is happening in Slough?**

Slough has a robust Safeguarding Service which adheres to the Berkshire wide Safeguarding Adults Policy and Procedures. Over the last twelve months we have been working with ADASS and Local Government Association on a project called "Making Safeguarding Personal". This project challenges the way in which we work with people in the Safeguarding process. The project tries to ensure that the person being safeguarded remains central to the process. That we work with them to develop the skills and abilities they already have to keep them safe.

During 2014/15 we have had the introduction of the Care Bill and then the Act in April 2015 which has put Adult Safeguarding on a statutory footing. The Care Act has also taken on board the "Making Safeguarding Personal" project and this is now integral to the Safeguarding Process.

The Care Act also has implications for the Safeguarding Adults Board. Slough has had a Safeguarding Adults Board for a long time but again this is now on a statutory footing and we are looking forward to the work of the Board developing over the coming year.



### **Deprivation of Liberty Safeguards: What is it?**

The Mental Health Act 2007 has amended the Mental Capacity Act 2005 introducing the deprivation of liberty safeguards from 1st April 2009. They were introduced to prevent breaches of the European Convention of Human Rights. The Deprivation of Liberty Safeguards (DoLS) provide legal protection for vulnerable people in hospital or a care home registered under the Care Standards Act 2000, whether placed under public or private arrangements.

### **What is deprivation of liberty?**

There is no single definition of a deprivation of liberty. However, in March 2014 two cases went before the Supreme Court these were:-

P v Cheshire West and Chester Council and another P and Q v Surrey County Council

[Read the full judgment on the Supreme Court website.](#)

The Supreme Court has clarified that there is a deprivation of liberty for the purposes of Article 5 of the European Convention on Human Rights in the following circumstances:

The person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements.

### **What is happening in Slough?**

Slough like other authorities has seen a massive increase in the number of requests for authorisations from care homes and hospitals. In 2013/14 we received 24 requests for Deprivation of Liberty Safeguards authorisations, whereas in 2014/15 we received 388. This was due to the change in case law outlined above. At present we have completed 354 of those cases, although like most councils we have not been to complete the authorisations within the legal time frames. However, in order to ensure that we have continued to protect the most vulnerable every application is risk assessed to ensure that the most vulnerable and high risk cases are seen as soon as possible.

As a response to the increased demand, Slough is currently training more staff so that we will be able to meet the increasing demand over 2015/2016 and going forward.

### **Deprivation of Liberty in the Community**

In November 2014 the Court of Protection released a new process for those people being deprived of their liberty in the community. This process is different to the Deprivation of Liberty requests in care homes and hospitals and involves an application to the Court of Protection.

Our response to this in Slough has been to scope out how many of our clients would meet this criteria and again risk assess them starting with those considered to be high risk clients and sending applications to the Court.

We have also devised a leaflet for members of the public on this new area to give them some guidance about the new process and why we may need to apply to the Court of Protection to enable their relative or friend to remain safe in the community.

Under the Care Act duties the council becomes responsible for providing residents with Independent Financial information and advice, which is fundamental to enabling people to make well informed choices about how they pay for their care and support.

### **Independent Financial Advice**

Slough Borough Council is facilitating a pilot IFA provision for the year 2015/2016, where residents have access to financial information and advice which is impartial and independent of a local authority.

#### ***Why might you need Independent Financial Advice (IFA)?***

If you have savings or assets above those that permit the council to support you with your care and support costs an independent adviser can help you maximise the choices you are able to make. An independent adviser will provide impartial and unbiased information during an initial consultation, which will be provided free of charge allowing you to start to explore possible avenues, but should you wish to engage the independent adviser on a more permanent basis, there are a range of costed options that shall be outlined to you.

The Independent Advisor will have expertise on planning your care financing and can help you plan not just for now, but also into the future. Planning ahead can help avoid problems, such as having to move in to a care home for the first time or how to maximize use of your current savings and assets.

If a resident requires financial advice to help you plan your care and support needs, please contact My Council (01735 475111) and we will be able to advise on how to access appropriate Independent Financial Advice. If a resident wishes to contact the providers ***My Care My Home***, ***Carematters*** and the ***Society of Later Life Advisers (SOLLA)*** directly, contact details are available on SBC website; <http://www.slough.gov.uk/health-and-social-care/independent-financial-advice.aspx>

### **Advocacy**

The current existing contract with ***Age Concern Slough & Berkshire East (ACSABE)*** provides generic advocacy for residents who are unable to receive support from the council. Age Concern's 'Gateway Project' provides tailored advocacy support via a triage of community organisations, including:

- ***United Voices*** (who provide advocacy support for residents with learning disabilities).
- ***Deaf Positives*** (who provide advocacy support for residents with deaf/hearing impairments).
- ***Voice of the Child*** (who providing advocacy support for families with disabled children).
- ***Thames Valley Positive*** (who provide advocacy support for individuals who may have concerns about HIV).

***Support Empower Advocate Promote (SEAP)*** provides the Independent Mental Health Advocacy (IMHA) and general mental health advocacy until the mid-next year.

***POhWER*** provide advocacy for Independent Mental Capacity Advocacy (IMCA) and Deprivation of Liberty Safeguards (DoLS) until the mid-next year.

Moving forward, the council is reviewing and developing long term plans to cover all service provisions of advocacy from 1 April 2016 (including advocacy), in order to comply with the Care Act, the Mental Health Act 1983 and the Mental Capacity Act 2005.

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### Appendix One: **Adult Social Care Outcome Framework (ASCOF) 2014/15**

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 for people with care and support needs					Performance comparison		Comments
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
Social Care related quality of life	High Number	18.4	18.2	↔	18.9	19.1	<p>This is measured through a survey and respondents are asked score how well their needs are met on a range of factors relating to quality of life. These are: control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation.</p> <p>There has been a slight reduction on last year and is reflective of the low number of responses to the survey. This will be a focus for 2015/16 and will increase our efforts to promote direct payments and personal budgets</p>
Proportion of people who use services have control over their daily lives	High number	72.2	70.3	↔	76.00	80.1	<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>There has been a slight reduction on last year</p>

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Domain 1 Enhancing quality of life for people with care and support needs					Performance comparison		Comments
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
							which is reflective of the low number of responses to the survey.
Proportion of <u>people</u> using social care services who receive self directed support	High number	N/A	89.9	N/A	86.9	82.6	<p>We are keen for local residents to use self directed services as we know this allows for more control over their care and makes a positive impact on happiness, social isolation as well as promoting a speedier recovery.</p> <p>Slough is performing better than our comparator group and the national average, this will continue to be a priority focus for 2015/16</p>
Proportion of <u>carers</u> receiving self directed support	High number	N/A	1.3	N/A	80.3	76.6	<p>NEW Indicator</p> <p>Personal budgets have a positive impact by empowering carers to have increased choice and control; with the implementation of the Care Act, personal budgets or self directed support has a statutory status.</p> <p>The assessment process is joint; carers and the cared for are offered personal budgets as standard; the low outturn is a reflection of our data capture process rather than our operational process.</p>
Proportion of <u>adults</u> receiving direct payments	High number	N/A	16.8	N/A	24.7	26.0	<p>For the reasons above we want our residents to use direct payments. What this means is more people can manage their support as much as they wish, and are therefore are in control of what, how and when support is delivered to match their needs.</p>

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Domain 1 Enhancing quality of life for people with care and support needs					Performance comparison		Comments
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
							A new service for Direct Payment and Personal Assistants have been commissioned from September 2015. This will support the increase required.
Proportion of <u>carers</u> receiving direct payments for support to a direct carer	High number	N/A	1.3	N/A	64.5	91.2	This is a new addition to the ASCOF and is a poor result for Slough. The outturn is not reflective of the way we manage people; the assessment process is joint and the score is a reflection of our data capture processes. This will be a priority for 2015/16
Carer related quality of life	High number	8.3	7.9		7.9	7.9	This is measured through a survey where respondents are asked to score how well their needs are met on a range of factors relating to quality of life. These are: occupation, control, personal care, safety, social participation and encouragement and support. There has been a slight reduction on last year. We will continue to engage with carers and make links with local services. This is a priority for 2015/16
Proportion of adults with <u>learning disabilities</u> in paid employment	High number	5.7	6.4		8.3	7.9	This is indicative of quality of life and control; if people are able to find employment and contribute to their local community they feel better. This improves wellbeing and avoids loneliness or isolation This is a good improvement for Slough compared with last year and is above the average for England. We will continue to make links with the

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Domain 1 Enhancing quality of life for people with care and support needs					Performance comparison		Comments
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
							local job market to provide further opportunities.
Proportion of adults in contact with <u>secondary mental health</u> services in paid employment	High number	6.4	6.7	↑	7.0	6.8	This is a good improvement for Slough compared with last year and is on par with the average for England.
Proportion of adults with <u>Learning Disabilities</u> who live in their own home or with their family	High number	79.3	77.4	↔	75.8	73.9	<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>There has been a slight reduction on last year and is due to changes in the definition, which has restricted the cohort to those receiving long term support.</p>
Proportion of adults in contact with <u>secondary mental health</u> services who live independently, with or without support	High number	85	86.9	↑	57.6	59.7	<p>This is indicative of quality of life and control; if people are to live independently they have better outcomes.</p> <p>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 <u>people</u> who use services who reported that they had as much social contact as they would like	High number	37.5	39.5	↑	42.8	44.7	<p>There is a clear link between loneliness and wellbeing.</p> <p>This is a good improvement for Slough compared with last year but we are below our comparators.</p>

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Domain 1 Enhancing quality of life for people with care and support needs					Performance comparison		Comments
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
Proportion of <u>carers</u> who use services who reported that they had as much social contact as they would like	High number	N/A	39	N/A	38.8	38	<p>Addressing issues of social isolation will continue to be a priority area of work for 2015/16</p> <p>As before, there is a clear link between loneliness and wellbeing. Given the valuable service provided by our carers, it is important they feel supported to develop connections to local services, friends and their families.</p> <p>This is a new addition to the ASCOF and the results show we fare better than our comparators.</p>

Domain 2 Delaying and reducing the need for care and support					Performance comparison		Comments
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
Permanent admission of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	LOW number	11.1	16.5	↓	15.2	13.7	<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 2014/15 this was for 15 people; an increase of 5 from the previous year.</p>



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Domain 2 Delaying and reducing the need for care and support					Performance comparison		Comments
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
Permanent admission of older people (aged 65 and over) to residential and nursing care homes per 100,000 population	LOW number	555.6	570.6	↓	706.5	658.5	<p>Where possible, people prefer to stay in their own home rather than move into residential care and this indicator provides a benchmark how well health and social care work together to delay dependency.</p> <p>There has been a reduction in performance compared with last year but we are performing better than our comparators. The number of older people admitted to a care home during 2014/15 is 76, an increase of 2 from the previous year.</p>
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (effectiveness of services)	High number	100	100	↑	81.8	80.7	<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 aged 65 and offered reablement services following discharge from hospital	High number	2.7	2.9	↑	3.0	3.1	<p>This captures joint working arrangements between health and social care following an 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 2015/16 to increase the number of people using this service.</p>

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Domain 2 Delaying and reducing the need for care and support					Performance comparison		Comments
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
Delayed transfers of care from hospital per 100,000 population	LOW number	6.5	5.9	↑	12.3	11.2	<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>We have improved on our performance last year and have at the same time, increased our commitment to offer reablement services to more people.</p>
Delayed transfers of care from hospital which are attributable to adult social per 100,000 population	LOW number	0.3	0.1	↑	4.0	3.7	<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>
Proportion of those that received a short term service during the year where the sequel to service was either no ongoing support or support of a lower level	High number	N/A	72.6	N/A	68.8	74.9	<p>Short-term services are aimed to maximise independence to delay the need for care or supporting recovery after a period of illness.</p> <p>This is a new addition the results show we fare better than our comparators. This will continue as a priority area of work for 2015/16</p>

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Domain 3 Ensuring that people have a positive experience of care and support					Performance comparison		
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
Overall satisfaction of <u>people</u> who use services with their care and support	High number	57.8	55.2	↔	62.5	64.7	Providing high quality services is a priority for Slough. Satisfaction with services is a good indicator of quality.  This is low score Slough and is a priority focus area for 2015/16
Overall satisfaction of <u>carers</u> with care and support	High number	34.9	43.9	↑	40.7	41.3	This is an improvement on last year and remains a priority area for improvement for Slough in 2015/16
Proportion of <u>carers</u> who report that they have been included or consulted in discussion	High number	72.1	67.6	↓	70.3	71.7	There has been a reduction in the proportion of Carers who felt involved or consulted in service delivery, this remains a priority area for improvement for Slough in 2015/16
Proportion of <u>people</u> who use services who find it easy to find information about services	High number	N/A	72.5	N/A	73.3	74.5	This reflects experience of access to information and advice about social care and is a key factor in early intervention and reducing dependency.
Proportion of <u>carers</u> who use services who find it easy to find information about services	High number	N/A	58.8	N/A	63.2	66	This is a continued good performance for Slough and will remain a priority during 2015/16 with the launch of the Slough service directory.
Proportion of people who use services who feel safe	High number	65.3	64.7	↔	65.8	68.5	There has been a slight reduction for Slough, and is reflective of 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 disorder.
Proportion of people who use services who say that those services have made	High number	82.4	81.3	↔	83.7	84.5	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

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Domain 3 Ensuring that people have a positive experience of care and support					Performance comparison		
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
them feel safe and secure							and injury  This is a stable performance for Slough and reflects the good work that has been undertaken working with care agencies to improve service quality.

### Note: Family Group

Family groups allow for meaningful comparisons in performance of local authorities. It allows you to compare our performance against other areas which are similar in population, social and economic factors and levels of deprivation. Our family group contains of the following areas: Leicester, Bedford, Luton, Peterborough, Thurrock, Bolton, Oldham, Bracknell Forest, Milton Keynes, Reading, Southampton, Bristol, Swindon, Coventry, Bradford.

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### Your feed back is useful to us.

We hope you have found this local account interesting. We encourage feedback on all our activity and services, positive or negative it helps us to address problems and shape the services for the future. With specific reference to this document we would like to know:

- Do you agree with the priorities we have set for ourselves for the coming year? What would you add or remove?
- Are there any other areas of adult social care you feel we should focus on as a priority?
- Have you found the Local Account easy to access and understand? What changes would you like to see in the future?

Please also feel free to comment on any aspect of adult social care in Slough.

Please make it clear whether you are a service user, a carer, a family member, or other interested party.

We will incorporate these views in our planning and preparation of next years local account, and where applicable notify our partners of these issues.

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