APPENDIX A

ADULT SOCIAL CARE

DRAFT LOCAL ACCOUNT

2015/16

Foreword

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

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

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

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

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

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

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

- Over 65's with a long term condition will increase by 17% in 2020.

- High levels of physical inactivity are estimated to cost Slough in excess of £25 million annually.

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

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

Councillor Sabia Hussain Commissioner for Health and Social Care

Introduction

About Slough

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

Slough has one of the most ethnically diverse populations outside of London. The town represents a rich and culturally diverse urban environment with an estimated 144,600 people living in approximately 51,000 households in a densely populated area of 7 miles long and 3 miles wide. Over 40% of our population was born outside the UK; this demographic makeup of Slough presents opportunities as well as challenges to ensure equality of access, to provide preventative and targeted health and social care services.

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

Adult Social Care

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

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

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

- People with memory and cognition issues .

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

The Local Account

Councils are required to report on their performance on adult social care and how well they serve the communities that they work with. The Local Account is equivalent to an Adult Social Care Services annual report; it is our way of telling people how we have performed over the past year. The Local Account also outlines our plans and priorities for the coming year. This document contains information on our performance for the year beginning 1st April 2015 and ending 31st March 2016. We hope this Local Account provides the information needed to understand how Adult Social Care Services is performing. Slough, like other councils with adult social care responsibilities, is required to be open and transparent on information and data; which in turn promotes local accountability and allows us to identify the wider health and well being agenda.

The Five Year Plan

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

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

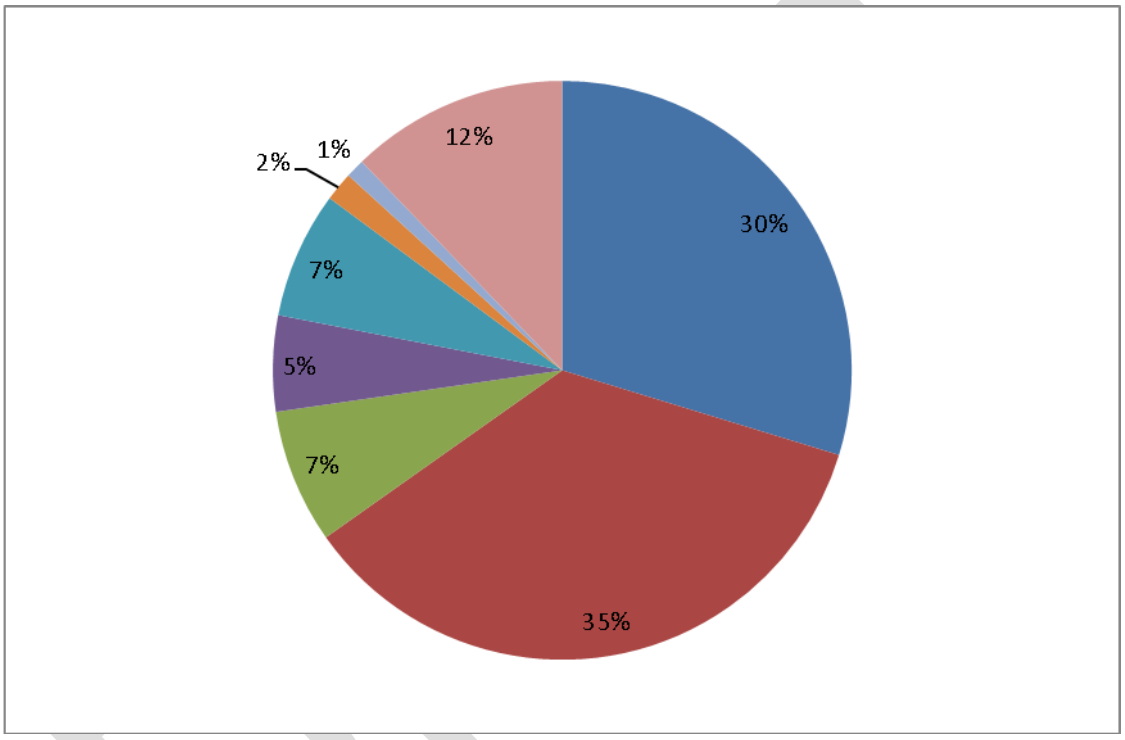
The Five Year Plan means we are clear in Slough about the priorities facing us and the outcome plans set out how we will work with others to achieve these. Wherever possible we will look to manage future demand for services through targeted intervention and prevention. We will always ensure the most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

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

Financial Overview

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

How did we spend our budget?



- 30% or 9.8m is spent on ongoing support in care Homes

- 35% or £11.7m is spent on ongoing support to people at home

- 7%, or 2.5m is spent on service provided by the voluntary sector

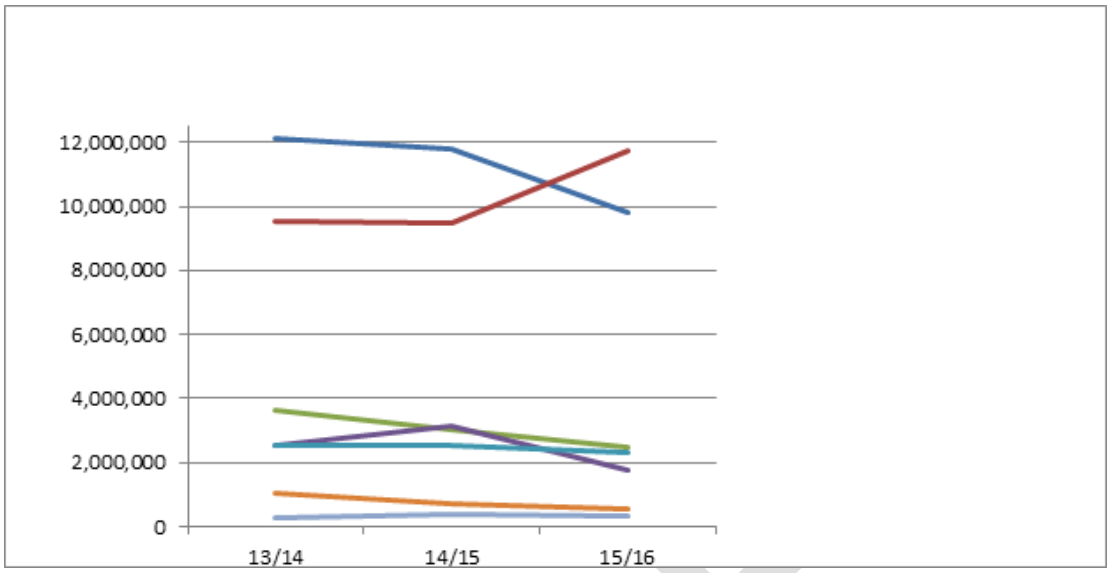
- 5% or 1,8m is sent on RRR and intermediate care services

- 2% or 0.5m is spent on day services to reduce isolation and maintain independence

- 1% or .03m is spent on equipment to help people stay in their own homes

- 12% or 4m is spent on staffing costs. We employ specialist workers, OTs, social workers, and occupational therapists.

How has this changed over time?



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

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

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

Key Data

The support given by Adult Social Care includes:

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

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

- Responded to contacts to Adult Social Care, 2024 of these contacts resulted in a new case and 899 were contacts made in person
- Completed 3505 Adult Assessments of which 396 were Occupational Therapy assessments
- Reviewed 861 Client Care Plans to ensure services they receive are still appropriate and meet client needs
- Supported 640 dementia patients through the memory clinic
- Supported 145 dementia clients and their families to access local services, including information and advice
- Placed 75 residents aged 65 years and over into a Care Home
- Supplied 5,013 pieces of equipment to 938 clients (up from 528 the previous year) to remain independent and supported 319 residents to be cared for the community through the provision of Telecare; this included 764 pieces of equipment
- Completed 688 Carers assessments (up from 291the previous year) and 207 Carer Reviews
- Supported 127 local residents and their families to access support services after a stroke
- Helped 17 people with learning disabilities to move into independent supported settings

Our Vision for Adult Social Care

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

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

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

- **6.3 Develop preventative approaches to ensure that vulnerable people become more able to support themselves and an overall prevention strategy:** The development of a local system-wide strategy and action plan, spanning voluntary, health and social care services to maintain a healthy population in the community, working with the high consumers of services through targeted prevention and wellbeing plans

- **6.4 Build capacity within the community and voluntary sector to enable a focus on supporting more people to manage their own care needs:** We will focus on nurturing strong communities by developing good social networks, increasing peer support and volunteer relationships, valuing the roles of carers and striving to ensure that everyone is able to make a contribution. This will increase the breadth of choice people have well beyond traditional social care services. Ensuring the right information is provided to the right people at the right trigger points in their lives. Proactive care and support planning will become the norm and independent advice and advocacy will be provided to people to help develop their support plans

- **6.5 Put in place new models of social care for adults where direct payments will be the norm:** Through the development of the market place and focus on personalised safeguarding outcomes, people will have the choices of finding the right care and support at the right times of their lives

- **6.6 Develop existing safeguarding arrangements to ensure people are at the centre of the safeguarding process and are supported to manage any risks.** Safeguarding encompasses six key concepts: empowerment, protection, prevention, proportionate responses, partnership and accountability. Social care organisations play an important role in the protection of members of the public from harm and are responsible for

ensuring that services and support are delivered in ways that are high quality and safe.

- **6.7 Health and social care Integration:** The scale of the change required cannot be managed in isolation; people do not access care and support just from one single source. Slough services will continue to be commissioned from a whole system perspective around the best outcomes for residents

- **7.7 Procurement, commissioning and contract management:** Change our procurement and contract arrangements so it is more outcomes focused. Develop the market and improve supplier relations around compliance, value for money and efficiency. Work with providers to ensure that there is a consistent quality of services on offer and that these are at a reasonable price for the residents of Slough. Ensure residents placed in Care Homes receive the right service at the right time to improve outcomes. A consistent approach will be developed across social and health care for both internal and external workforces so that we can deal with the changing complexity and demand facing the health and social care economy in the next 5 years

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

Advocacy

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

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

Advocacy Case Study

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

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

Information and Advice

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

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

Case Study

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

Reablement and intermediate care services

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

Case Study

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

Drug and Alcohol Services

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

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

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

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

Equipment and Assistive Technology

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

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

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The Voluntary Sector

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

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

Developing a community resilience strategy

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

1) How can we connect people to information and informal support systems that help them get on with their lives?

2) When someone is in crisis, a) What needs to change quickly?, b) How can we help that change happen?, c) How can we stick to these people and families ‘like glue’ for a short period of time to maximise success?, d) How can we leave people in a better place, being more resilient, less in crisis?

3) When the previous two conversations have been exhausted, a) what does a good life looks like to the person? And how best we can we help them invest their resources to get longer term support arrangements to have the best life they can?

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

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

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

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

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

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

Case Study

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

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

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

Community Navigation Service

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

Case Study

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

Carers Strategy

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

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

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

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

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

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

Redesign of social care pathways and restructure of the service - with the aim of supporting as many people as possible to manage their care and support needs

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

The new approach will encompass:

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

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

Case Study

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

Direct Payments

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

Case Study

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

Redesign of Services

• Learning Difficulties

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

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

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

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

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

Case Study

Ms H was a child in care with Slough's Children's Service. She is autistic and has a learning disability. She has good speech but sometimes does not understand what is being said to her. When she left care, she chose to move into a supported living scheme in Slough with her friend who also had LD. She learnt to do her own personal care, to keep her bedroom clean, to manage her finances and to do her own shopping with support from her supported living provider.
She chose not to go to the day centres because she considered them to be "boring" and wanted to do more in the community. With the help of her support worker, she joined the Slough Employability scheme where she was helped to do a computer course at Chalvey and to complete the "Wave" course which helped her to learn about health and safety and other subjects. Ms H attends "Special Voices" which is a forum for people with LD that gives people with LD the opportunity to input into the design of services. Through Employability, Sally got some work experience at Tesco which was good for her self esteem and helped her learn independent living skills and job retention skills.

• Mental Health

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

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

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

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

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

Case Study

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

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

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

Adult safeguarding is about protecting adults with needs for care and support from abuse by others. Abuse can be something that is done to a person or something that is omitted from being done. It is a violation of an individual's rights and can happen anywhere, including in someone's home, a residential home, a nursing home, a day centre or hospital. It can happen once or repeatedly. Abuse includes physical abuse, sexual abuse, financial abuse, psychological abuse, neglect in an institution (such as a care home) or discriminatory (because of someone's disability, age or sexuality).

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

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

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

<u>Case Study</u>

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

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

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

Ensure Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) provide legal protection for vulnerable people in hospital or a care home registered under the Care Standards Act 2000, whether placed under public or private arrangements. They apply to a person under continuous supervision and control, is not free to leave, and who lacks capacity to consent to these arrangements

Due to a change in case law Slough, like other authorities, saw a massive increase in the number of requests for authorisations from care homes and hospitals. In 2013/14 we received 24 requests for DoLS authorisations, whereas in 2014/15 we received 388. In 2015/16 this stabilised at 342. In order to ensure that we have continued to protect the most vulnerable every application is risk assessed to ensure that the most vulnerable and high risk cases are seen as soon as possible. This includes our response to responding to people being deprived of their liberty in the community. We are restructuring the service to enable us to recruit more experienced staff to manage DoLS.

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

FYP Outcome 6.7 - Health and Social Care Integration

Better Care Fund

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

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

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

- Proactive Care: we will identify vulnerable residents and those at risk to provide intensive support so people can receive the right care at the right time in the right place.

- GP practices across Slough are undertaking a risk profiling activity to identify patients who can benefit from this service. To date there are over two thousand patients on the case management register

- A single point of access into integrated care services: An operating model has been agreed with our health partners with the first phase to be implemented and launched in December 2016. This establishes a single point of access for accessing community health and social care services that will support those in crisis and direct them in to the right services in a co-ordinated and timely way.

- A review of intermediate care needs of local residents is underway and we have changed some parts of the system to ensure closer ties with social care and primary care.

Workforce Strategy

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

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

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

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

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

7.7 Procurement, Commissioning and Contract Management

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

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

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

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

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

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

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

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

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

Priorities for 2016/17

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

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

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

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

- Develop the community resilience strategy
- To work in partnership with local groups to bring together services that reduce isolation
- Review quality of services and use an evidence based approach to drive up quality
- To continue to increase knowledge and understanding about the needs of carers and young carers in Slough by working with a range of local stakeholders including health, places of worship, employers and schools

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

- Complete the redesign of social care pathways and restructure of the service.
- Further develop our model of community based working that draws on the professional expertise of all community officers and SPACE
- Implement the Community Hub approach
- Develop the market to become more flexible and offer more choice to allow personal budget holders to choose for themselves where they spend their money

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

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

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

6.7 Health and social care Integration

- Radically transform Slough's community based care and support system by 2019, supporting people to live longer, healthier lives
- Develop the Single Point of Access for health and social care services
- Redesign intermediate care services to meet local needs
- Co-produce a Slough wide workforce development strategy so that we are able to meet the challenges of increasing demand and complexity of peoples lives
- Reform the Social Care system through system redesign of the work force to fit the needs of local people

7.7 Procurement, commissioning and contract management

- Change our procurement and contract arrangements so they are more outcomes focused
- Develop the market and improve supplier relations around compliance, value for money and efficiency
- Work with providers to ensure that there is a consistent quality of services on offer and that these are at a reasonable price for the residents of Slough
- Ensure residents placed in Care Homes receive the right service at the right time to improve outcomes

Feedback

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

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

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

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

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

By e-mail: beinvolved@slough.gov.uk

By Telephone: 01753 87 5538

By Post: Commissioning Service
Adult Social Care
Slough Borough Council
St Martins Place
Bath Road
Slough
SL1 3UF