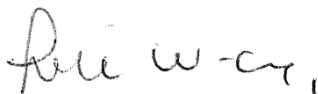


Date of issue: Friday, 15 March 2019

| | |
|---|---|
| MEETING: | HEALTH SCRUTINY PANEL (Councillors A Sandhu (Chair), Smith (Vice Chair), Ali, Chaudhry, M Holledge, Matloob, Qaseem, Shah and Strutton) |
| | NON-VOTING CO-OPTED MEMBERS Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative |
| DATE AND TIME: | MONDAY, 25TH MARCH, 2019 AT 6.30 PM |
| VENUE: | VENUS SUITE 2, ST MARTINS PLACE, 51 BATH ROAD, SLOUGH, BERKSHIRE, SL1 3UF |
| DEMOCRATIC SERVICES OFFICER: (for all enquiries) | NICHOLAS PONTONE 01753 875120 |

NOTICE OF MEETING

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



JOSIE WRAGG
Chief Executive

AGENDA

PART I

AGENDA
ITEM

REPORT TITLE

PAGE

WARD

APOLOGIES FOR ABSENCE

CONSTITUTIONAL MATTERS

- | | | | |
|----|--|-------|---|
| 1. | Declarations of Interest | - | - |
| | <i>All Members who believe they have a Disclosable Pecuniary or other Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 4 paragraph 4.6 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.</i> | | |
| 2. | Minutes of the Last Meeting held on 17th January 2019 | 1 - 6 | - |
| 3. | Action Progress Report | 7 - 8 | - |

SCRUTINY ISSUES

- | | | | |
|----|---|----------|-----|
| 4. | Member Questions | - | - |
| | <i>(An opportunity for Panel Members to ask questions of the relevant Director/ Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated).</i> | | |
| 5. | Adult Social Care Local Account 2017-18 | 9 - 66 | All |
| 6. | Oral Health in Slough - Update | 67 - 70 | All |
| 7. | Disability Task and Finish Group - Report and Recommendations | 71 - 110 | All |

ITEMS FOR INFORMATION

- | | | | |
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| 8. | Members' Attendance Record | 111 - 112 | - |
| 9. | Date of Next Meeting | - | - |

27th June 2019

Press and Public

You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before the Committee considers any items in the Part II agenda. Please contact the Democratic Services Officer shown above for further details.

The Council allows the filming, recording and photographing at its meetings that are open to the public. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings. Anyone proposing to film, record or take photographs of a meeting is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

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Health Scrutiny Panel – Meeting held on Thursday, 17th January, 2019.

Present:- Councillors A Sandhu (Chair), Smith (Vice-Chair), Ali, Chaudhry (until 8.30pm), M Holledge, Matloob (from 6.42pm) and Strutton

Apologies for Absence:- Councillors Qaseem and Shah and Colin Pill.

PART I

46. Declarations of Interest

No declarations were made.

47. Minutes of the Last Meeting held on 21st November 2018

Resolved – That the minutes of the last meeting held on 21st November 2018 be approved as a correct record.

48. Action Progress Report

The Panel noted the progress being made on the actions agreed at recent meetings. It was highlighted that the Panel's proposed visit to Respond and Lavender Court had not yet been arranged. All other actions were either completed or ongoing.

Resolved – That details of the Action Progress Report be noted.

49. Member Questions

No questions from Members had been submitted.

50. First Annual Report on Immunisations & Screening in Slough

The Panel received a presentation from Olivia Falgayrac-Jones, Director of Commissioning, Paula Jackson and Nisha Jayatilleke, Consultants in Public Health – Screening & Immunisations from NHS England on NHS Immunisation and Screening programmes in Slough.

The presentation set out the operating model for the delivery of the immunisation programmes; the key objectives and priorities for 2018/19; the actions designed to drive quality improvement; performance data; and the approach towards collaborative working with partners. Two of the charts in the appendix had not reproduced correctly in the agenda pack and it was agreed they would be circulated to Members as part of the presentation slides.

(Councillor Matloob joined the meeting)

During the course of the presentation it was noted that:

Health Scrutiny Panel - 17.01.19

- Slough had a historically low uptake on immunisation and screening programmes. The first annual report sought to benchmark against progress.
- NHS England was responsible for commissioning screening and immunisation programmes with GP practices being the main providers of childhood immunisation for children under 5 years of age and NHS Trusts the main providers of NHS screening programmes.
- The programmes included a wide range of activities including cancer screening, maternity screening, childhood and adult immunisation programmes as set out in Tables 1, 2 and 3 of the appendix.
- There were variations in the uptake of immunisations and the work to improve the rates of childhood immunisations in Berkshire was summarised. This included improving data collection, sharing good practice and ensuring timely reminders through the Child Health Information System.
- There had been increased uptake in Slough on all but one childhood immunisation programme in the past year, however, uptake in Slough remained below the England averages.
- Priorities for the future included improving links between practices and health visitors and outreach clinics in places where immunisations couldn't be delivered in the school setting.
- The main adult programme was for seasonal flu vaccination which was also targeted at eligible groups of children and at risk groups. 49,000 children in Berkshire had been vaccinated and the national target had been exceeded, however, take up in Slough was below the national average and national ambition.
- For example, only 26% of 2 year olds were vaccinated in Slough last year compared to the national average of 43%. Two-year-olds were considered to be "super-spreaders" and proactive work had taken place to increase uptake this year. Early indications were that this had been effective.
- A number of developments and improvements to screening programmes were explained, including a new test for bowel cancer. Targeted work took place in communities to increase awareness of screening programmes and local action was taken to maximise the impact of national campaigns such as the upcoming "Be Clear on Cancer" campaign.

The Panel had a wide ranging discussion about performance issues; collaboration with partners including local authorities and communities; and the importance of effective and regular promotional campaigns to raise awareness. NHS England sought to work with local partners to promote campaigns and there was regular press and social media activity. Members offered to use their connections with local residents to support future campaigns, for example, through involvement in photo opportunities or using their social media feeds to communicate key messages.

A Member queried the performance indicator for DTaP/IPV booster for children aged 5 and asked whether it should be 'red' rated due to the deterioration in performance in the past year and the fact it was significantly

Health Scrutiny Panel - 17.01.19

below the England average. The dip in performance was explained and action had been taken to increase the timeliness of vaccinations. Uptake of MMR 1st and 2nd dose for age 5 was 81% in Slough in 2017-18 and Members were concerned that this implied 19% of children were not immunised. It was noted that the indicator was specifically for those aged 5 and that some children would be immunised when they were slightly older. A detailed explanation was provided about the meningitis vaccination process in young adults. NHS England worked with schools, colleges and universities. It was suggested that Slough Youth Parliament be engaged.

Prostate cancer screening was not included on the list of screening programmes in Table 9 of the report. A Member expressed concern that it appeared it wasn't a priority, however, it was explained that it was not included in the table as prostate cancer was not part of the nationally commissioned programme. There was a discussion about the process of selecting those included in nationally mandated programme, which was done by the National Screening Committee. The Panel agreed that preventative action to reduce the risks of such cancers was vital. Ethnicity was a factor in the prevalence of prostate cancer and early detection was key to patient outcomes.

The figures in the report were Slough wide and the Panel asked whether any data was available which showed any variations by ward, age, ethnicity or other demographic factors. It was responded that practice level data was available and there were variations. There were groups less likely to take up screening such as younger people, men and those from vulnerable groups. The services needed to work with communities to raise awareness and accessibility to address such variations including by 'normalising' immunisation and making it feel a routine part of what people did to protect themselves and their families. The role of community leaders in spreading this message was recognised and Members expressed an interest in playing an active role in supporting campaigns and contributing to the working group to promote engagement and awareness.

It was recognised that vaccinations carried risk and a Member question how negative reactions were recorded and lessons learned. Assurance was provided that vaccinations were thoroughly tested and negative impacts were reported, monitored and taken into account in future programmes. Members asked for further information on the prevalence of such risks and it was agreed this would be provided.

At the conclusion of the discussion, the Panel welcomed the presentation and thanked colleagues from NHS England, Public Health and East Berkshire CCG for their contributions. A Local Action Plan was being developed and it was agreed that the Panel would receive a report on this later in 2019. Members offered to contribute to the working group on the communication and awareness raising activity of the programmes.

Health Scrutiny Panel - 17.01.19

Resolved –

- (a) That the action being taken to deliver the national programmes for immunisation and screening and their progress is tackling health inequalities in Slough be noted.
- (b) That the proposed Local Action Plan be reviewed in 3-6 months to ensure had the action tailored to the needs of Slough and relevant partners were addressing the relatively lower uptake and health inequalities in both immunisation and screening.
- (c) That the Panel receive an Annual Report on Immunisation and Screening from NHS England every year.
- (d) That members of Panel be involved in supporting communications and campaigns activity to promote the take up of immunisation programmes.

51. **Mental Health: Review of Hope College and Mental Health Services**

The Head of Mental Health Services introduced a report that updated the Panel on Hope College and other mental health service developments. The Panel was joined by several Peer Mentors who shared their experiences about the progress that had been made in the past year.

The Hope Recovery College was an innovative and comprehensive pathway for the local population which encompassed a range of services. Co-production was a key principle of the College and the engagement of service users was critical. Significant progress had been made in the past year including a wide range of events such as the Stronger Together conference on World Mental Health Day. The future expansion plans for 2019 were outlined which included a bespoke website that was being developed, an action research project focused on loneliness and the expansion of the Peer Mentors working at Prospect Park Hospital. The Slough Model that had been developed was considered to be best practice and a number of other areas had shown interest in learning from the local experience.

Five Peer Mentors each addressed the Panel to explain the role they were playing and their experiences in the past year. This included their respective involvement in co-production; the Green Care scheme, which was the development of a green space at the Windmill Centre; and the regular open mornings at Hope College.

A number of points were raised during the course of the discussion which are summarised as follows:

- How many people were using the services and how were the impacts being measured? Data was being collected on outcomes and relatively small investment in the programme could generate significant savings in other services. For example, in the first 12 months of ASSiST there

Health Scrutiny Panel - 17.01.19

had been 103 people in the first cohort which had led to a significant reduction in the costs of in patient admissions.

- What were the links to young people's services such as Kooth? The services aimed to build networks and there were links to Slough Youth Parliament and with schools. The aim was that the new website would be people of all ages.
- Were mental health services working effectively with other Council services such as housing and benefits? The challenges of inter departmental working were recognised but the team was seeking to involve officers from across the Council and make the right connections to achieve the best outcomes for people.
- What was being done to tackle the problem of social isolation? Loneliness was not always recognised but it was an important theme across the many events that were run locally by the team. 644 people had been reached by such events in the period between October to December 2018.
- How were people referred to the College? It was a secondary mental health service at present with relatively limited resources. There was a dialogue with commissioning bodies to expand the service but it was sometimes difficult to secure mainstream funding for such innovative approaches.

(Councillor Chaudhry left the meeting)

Members thanked the Peer Mentors for their contributions to the meeting which was considered to be very helpful in understanding the work that was being done to support service users in Slough. At the conclusion of the discussion, the report was noted.

Resolved – That the report be noted.

52. Frimley Health and Care Integrated Care System: Draft Operational Plan 2019/20

The Panel received a report that updated on the Frimley Health & Care Integrated Care System.

It was noted that the draft of the Operational Plan for 2019/20 had been circulated to members of the Panel. Feedback was being analysed and a second draft would be circulated shortly. The NHS Long Term Plan had been published on 7 January 2019 and the ICS Operating Plan would need to take account of the additional priorities arising from that documents. The update was noted.

A Member highlighted that the long standing concern about bus services to Wexham Park Hospital. This was a matter to be raised directly with NHS Frimley Health Foundation Trust. It was agreed that their Chief Executive be invited to a meeting of the Panel early in the 2019/20 municipal year to provide Members with the opportunity to raise such issues.

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Resolved – That the update on the Frimley Health & Care Integrated Care System be noted.

53. Forward Work Programme

Members considered the Forward Work Programme for the Panel for the remainder of 2018/19. The following additions and amendments were agreed:

- March 2019 – items agreed as per Appendix A.
- NHS Frimley Health Foundation Trust to be added to the provisional programme for early in the 2019/20 municipal year.
- Item of GP provision to be added provisionally for 2019/20 to cover issues such as access, appointment times, condition of buildings and patient satisfaction levels of GP surgeries in Slough.
- Immunisation and Screening Programme Action Plan – to be added early in the new municipal year.
- Immunisation and Screening Programme Annual Report – to be added in 12 months time.

Resolved – That the Forward Work Programme be agreed.

54. Attendance Record

Resolved – That the Members' Attendance Record for 2018/19 be noted.

55. Date of Next Meeting - 25th March 2019

The date of the next meeting of the Panel was confirmed as 25th March 2019.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.40 pm)

Health Scrutiny Panel – Actions Arising from Meetings

17th January 2019

| Minute: | Action: | For: | Report Back To: Date: |
|---------|---|---------------|---|
| 50 | That the Panel receive further information on the incidences of negative reactions to vaccinations. | Public Health | HSP February 2019 Circulated to the Panel on 27 th February 2019 |

16th October 2018

| Minute: | Action: | For: | Report Back To: Date: |
|---------|---|-------------------|--------------------------|
| 27 | Member visit to be arranged to Respond and Lavender Court (instead of Priors and Phoenix Day Centres which were undergoing refurbishment). | Adult Social Care | HSP Early 2019 |
| 29 | Resolved: That the Panel support further engagement with and contribution from communities and residents, in particular with becoming more physically active. | Public Health | HSP Ongoing |
| 31 | Resolved: a) That the area of joint working between the Panel and Slough Wellbeing Board as detailed in paragraph 5.4 of the report be agreed. | Scrutiny Officer | HSP Ongoing |

| | | | |
|----|---|--|--|
| | <p>b) That the Panel ask the Wellbeing Board and partners to consider how to improve the provision and access to green spaces, including in new developments, allotments etc. to improve residents activity and wellbeing.</p> <p>c) That the Slough Wellbeing Board receive a report on the outcomes of the Disability Task & Finish Group at its meeting in May 2019.</p> | <p>Wellbeing Board</p> <p>Wellbeing Board</p> | <p>HSP Ongoing</p> <p>Wellbeing Board 8th May 2019</p> |
| 32 | The Panel requested further detail on the outcomes of concern/enquiries; the types of physical abuse reported and any relevant comparative data with previous years for types of abuse. | Safeguarding Adults Board | HSP 21 st November 2018 |

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 25th March 2019

CONTACT OFFICER: Sally Kitson
Strategy and Partnership Manager

(For all Enquiries) (01753) 875594

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

ADULT SOCIAL CARE LOCAL ACCOUNT 2017-181. **Purpose of Report**

To provide the Health Scrutiny Panel with a brief overview of the draft Adult Social Care Local Account 2017-18.

2. **Proposed Action**

The panel is asked to comment on the Local Account 2017-18 before it is finalised and available on the Council's website.

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

3.1 The Local Account provides details about performance and summary of activities of Adult Social Care for the year to March 2018.

3.2 It also outlines our approach within Adult Social Care which is in line with the Council's Five Year Plan of *putting people first* and ensuring our communities are at the heart of everything we do. The strength based approach adopted in Adult Social Care is continuing to develop. This is based upon the premise that we promote and value the strengths, connections and aspirations of individuals seeking support. It also means that we are continually seeking opportunities to work more closely with people using services as well as the wider communities to enable them to be more independent, resilient and confident to do more for themselves.

3.3 We have also emphasised in the Local Account are approach of continuing to work in a more collaborative and preventative way with our partners including the voluntary and community sector as well as health through the Frimley Integrated Care System. We know that this is essential in order to us to find sustainable solutions to support the most vulnerable in our community.

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

The Local Account includes a summary on expenditure within Adult Social Care during the financial year 2017-8.

(b) Risk Management

The Local Account provides an opportunity to increase awareness about the challenges and opportunities with Adult Social Care through the major changes in national and local policy, such as continued integration with health.

It also enables us to outline our ambitions and prioritises for the year ahead, including adopting a co-productive approach which will mean working in more equal partnerships with people that use services and our other stakeholders. This will be a different way of working which will be challenging, ambitious and meaningful.

(c) Human Rights Act and Other Legal Implications

There are no implications as a result of this report.

(d) Equalities Impact Assessment

There are no implications as a result of this report

5. **Supporting Information**

- 5.1 The Local Account is an important aspect of our commitment to transparency within Adult Social Care as well as our commitment to improving quality. It highlights key achievements within Adult Social Care and demonstrates progress the Council is making towards positive outcomes for residents who are dependent on health and social care services as well as areas for improvement.
- 5.2 We have developed a more accessible and succinct format of the Local Account this year to enable our local community to have highlight information. It is our intention to work with the newly established co-production network to agree the most appropriate format and approach disseminated this information to our community moving forward.

6. **Conclusion**

- 6.1 Slough has produced a draft Account of Adult Social Care for 2017-18. It provides information about policy changes including the move to greater integration with health as well further updating development with our strength and asset based approach within Adult Social Care. It highlights key achievements which resulted in delivering value for money through more innovative and person centred services for residents as well as areas for improvement based on the national Adult Social Care Outcomes Framework (ASCOF) data. The Local Account also outlines our priority areas to focus upon for next year.

7. **Background Papers**

Appendix 'A' Slough Adult Social Local Account 2016-18 (Draft)
Appendix 'B' ASCOF Data 2017-8.

Slough Adult Social Care

Local Account 2017/18



Welcome

I am very pleased to welcome you to your annual local account of adult social care for 2017/18. It will provide you with an update about some of our achievements during the year, as well as a summary of our continuing challenges. It will tell you about how we are facing these challenges by having priorities in place that are aligned to national policy drivers as well as the council's ambitious Five Year Plan

<http://www.slough.gov.uk/council/strategies-plans-and-policies/five-year-plan.aspx>.

Our Five Year Plan outlines our commitment to **putting people first**, through ensuring our communities and people are at the heart of everything we do. We said we will do this through strong communication and engagement with people. It is therefore really important we continue to really listen and respond to what people using adult social care services have told us about their experiences.

In the 2016/17 Local Account we outlined the rising demand for adult social care services against a backdrop of reducing resources. We shared how we are responding to this through adopting a preventative strength based approach within adult social care. This approach is based upon really valuing and promoting the unique strengths, connections and aspirations of individuals as well as the communities they are part of.

We recognise that it is only through strong partnerships and collaboration with all our partners, including the NHS and the voluntary and community sector that we will be able to meet the second priority within our Five Year Plan which is **'Our people will be healthier and manage their own care needs'**.

As well as creating an environment which promotes individual and community independence and resilience, we also have a duty to continue to safeguard the most vulnerable in our community. It is therefore important we deliver sustainable services to support these people. We will wherever possible help them to live as safely and for as long as possible in their own homes. This will mean continuing to have individualised support in place which will include the growing use of assistive technology and direct payments.

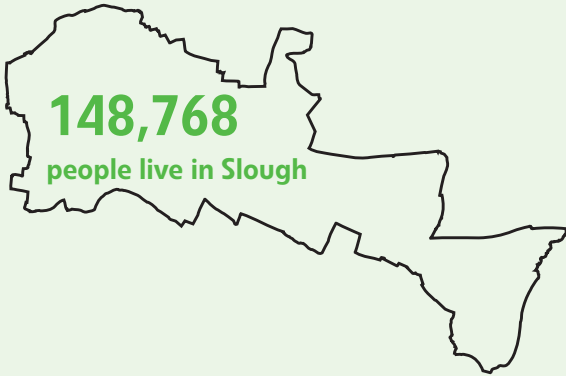
Our continued challenges have also brought new opportunities for us to work differently and more closely with our community. We are really excited about working in a more co-productive way with people that use services, their carers and partner organisations. We will strive to work in a more innovative way through having more equal partnerships in place, whereby we will really listen to and value experiences that can help us find shared solutions.

Alan Sinclair
Director of Adults and Communities



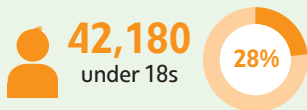
About Slough: Our people

People



Ethnicity

The 2011 Census showed Slough to be one of the most ethnically diverse local authorities outside of London with **46%** of the population identifying as White British or White Other, **40%** Asian or British Asian, **8.6%** Black or Black British and **3.4%** mixed race.



The average of over 65s for England is 19%

Main language

English 67%

Polish 6%

Punjabi 6%

Urdu 5%

Somali 1%

Health



Life expectancy in Slough for men is 59.6 years, whereas 63.3 is the national average.



Life expectancy in Slough for women is 59.5 years, whereas 63.9 years is the national average.



34.8% of Slough's population is estimated to be inactive - participating in fewer than 30 minutes sport or physical activity per week - significantly higher than the regional average of 22.7%.



Slough has a higher estimated prevalence of diabetes among the adult population at 10.2%, compared to the 8.1% regional and 8.5% national average.



Slough has a preventable cardiovascular mortality rate of 69.3 deaths per 100,000 of the under 75 population, compared to a rate of 46.7 across England and a regional average of 38.4.

For more information, visit: www.slough.gov.uk/council/joint-strategic-needs-assessment/

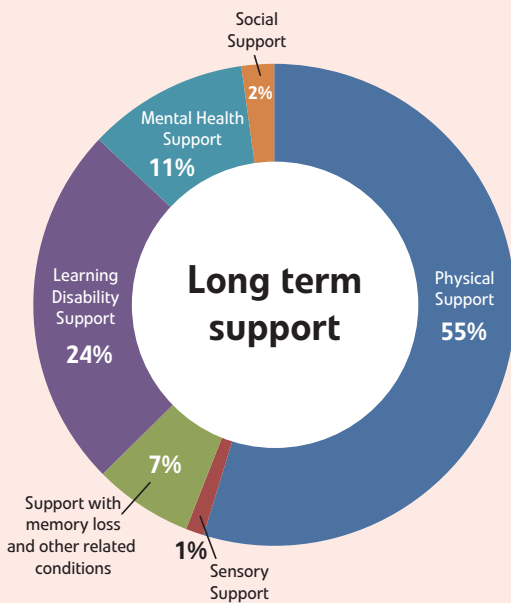
Adult social care: How are we doing?

People

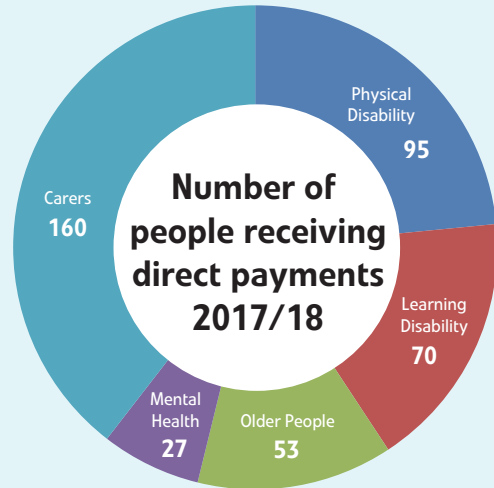
2,245 people used adult social care services in 2017/18

1,012 people received short term support, including reablement and rehabilitation following discharge from hospital

1,233 people were receiving long term support at the end of the year; this includes nursing care, residential care and direct payments



Direct Payments



Budget

We spent approximately £32m on adult social care in 2017/18. This includes:

| | | |
|--|--------|-------------------|
| | £12.2m | Care Homes |
| | £4.8m | Supported Living |
| | £5.7m | Care at Home |
| | £1.4m | Day Opportunities |
| | £4.2m | Direct Payments |

The remaining budget was spent on staffing costs, the voluntary sector, replacement care (respite) and other preventative services.

What you have told us

The Adult Social Care Outcomes Framework (ASCOF) set priorities for care and support and is used to measure progress and strengthens accountability.

Highlights of the 2017/18 results.

79.2% told us they have control over their daily lives

80.7% said that services they receive help them to feel safe and secure

98% of carers receive self-directed support

73.6% find it easy to find information about support

However, only 62.3% are satisfied with the care and support they receive. This is a marked improvement from the 57.2% last year, but we still have work to do.

In the Local Account 2016/17 we highlighted a number of priorities. Here is a summary of how we got on.

| We said | We did |
|---|---|
| Target key groups and individuals most at risk of poor health and wellbeing to take up health checks. | In 2017/18, 18.9% (6,759) of eligible adults aged 40-74 were offered an NHS Health Check and 7.3% (2,598) received an NHS Health Check. This is an increase from the previous year. |
| Continue to support more people to manage their care and support needs through direct payments. | The number of service users choosing a direct payment instead of a commissioned service increased from 52% to 59% in 2017/18. |
| Promote preventative activity, including social prescribing. | A wellbeing prescriber pilot took place in 2017, co-ordinated by SPACE. |
| Roll out the single point of access integrated hub. | The single point of access (Berkshire Integrated Hub) went live in September 2017. |
| Relaunch the Safe Place Scheme. | The Safe Place scheme was relaunched in Slough in November 2017. |
| Work with the NHS to develop our Frimley Health and Care Sustainability and Transformation Partnership (STP). | Now known as the Frimley Health and Care Integrated Care System (ICS), we are working closely with the NHS to support the health and wellbeing of Slough residents. |

Highlights

Our achievements

- 90.1% of older people (65+) who receive reablement or rehabilitation services after being discharged from hospital are still at home 91 days following discharge. Slough consistently performs well in this area, supporting our older population to remain at home for longer.
- More people quit smoking in Slough (71%) than the local (51%) and national (51%) average after help from our smoking cessation service.
- More of our residents are benefitting from assistive technology to support their health and care needs. This includes a project that used technology to support people with learning disabilities to improve their health, activity levels and social connections.
- The successful introduction of the Responder Service prevented 687 unnecessary ambulance call outs.
- Of the DoLS (Deprivation of Liberty Safeguards) applications received, 100% of individuals who lacked capacity were supported by an advocate, compared to 88% last year.
- 540 people and their families were supported through the Slough Memory Clinic to access local services, including information and advice.
- We had 8,017 contacts of which 2,146 progressed further.
- 405 people including carers received a direct payment, which is an increase of 45 over the last year.

Our challenges

- An increasing number of people who use adult social care services are telling us that they have as much social contact as they would like. However it is still only 43.8%, so we have more to do with our partners to reduce loneliness and social isolation in Slough.
- 69.6% of Slough adults aged over 65 received the flu jab and 47.5% of people that are at risk received the jab. This is lower than the local and national average.
- Although the number of people who feel satisfied overall with the care and support they receive has increased, at 62.3% we still need to improve their experiences.
- Slough residents are less active compared to the regional and national average. We need to do more to encourage our residents to live more active lifestyles.



Supporting people to live safely

Safeguarding

Ensuring the most vulnerable adults in our community are supported to feel and live safely remains a high priority. This year:

- 118 individuals were subject to safeguarding enquiries
- 225 DoLS (Deprivation of Liberty Safeguards) applications were received:
 - o 51% relate to individuals with dementia
 - o 24% with learning disabilities
 - o 70% were granted
 - o 24% were not granted.
 - o 6% were withdrawn

Safe Place Scheme

In 2017 the Safe Place Scheme was relaunched in Slough. This works by asking local businesses and services, who have signed up to the initiative, to place a 'Safe Place' sticker in their window. This helps identify businesses and services as a place where vulnerable people can seek help should they feel uncomfortable or unsafe when out and about.

This usually means making a telephone call on the person's behalf; to the police, a parent, carer or support worker and providing a temporary safe haven until support arrives or it could be as simple as offering someone a place to sit and a glass of water.

Further information about the national scheme can be found at: widgit.com/safeplacescheme

Prevent

“ A young male with learning disabilities was referred to Prevent (the Government's strategy to stop people becoming terrorists or supporting terrorism) with concerns about possible extremist attitudes and radicalised behaviour. He was assessed as isolated and vulnerable after leaving education. A multi-agency approach resulted in appropriate support being put in place to ensure he is no longer isolated or vulnerable to radicalisation. One to one support through the local authority has resulted in him learning new skills, meeting new people and gaining help with finding employment. ”



Supporting people to feel socially connected

GoodGym

The GoodGym has a three tier offering:

- 1) A weekly running and volunteering group that helps around the borough with local tasks
- 2) Small groups of volunteers who run to an older isolated adult and help with a one off task
- 3) Individuals that run to an older isolated adult to relieve the burden of loneliness through befriending.

“ Jenni and Manjit arrived and met the lovely Mr A, who needed a sofa moving to the garden, to make a bit more space for when his wife came out of hospital. The duo quickly set to work lifting the cushions then moving the sofa out to the garden, ready for the council to collect later. Mr A also gave them some chocolates to share with the rest of the GoodGym Slough group as a thank you. ”



SPACE



We continued to invest in the voluntary sector through SPACE (Slough Prevention Alliance

Community Engagement). Highlights for 2017/18 are detailed below.

- The Slough Advice Centre held a showcase event to demonstrate the wide range of services provided from the centre and through partners.
- Strengths based conversation training was delivered to SPACE associates, as well as training around deaf awareness and learning disability awareness to ensure that SPACE associates are skilled at working with the whole community.
- Community events have been led by SPACE associates e.g. the International Older Peoples' day event run by Slough Seniors.
- 66% of people who responded to the health and wellbeing questions improved their score after a SPACE intervention.
- A new group called 'Men's Matters' was launched in Langley to connect socially isolated and lonely men together. It has a growing membership and offers regular lunches, social outings and health related advice sessions such as diabetes awareness. It also signposts members to organisations to get more targeted support as required.

Wellbeing Prescribing

The Wellbeing Prescribing pilot incorporated all aspects of a person's health and wellbeing, which included their social, practical, physical and emotional needs.

People were referred by adult social care and GPs to the Wellbeing Prescribing Service for an assessment. Individuals were then connected to the relevant voluntary organisations, to help meet their identified needs.

“ Miss W. is a 55-year-old lady who is registered blind, partially deaf, had recently experienced two bereavements in her life and as a result, felt incredibly lonely and isolated.

Through conversations and relationship building with the Wellbeing Prescriber, it was identified that Miss W would like to attend a recently developed 'Living with a long term condition' workshop. It was also agreed that she may benefit from counselling services to address her recent bereavements.

The main goal for Miss W. was to get involved with volunteering. Following the support she received through the Wellbeing Prescriber Services, she now feels empowered to start volunteering, and is supporting other residents of Slough.

”

Support for carers

Carers Strategy

The Slough Carers Partnership Board has continued to oversee the joint five year Carers Strategy, developed by Slough Borough Council, The Slough Children's Services Trust and Slough CCG. For more information visit www.slough.gov.uk/council/strategies-plans-and-policies/slough-carers-partnership-board.aspx

Berkshire Healthcare Foundation Trust

A new carers lead is working across both Slough Community Mental Health Team and Slough Older People's Mental Health Team services. They undertake:

- assessments of carers supporting people with mental health problems and dementia,
- facilitate Carer support groups - including monthly café,
- offer regular carers training, information sessions and forums.



Slough Carers Support

Highlights from the year:

- Slough Carers Support relaunched the Carers Discount Card, which offers discount at a number of local businesses. For more information visit: www.sloughcarerssupport.co.uk/carers-card-benefits
- 510 carers registered
- 356 carers are receiving the monthly newsletter
- 3 new peer support carers groups in place as well as quarterly carers forums
- hosted a successful carers week 2017 - 114 carers were part of the activity.



Working with Carers UK

A digital resource is available to all Slough carers offering a range of e-learning tools, information and sign-posting. It also includes free access to the Jointly app, which supports carers to co-ordinate their caring responsibilities. 206 carers accessed this resource last year.

To find out more, visit:

www.slough.gov.uk/health-and-social-care/digital-tools-to-support-carers.aspx

Slough Borough Council is a member of Employers for Carers, which provides information and support to organisations to enable them to be a more carer-friendly employer. SBC has an umbrella membership; this means small or medium employers in Slough (with fewer than 250 staff) can access the resources through our membership, free of charge. To date, seven local businesses have subscribed.

For more information, visit:

www.slough.gov.uk/health-and-social-care/employers-for-carers-.aspx



**I am a carer.
I also have
a career.**

It can be a real struggle for colleagues who are combining work with caring for a loved one who is older, disabled or seriously ill.

Slough Borough Council supports working carers, and is an active member of Carers UK's business forum, **Employers for Carers**.

Our membership includes access to **efcdigital.org** which offers a range of resources that can help us support our staff who juggle work and care.

To better understand how to support colleagues who are carers, create your own account with our membership code.

efcdigital.org
Membership code #EFC1769

ec employers for carers **Slough Borough Council**

Employers For Carers is an employer membership service provided by Carers UK. Carers UK is a charity registered in England and Wales (246329) and in Scotland (SC039927) and a company limited by guarantee registered in England & Wales (0448079). Registered office: 20 Great Dover Street, London SE1 4LX. www.employersforcarers.org

carersuk

Regional developments to support carers

Slough Borough Council led a Berkshire wide engagement event looking at the integrated approach to supporting carers in both health and social care settings. The outcome was to raise awareness of carers and young carers, and was attended by approximately 70 people. This will help inform future developments to support the needs of carers.

Supporting people to live independently in their own homes

Responder Service

This council run 24 hour service is operated through Careline. It offers additional help for vulnerable or elderly people with no other support. The service aims to:

- support residents to maintain independence and remain in their own homes,
- reduce the need for ambulance services,
- reduce the number of presentations to Accident and Emergency departments,
- reduce the number of avoidable hospital admissions.

The service is delivered following individuals triggering their alarm for assistance, using their assistive technology system.

“ Mrs H wears a wristband activator which can alert Careline using her phone line.

I've got MS (multiple sclerosis) and once I fall over I can't get up without help. Over the years I have had them out a few times. It used to be the paramedics who came out and all they had to do was just get me up. It is a very good service, they are really nice. It is a great reassurance and my daughter feels happier as well. I never take the wristband off; I have even been known to take it on holiday!

”

In 2017/18 there were:

- 702 responder service attendances to such alarms
- 393 confirmed falls
- 15 required an emergency ambulance service attendance
- 687 ambulance call outs prevented.

For more information, visit

www.slough.gov.uk/health-and-social-care/telecare-and-assistive-technology.aspx

FallsFree4Life

As one in three people aged 60 and over fall each year, Slough Borough Council has commissioned this innovative free service. FallsFree4Life is aimed at preventing falls entirely in those aged 60 and over in the Slough area. This is achieved by reaching out into the community to identify those that may be at a medium risk of falling often without knowing it.

In 2017/18 the service carried out 636 assessments and won the Royal Society of Public Health Technology & Health Innovation Award.

“ The well balance exercise class is very good. I feel more confident to go and do my daily activities. Before the classes I felt reluctant to leave the house and I felt really depressed most of the time. These classes have been a lifeline for me. Mr A.

”

Slough Memory Clinic (as part of Older People's Mental Health Service)

The Memory Clinic now offers an evidenced based Cognitive Stimulation Therapy in English and Punjabi to patients. The aim is to stimulate cognition through discussion, activities and orientation. Each session has a different theme and in addition to maintaining and supporting cognitive functioning, it has also shown in some cases to contribute to reduced stress and anxiety. We use a range of resources for each session, including food, music and sensory activities.



“ Before attending these sessions I would stay in one place, I did not know what will happen and how life will go. I used to worry about how I will manage. But coming to the group and seeing other people, I know I'm not alone. There was a time I would buy things for the house and could buy 10-15 items without a shopping list. Now even with a list, I will forget things from that list.

Now I've come back to that same situation, I'm not 100%, but I feel 80%, I'm alright. Someone who keeps thinking and thinking will ruin themselves. If I did not join the group, it is possible that I would be in a home now. There was so much stress building up, but now I ignore the worries.

Mr A, who attended the sessions.

”

Working closely with our partners and the NHS

Frimley Health and Care Integrated Care System (ICS)

Last year we provided an update about the Frimley Health and Care Sustainability and Transformation Partnership (STP) which brings together more than 30 statutory health and social care organisations to improve services and support residents to live healthy, happy and independent lives. This has now been re-modelled to Frimley Health and Care Integrated Care System (ICS).

The ICS has set five priorities which include: improving prevention and self-care, improving outcomes for people with long term conditions, managing people living with frailty or complex conditions, urgent and emergency care, and reducing variation and health inequalities.

In the last year the ICS has achieved a number of successes, highlighted below.

- Improved patient experience with more joined up care being provided in people's homes
- Patients have better access to GP and primary care teams (8-8, Mon-Fri, and enhanced urgent care access 7 days a week).
- There are fewer people with mental health problems having to travel out of the area for treatment.
- Employment support services are available for people experiencing serious mental health problems.
- Improved Access to Psychological Therapies (IAPT) services for people with long-term conditions.

- Improved quality of care and support provided in care homes which means that people are less likely to attend A&E, be admitted to hospital or have prolonged lengths of stay in hospital.
- Our shared care record allows our community workers to access information immediately, reducing the number of times people have to tell their story and improving care decisions.

“ James is a 50 year old man with Asperger's syndrome. He has had a difficult life, moving around the country, struggling with his mental health and finding it difficult to look after his own health and wellbeing.

After living in Slough for a few years, James reached a crisis point in his life. His flat was no longer safe to live in and he was refusing all the support he was offered. He became violent towards his neighbours and family.

His social worker worked very closely with health professionals, the police, the CCG and James's family to get James a placement in a special recovery unit. Here he was finally able to get the help, support and medication he needed to start to live a more stable, independent life.

James now lives in a supported living flat. He is happy to engage with support staff to develop his skills; he accepts support from health professionals and has a positive relationship with his family.

”

Single Point of Access

The Single Point of Access (known as Berkshire Integrated Hub) provides a single referral route for professionals through to all our social care and community health services. Referral co-ordinators, supported by a multi-disciplinary team, triage calls and co-ordinate any on-going action required. This approach is aligned to our adult social care three tier asset based conversation approach and uses the wellbeing prescribing service as part of the onward referral route.

“ Miss S was referred by her GP. Following an accident she was having physiotherapy, and had a discussion about how her condition had changed her ability to care for herself but also for her elderly parents, with whom she lived.

Miss S was happy to have an assessment to determine both her care needs and her caring responsibilities. She was able to benefit from Slough’s wellbeing prescribing service, which provided information about carer support services. ”

Stroke Recovery Service

This brings together a number of disparate contracting arrangements that existed for stroke support within the East of Berkshire. A joint commissioning process with neighbouring east Berkshire health and social care partners resulted in a new co-ordinated service supporting stroke survivors out from hospital to continue their recovery at home in the community.

“ Following a stroke, Mrs R was unable to drive and could no longer work, which left her feeling very isolated, lonely and anxious. Her daughter was caring for her as much as she was able, but had her own childcare responsibilities. She felt very anxious about leaving her Mum alone. The stroke recovery service was able to help by referring Mrs R to a number of local support organisations. A support co-ordinator was able to help her access information in her own language. Her daughter was also referred for a carer’s assessment. Mrs R is now supported through the support network she has created, and her daughter feels a lot happier leaving her Mum alone. ”

Supporting people to live healthier and more active lives

Public Health

Cardiowellness4Slough (CW4S)

Our integrated lifestyle service means that residents can either refer themselves or be referred by their GP. The service provides people with a direct route into a range of preventative services such as weight management, falls prevention and smoking cessation. In 2017/18 there were:

- 1,949 referrals, including 75% from BAME groups
- 1,147 assessments
- 1,600 referrals to behaviour change programmes.

Annual Health Checks

In 2017/18 18.9% (6,759) of eligible adults aged 40-74 were offered an NHS Health Check and 7.3% (2,598) received an NHS Health Check. This is an increase from 2016/17.

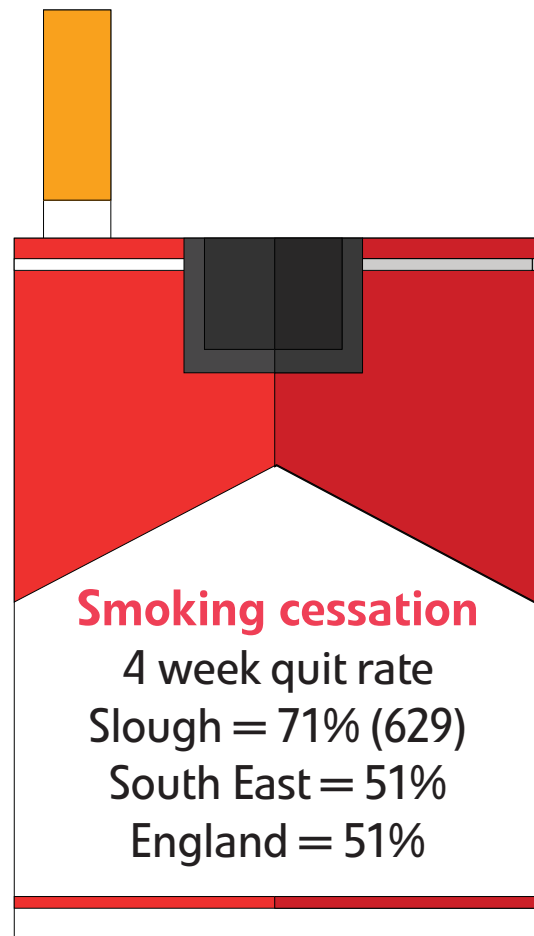
Flu jabs

In 2017/18 69.6% (8,871) of Slough adults aged over 65 received the flu jab and 47.5% (8,969) of people that are at risk received the jab. The uptake of both is lower than the South East (72.8% and 48.8%) and England (72.6% and 48.9%).

Eat4Health

“ The Eat4Health initiative was great for me. I learnt so much about food intake and have adjusted my lifestyle accordingly. The course really helps people of all ages to achieve good weight loss even when you’re in your seventies. I would never have thought it possible but thanks to the Eat4Health programme it is.

Tomas, 71, lost weight through the Eat4Health programme.



Active Slough

Get Active continues to facilitate a huge range of activities for Slough residents. Participants are encouraged to try out new activities and socialise with others. Programmes have been devised following local consultations with the voluntary sector and community groups. The programme is regularly updated to ensure the community can access a wide variety of sport and physical activity.

In 2017/18, 3,675 people attended Get Active sessions, which included 358 people with disabilities.



Sue, an 83 year old from Cippenham, shared her experience of the seated exercise classes:

I could not have been more impressed with these classes. They are perfect for anyone, like me, who wants to do a bit more exercise without it being too hard. I'm always anxious about doing new things, especially sport/activity; however the instructor has given me real confidence in taking part. Each week the classes seem to get a little harder, but I'm keeping up! These classes have been magnificent for me, my confidence has improved massively, I can cycle further and I've made new friends.



Drug and alcohol service

Turning Point delivers a recovery focused service in Slough, supporting individuals to become more resilient. The service also provides online support via their wellbeing cloud, which enables people to digitally (and anonymously) access information, advice, online screening and interventions. Feedback shows that 90% of service users found the service to be helpful.

For more information visit wellbeing.turning-point.co.uk/slough/

Co-production

Co-production is about having equal working partnerships between carers, people who use adult social care services and professionals. It is about working together to ensure diverse views and ideas are represented, so they can be used to make positive changes in the community.

Slough Mental Health Services

Slough Mental Health Services continue to embed co-production as a guiding principle through creating an 'enabling environment'. It has a range of health and educational programmes in place, including the continually developing Peer Mentor programme. This has introduced social prescribers, working across health, social care and community partner organisations. It aims to promote independence and self advocacy, building social cohesion, resilience and wellbeing in line with the community asset based approach.

World Mental Health Day

Slough Mental Health Services co-designed and hosted, with people that use services, an event in Slough which was attended by 180 people. The aim of the day was to raise awareness about mental health through drama, music and poetry. This was then followed by an open session with information about local mental health services. It was attended by 500 people.



Working together toolkit

The toolkit was co-designed with people who have experiences of using health and social care services. It is aimed at professionals and highlights some of the barriers, tips for effective communication and the different types of engagement to consider, aiming towards a more co-productive approach.



Bernadette and Shahnaz were part of the group who developed the toolkit:

We feel it's nice that our thoughts are valued. It was good to meet the other people involved who are in the same boat as you, as well as the professionals who understand our situations and meet us on the same level. We could be open and honest, and didn't feel embarrassed talking about our difficulties in the room. In the past we haven't had the chance to have an input, but now we've had the opportunity to be heard. There wasn't a hierarchy. We were always told what was happening and what to expect.



Developing a co-production network

To support our approach, we have reviewed our current partnership board arrangements and have co-designed a new and innovative way of working with our community. We will be creating a new co-production network which will bring people together with a broad range of experience of health and social care services with representatives from adult social care, health and Healthwatch. Together they will work as equal partners to come up with ideas and solutions to help positively influence how the council and other providers deliver services.

For more information about co-production in Slough, visit: [slough.gov.uk/health-and-social-care/co-production.aspx](https://www.slough.gov.uk/health-and-social-care/co-production.aspx)



Our future priorities

- To continue to develop our close relationship with the NHS in a range of work streams, including the roll out of Integrated Care Decision Making Teams.
- To develop our preventative approach including the wellbeing prescribing service, reviewing our housing related support and support for older people.
- To increase the number of eligible residents attending their annual health checks.
- To continue to develop our approach to co-production by establishing a strategic co-production network.
- To locate our adult social care teams in the communities they serve in order to strengthen our relationships and be more responsive.
- To continue to identify and strengthen local community assets and support the 'Make Every Contact Count' model in the community and voluntary sector.
- To develop our approach to supporting adults with learning disabilities into paid employment.
- To roll out the use of technology to support people with their health, activity and social connections.
- To work with our partners and local carers to co-produce a local Memorandum of Understanding to help improve the identification and support of carers.
- To continue to work with partners, including The Slough Children's Services Trust, to ensure we meet the needs of young people transitioning to adult social care.
- To continue to promote the use of direct payments to support residents choosing how their care and support needs are met.



Contact details

For more information about the **Local Account** contact:

Tel: 01753 875538

Email: beinvolved@slough.gov.uk

Useful numbers

- **Adult Social Care**
Tel: 01753 475111 (option 1)
- **Mental health services**
Tel: 0300 365 0300
- **Slough Carers Support**
Tel: 01753 303428
Email: sloughcarers@gmail.com
Website: <https://sloughcarerssupport.co.uk>

Out of hours contact

- For out of hours social care issues, including child protection call: 01344 786543.
- Adults with mental health needs, or their carers, should contact the Community Mental Health Team on: 0300 365 0300 (for new referrals) or 01753 690950 (for existing referrals)

This document can be made available on audio tape, braille or in large print, and is also available on the website where it can easily be viewed in large print.

Slough Adult Social Care Local Account 2017/18

If you would like assistance with the translation of the information in this document, please ask an English speaking person to request this by calling 01753 475111.

यदि आप इस दस्तावेज में दी गई जानकारी के अनुवाद किए जाने की सहायता चाहते हैं तो कृपया किसी अंग्रेजी भाषी व्यक्ति से यह अनुरोध करने के लिए 01753 475111 पर बात करके कहें.

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚਲੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਦ ਕਰਨ ਲਈ ਸਹਾਇਤਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਸੇ ਅੰਗਰੇਜ਼ੀ ਬੋਲਣ ਵਾਲੇ ਵਿਅਕਤੀ ਨੂੰ 01753 475111 ਉੱਤੇ ਕਾਲ ਕਰਕੇ ਇਸ ਬਾਰੇ ਬੇਨਤੀ ਕਰਨ ਲਈ ਕਹੋ।

Aby uzyskać pomoc odnośnie tłumaczenia instrukcji zawartych w niniejszym dokumencie, należy zwrócić się do osoby mówiącej po angielsku, aby zadzwoniła w tej sprawie pod numer 01753 475111.

Haddii aad doonayso caawinaad ah in lagu turjibaano warbixinta dukumeentigaan ku qoran, fadlan weydiiso in qof ku hadla Inriis uu ku Waco 01753 475111 si uu kugu codsado.

اگر آپ کو اس دستاویز میں دی گئی معلومات کے ترجمے کے سلسلے میں مدد چاہئے تو، براہ کرم ایک انگریزی بولنے والے شخص سے 01753 475111 پر کال کر کے اس کی درخواست کرنے کے لئے کہیں۔

ASCOF

Adult Social Care Outcomes Framework

2017-18

Summary

This report summarises Slough's performance against the other 151 English Councils with Social Services Responsibilities ('CSSRs') for the 24 ASCOF indicators with published results this year.

Slough has:

- improved performance (in direct value terms) on 12 indicators of the 24 with results this year,
- achieved Upper quartile performance on five,
- second quartile performance on six,
- third quartile performance on eleven and
- lowest quartile for two.

Summary table

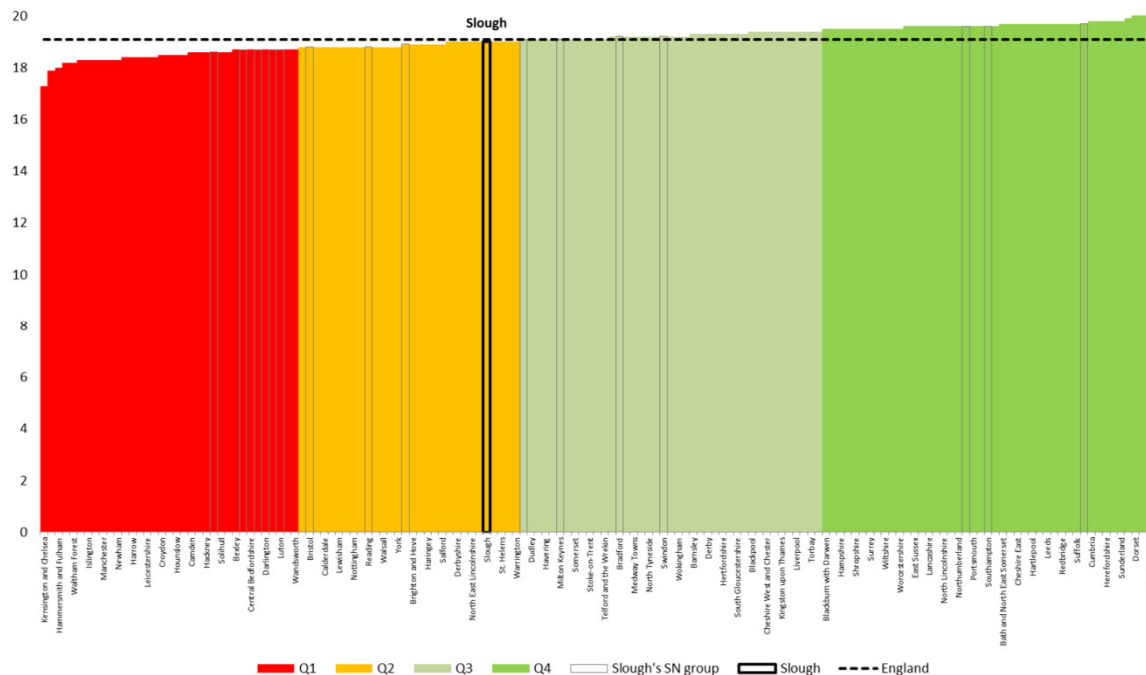
| Indicator | Source | Slough 2015-16 | Slough 2016-17 | Slough 2017-18 | England 2017-18 | South East 2017-18 | Unitaries 2017-18 | SN average 2017-18* | Good is ... | value | Quartile | England | SE | Unitaries | SN |
|-----------|------------|----------------|----------------|----------------|-----------------|--------------------|-------------------|---------------------|-------------|-------|----------|---------|----|-----------|----|
| 1A | ASCS | 18.4 | 18.7 | 19.0 | 19.1 | 19.3 | 19.3 | 19.0 | High | ↑ | ↑ | | | | |
| 1B | ASCS | 71.2 | 69.2 | 75.3 | 77.7 | 80.2 | 79.8 | 77.3 | High | ↑ | ↑ | | | | |
| 1C(1A) | SALT | 87.6 | 87.3 | 87.5 | 89.7 | 87.4 | 92.6 | 89.2 | High | | | | ↑ | | |
| 1C(1B) | SALT | 94.4 | 94.5 | 98.2 | 83.4 | 94.5 | 82.3 | 82.8 | High | ↑ | | ↑ | ↑ | ↑ | ↑ |
| 1C(2A) | SALT | 21.8 | 26 | 25.5 | 28.5 | 28.8 | 27.7 | 28.9 | High | | | | | | |
| 1C(2B) | SALT | 25.4 | 76.9 | 92.0 | 74.1 | 91.5 | 67.6 | 77.1 | High | ↑ | | ↑ | ↑ | ↑ | ↑ |
| 1D | CS | - | 6.9 | - | - | - | - | - | High | | | | | | |
| 1E | SALT | 5.6 | 3.5 | 1.7 | 6 | 6.5 | 6.3 | 6.8 | High | | | | | | |
| 1F | MHMDS | 7.3 | 7 | 10 | 7 | 8 | 9 | 8.1 | High | ↑ | ↑ | ↑ | ↑ | ↑ | ↑ |
| 1G | SALT | 81.6 | 84.5 | 83.9 | 77.2 | 72.8 | 77.9 | 81.1 | High | | | ↑ | ↑ | ↑ | ↑ |
| 1H | MHMDS | 88.2 | 54 | 80 | 57 | 48 | 58 | 59.7 | High | ↑ | ↑ | ↑ | ↑ | ↑ | ↑ |
| 1I(1) | ASCS | 39.1 | 41.7 | 43.8 | 46 | 47 | 47.1 | 45.0 | High | ↑ | ↑ | | | | |
| 1I(2) | CS | - | 22.7 | - | - | - | - | - | High | | | | | | |
| 1J | ASCS | - | 0.4 | 0.39 | 0.405 | 0.402 | 0.411 | 0.407 | High | | | | | | |
| 2A(1) | SALT | 14.2 | 14.2 | 13.0 | 14 | 12.5 | 15.6 | 16.5 | Low | ↑ | | ↑ | | ↑ | |
| 2A(2) | SALT | 538.9 | 477.8 | 499.5 | 585.6 | 561.5 | 613.3 | 676.3 | Low | | | ↑ | ↑ | ↑ | ↑ |
| 2B(1) | SALT | 87.6 | 87.4 | 90.1 | 82.9 | 82.2 | 81.8 | 84.8 | High | ↑ | ↑ | ↑ | ↑ | ↑ | ↑ |
| 2B(2) | SALT / HES | 5 | 3.7 | 3.3 | 2.9 | 3.4 | 3.0 | 3.3 | High | | | ↑ | | ↑ | |
| 2C(1) | DToC | 8.4 | 11.6 | 7.9 | 12.3 | 15.6 | 12.3 | 11.7 | Low | ↑ | | ↑ | ↑ | ↑ | ↑ |
| 2C(2) | DToC | 1.0 | 2.6 | 1.3 | 4.3 | 5.1 | 3.9 | 3.3 | Low | ↑ | ↑ | ↑ | ↑ | ↑ | ↑ |
| 2C(3) | DToC | | | 0.1 | 0.9 | 1.6 | 0.8 | 1.0 | | | | ↑ | ↑ | ↑ | ↑ |
| 2D | SALT | 96 | 88 | 84.7 | 77.8 | 74.6 | 79.4 | 76.1 | High | | | ↑ | ↑ | ↑ | ↑ |
| 3A | ASCS | 59.3 | 57.3 | 62.3 | 65.0 | 65.9 | 66.3 | 62.5 | High | ↑ | ↑ | | | | |
| 3B | CS | - | 28.8 | - | - | - | - | - | High | | | | | | |
| 3C | CS | - | 67 | - | - | - | - | - | High | | | | | | |
| 3D(1) | ASCS | 74.3 | 74.5 | 73.6 | 73.3 | 73.8 | 74.9 | 72.4 | High | | | ↑ | | | ↑ |
| 3D(2) | CS | - | 60.4 | - | - | - | - | - | High | | | | | | |
| 4A | ASCS | 65.2 | 71 | 68.9 | 69.9 | 71.1 | 71.0 | 68.7 | High | | ↑ | | | | ↑ |
| 4B | ASCS | 80.9 | 80.7 | 84.4 | 86.3 | 86.0 | 88.3 | 84.5 | High | ↑ | ↑ | | | | |

DOMAIN 1

**Enhancing quality of life
for people with care and support needs**

1A: Social care related quality of life

ASCOF 2017/18: 1A - Social care-related quality of life score



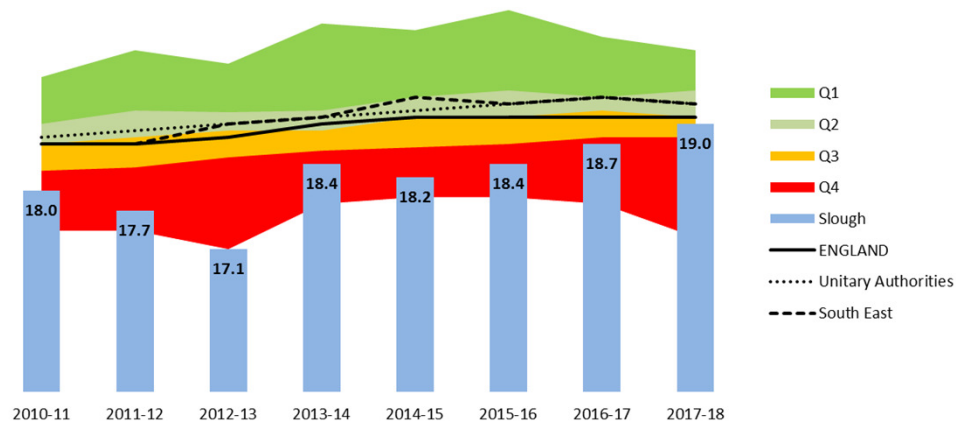
Source: Annual Survey of Long-term service users

(best possible score is 24)

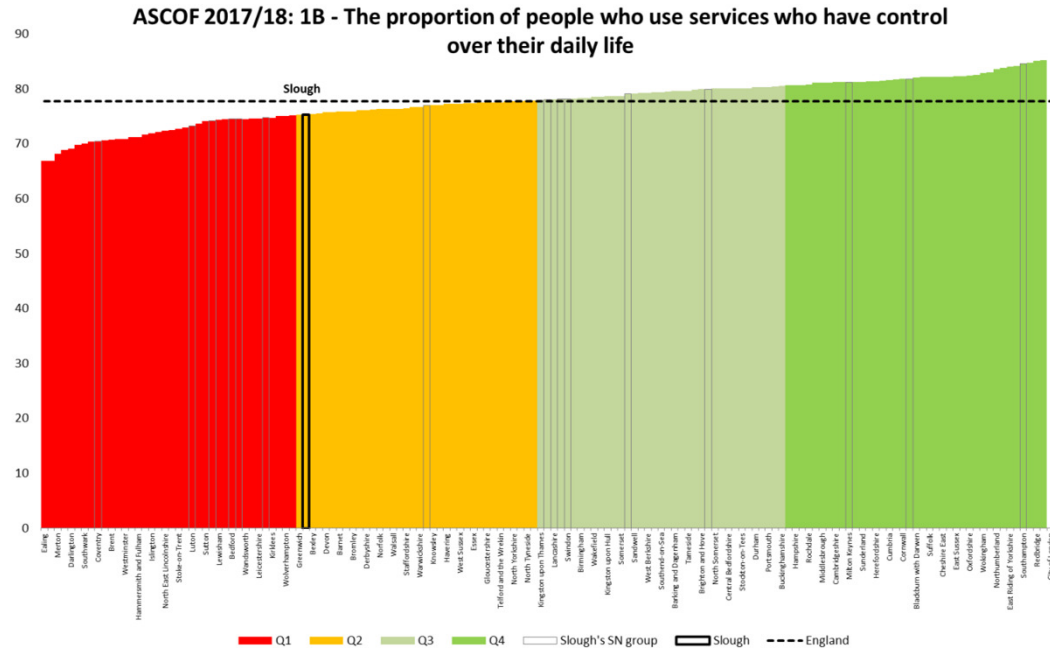
Composite measure based on responses to eight questions covering: control over daily life; ability to keep clean and presentable; sufficient food and drink; clean & comfortable home; feeling safe; having sufficient social participation; ability to spend time as you want; whether the support you receive helps you feel better about yourself....

Consistently in the lowest quartile - until this year!

1A: Social care-related quality of life score



1B: The proportion of people who use services who have control over their daily life



Source: Annual Survey of Long-term service users

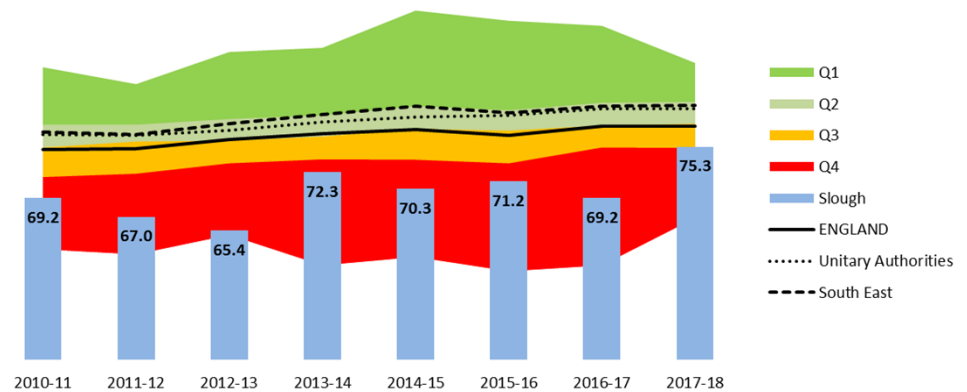
(best possible score is 100%)

Good answers: 'I have as much control over my daily life as I want' or 'I have adequate control over my daily life'.

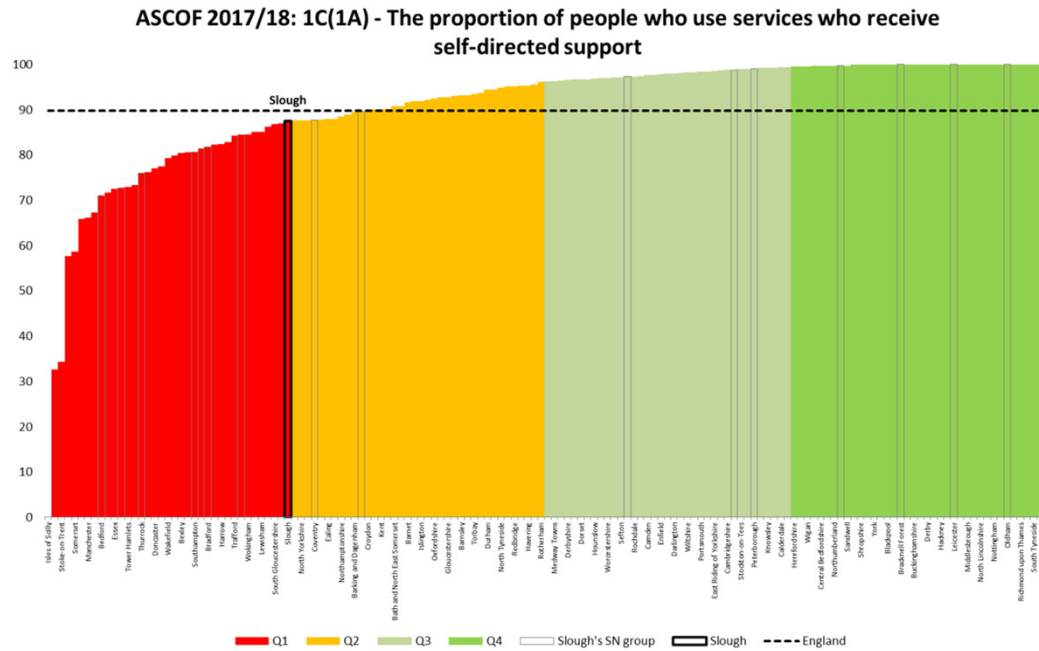
Bad answers: 'I have some control over my daily life but not enough' and 'I have no control over my daily life'.

Consistently in the lowest quartile, until this year!

1B: The proportion of people who use services who have control over their daily life



1C(1A): The proportion of people who use services who receive self-directed support



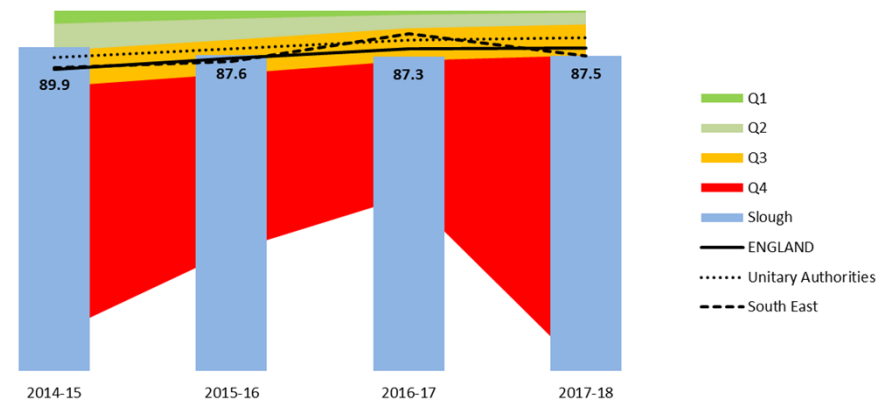
Source: Annual SALT return

(best possible score is 100%)

A snap shot of community-based Long-Term service users at 31st March.

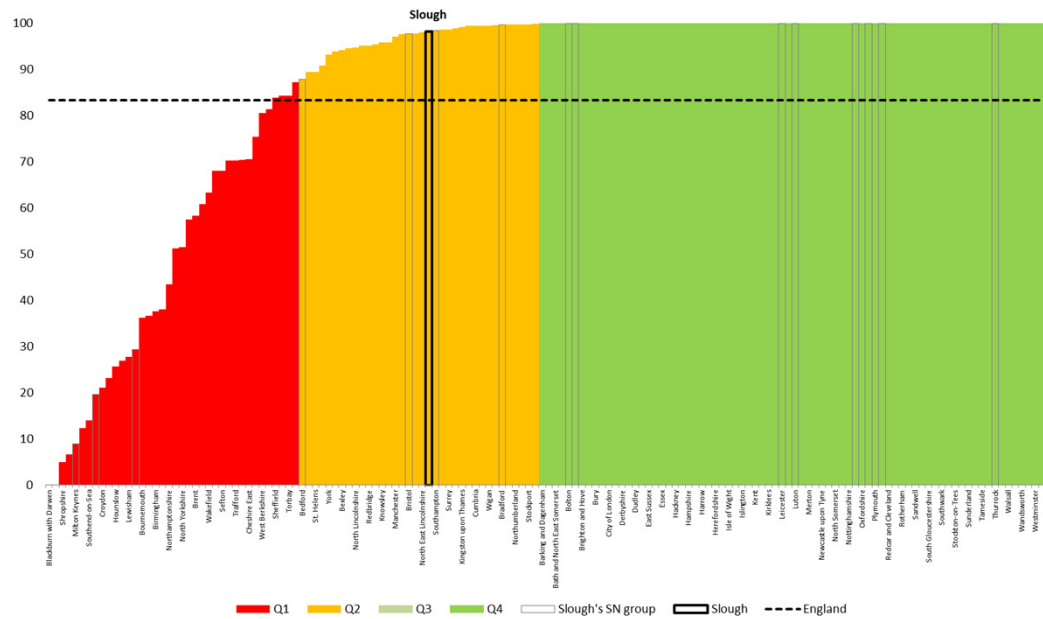
Local performance seems to have plateaued, while most other councils continue to increase.

1C(1A): The proportion of people who use services who receive self-directed support



1C(1B): The proportion of carers who receive self-directed support

ASCOF 2017/18: 1C(1B) - The proportion of carers who receive self-directed support



Source: Annual SALT return

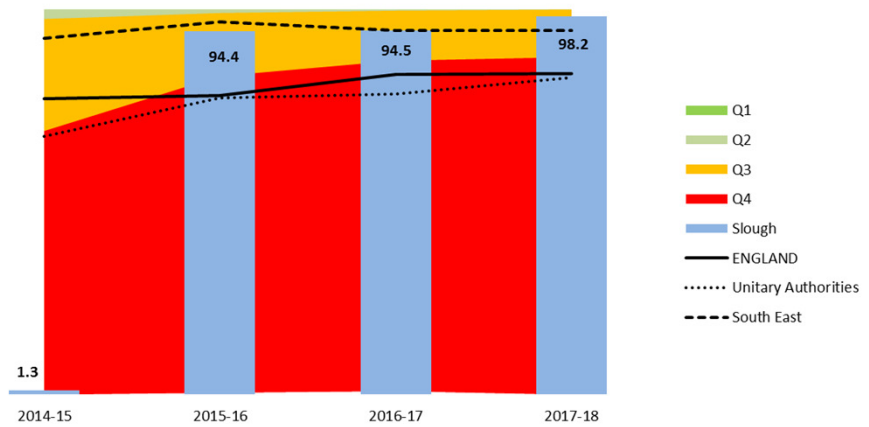
(best possible score is 100%)

A snap shot of carers receiving carer's specific services at 31st March.

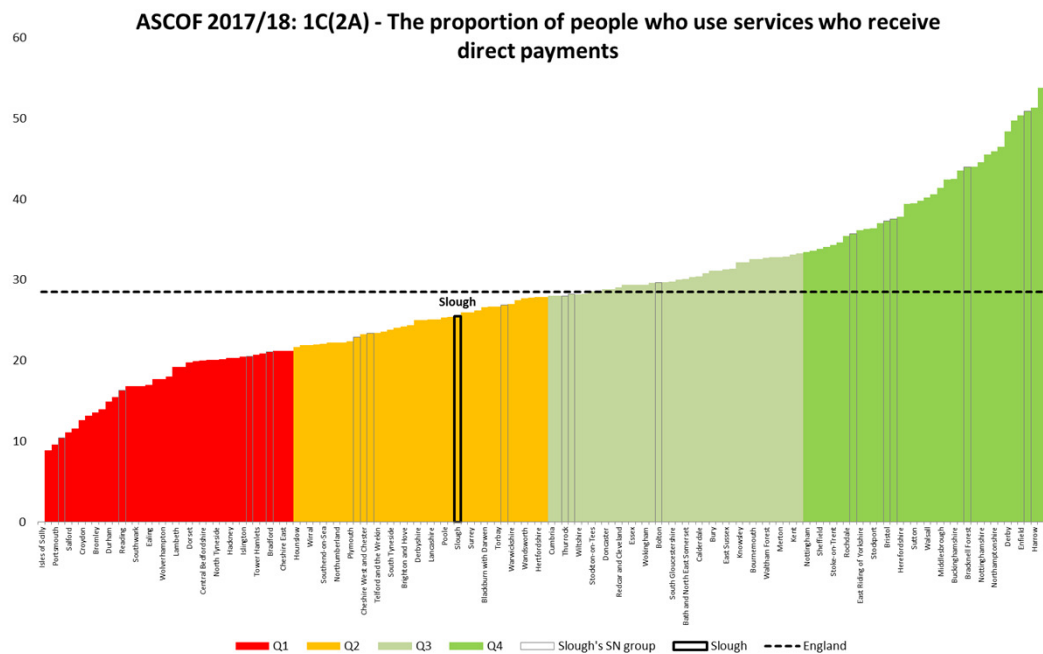
Slough's position changed dramatically with a change in attitude and policy between 2014/15 and 2015/16.

Note that about half of council's report 100%...

1C(1B): The proportion of carers who receive self-directed support



1C(2A): The proportion of people who use services who receive direct payments



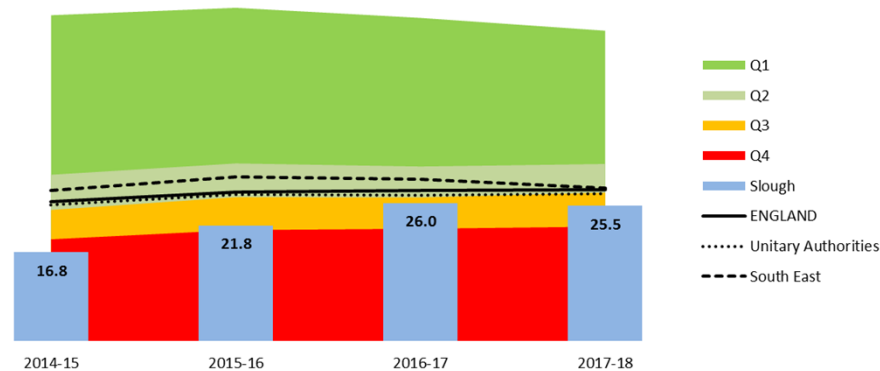
1C(2A): The proportion of people who use services who receive direct payments

Source: Annual SALT return

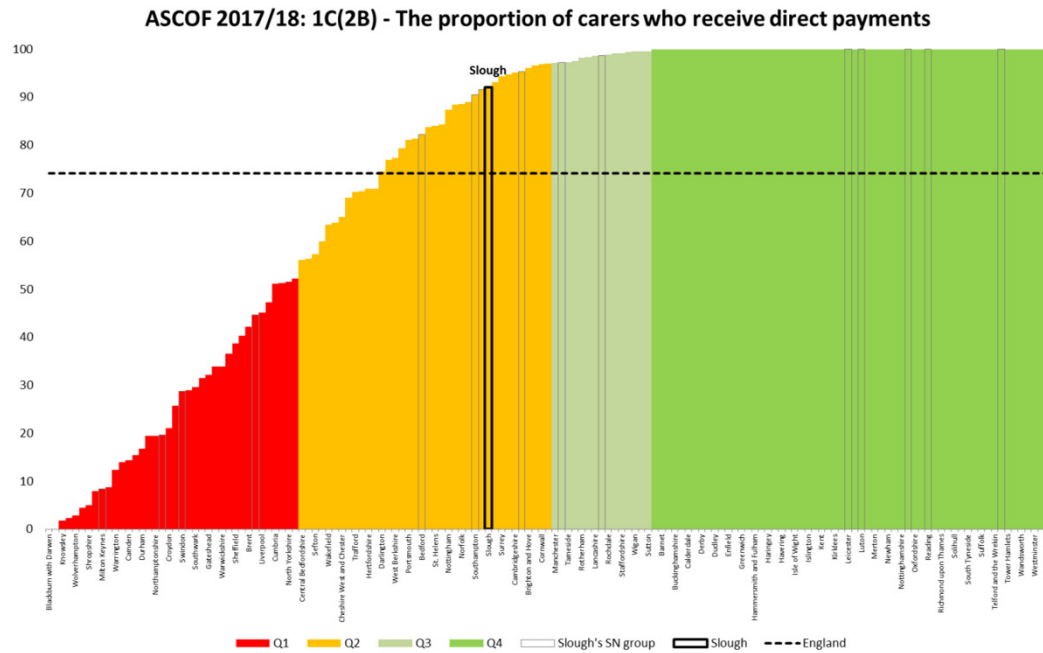
(best possible score is high – not 100% due to use of residential care: maximum in latest year was 58.3%)

Slough had been improving, but has effectively plateaued in 2017/18.

Also, though not specific to this measure – we also have a low proportion of users receiving ONLY Direct Payments...



1C(2B): The proportion of carers who receive direct payments



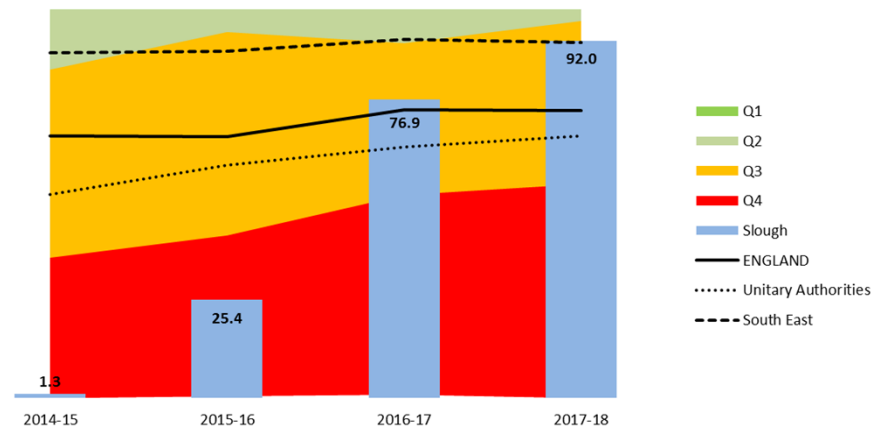
Source: Annual SALT return

(best possible score is 100%)

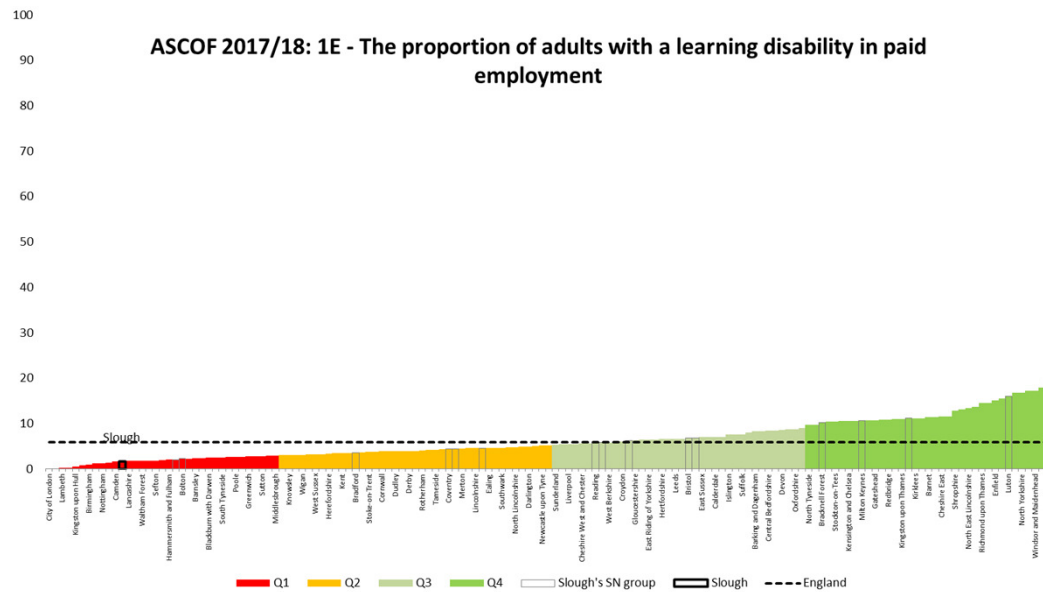
Slough has seen dramatic improvement with a change in attitude and policy, and the return of “one off” annual payments to carers.

40% of councils reported a value of 100% in the latest year.

1C(2B): The proportion of carers who receive direct payments



1E: The proportion of adults with a learning disability in paid employment



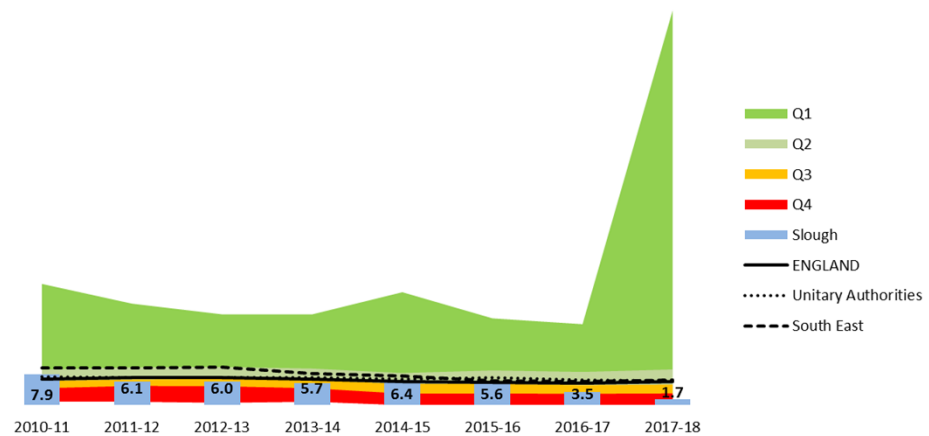
1E: The proportion of adults with a learning disability in paid employment

Source: Annual SALT return

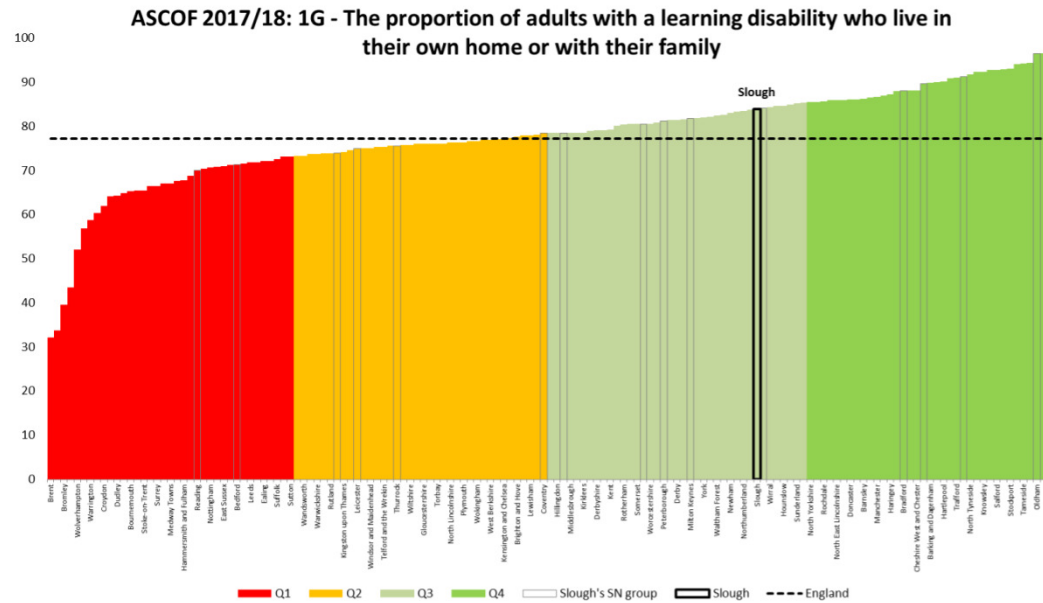
(best possible score is 100% - theoretically, but impractical except for the Isles of Scilly)

Position on this distribution will be impacted by eligibility criteria for long-term support – as threshold rises, likelihood of eligible clients being in paid employment falls away.

Slough is amongst the lowest values for this measure.



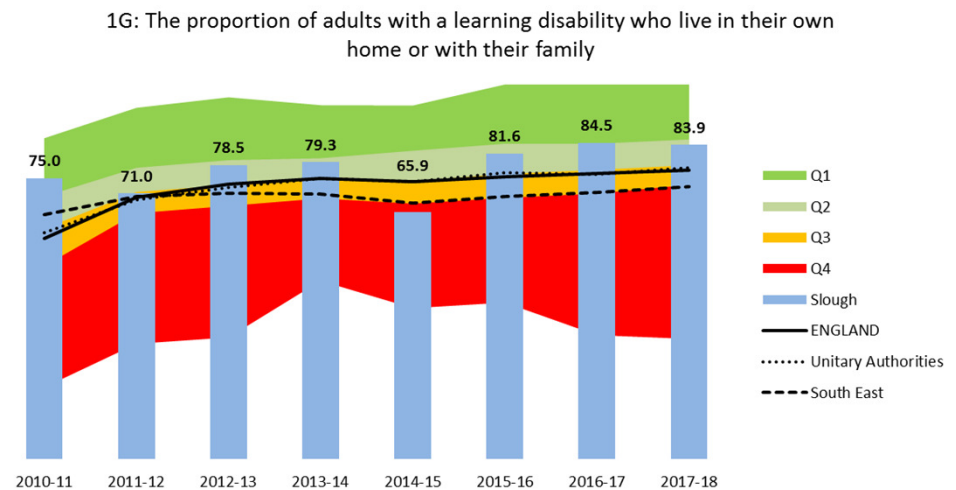
1G: The proportion of adults with a learning disability who live in their own home or with their family



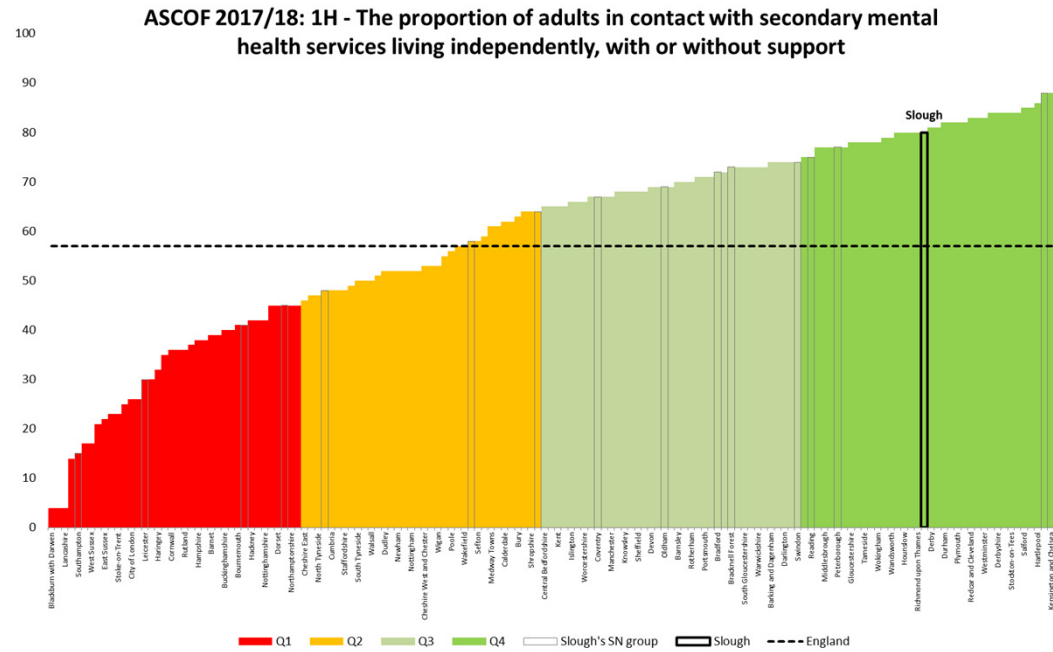
Source: Annual SALT return

(best possible score is 100% - theoretically – although there will always be some in residential or nursing care homes.)

Conversion of residential settings to supported living has improved Slough's position, but it dropped ever so slightly in latest year.



1H: The proportion of adults in contact with secondary mental health services living independently, with or without support

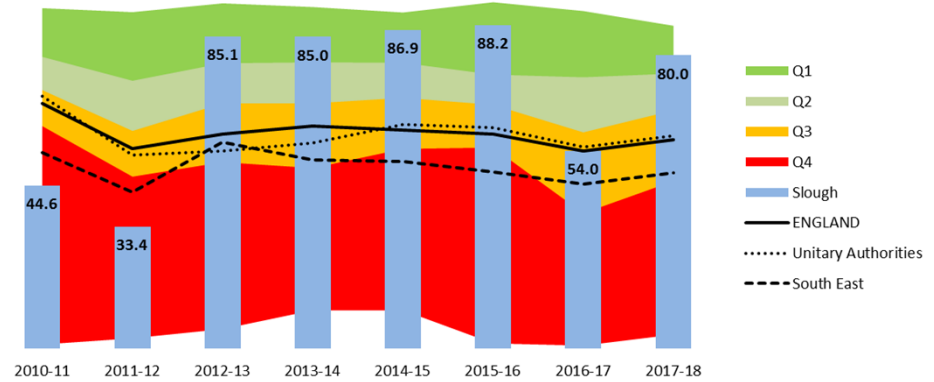


Source: Mental Health Minimum Data Set

(best possible score is 100% - theoretically – although this is unlikely).

The method of collecting this data was altered during 2016/17, and produced some wildly different end of year results across England in that year. The apparent dip in performance in 2016/17 should therefore be treated with suspicion.

1H: The proportion of adults in contact with secondary mental health services living independently, with or without support

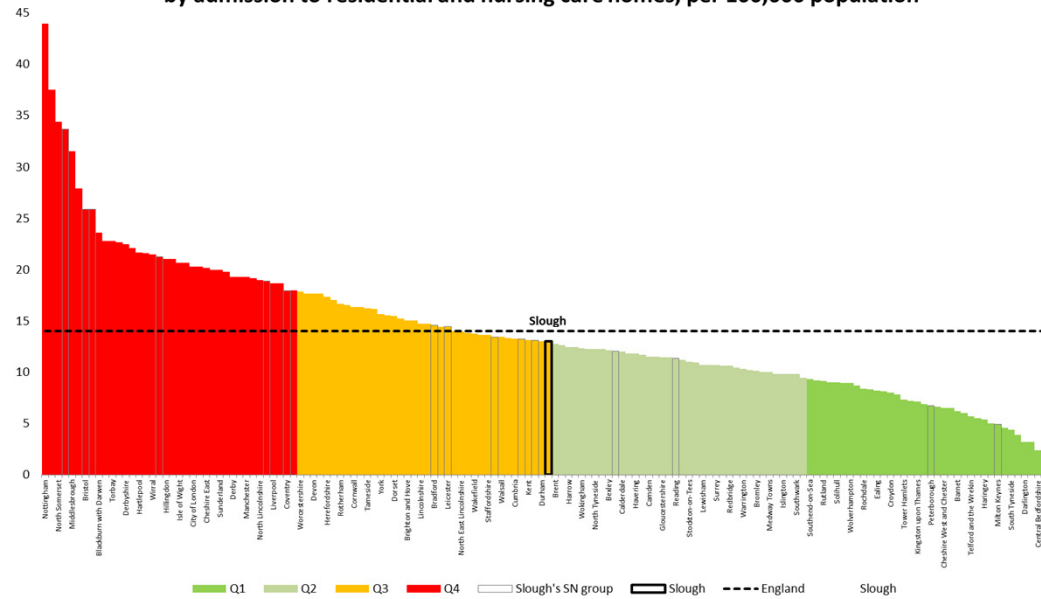


DOMAIN 2

**Delaying and reducing
the need for care and support**

2A(1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population

ASCOF 2017/18: 2A(1) - Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population

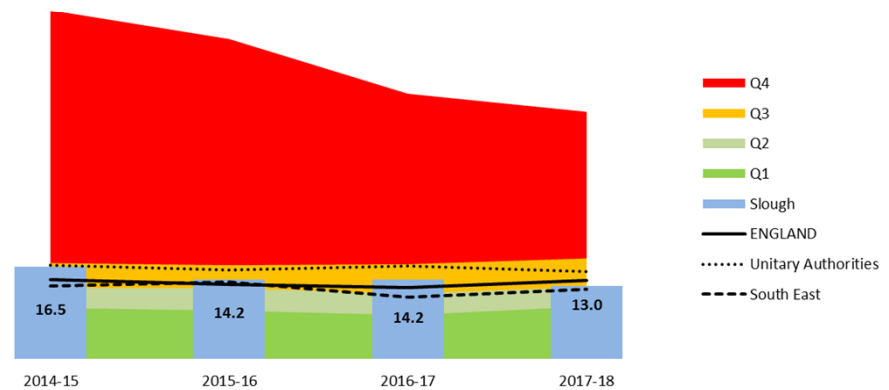


2A(1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population

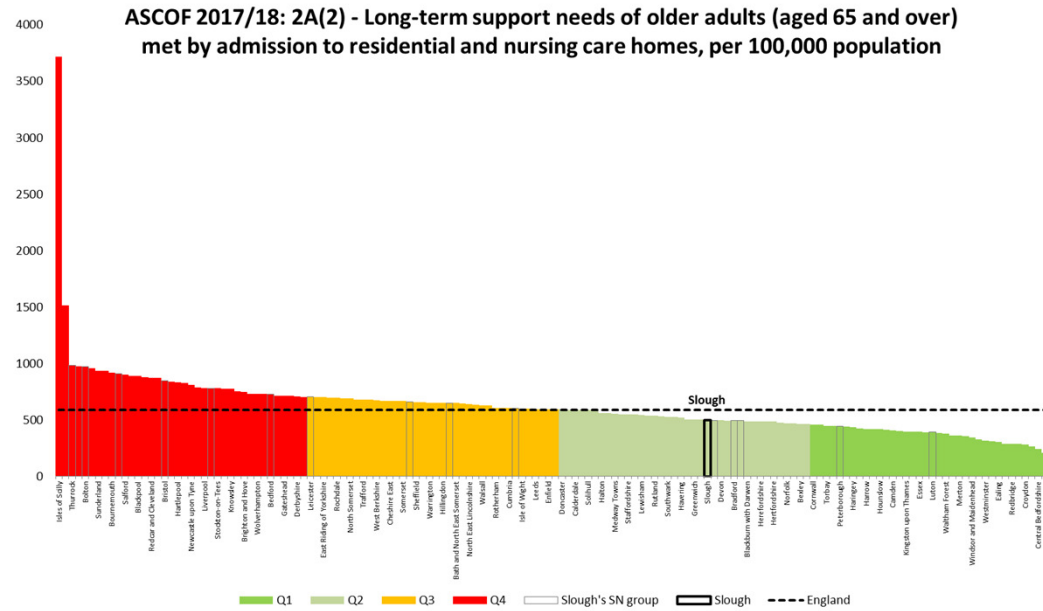
Source: Annual SALT return

(best score is – theoretically - zero)

Slough's outcome is generally within third quartile, but this year we performed better than the national average and *almost* scraped into second quartile.



2A(2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population



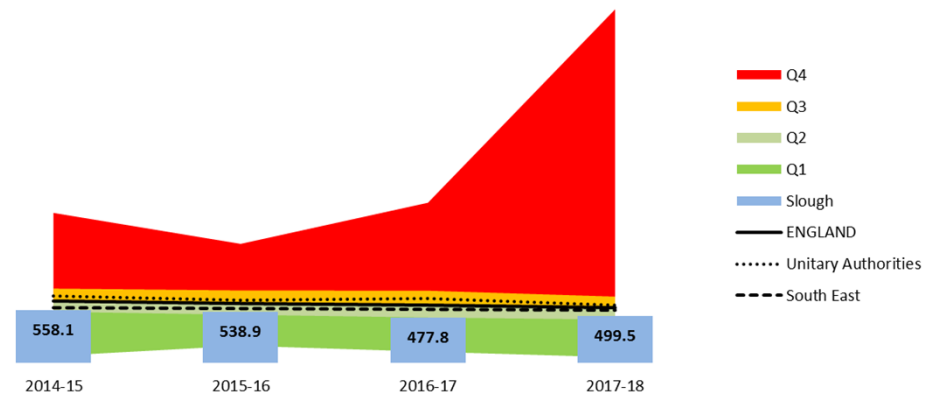
2A(2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

Source: Annual SALT return

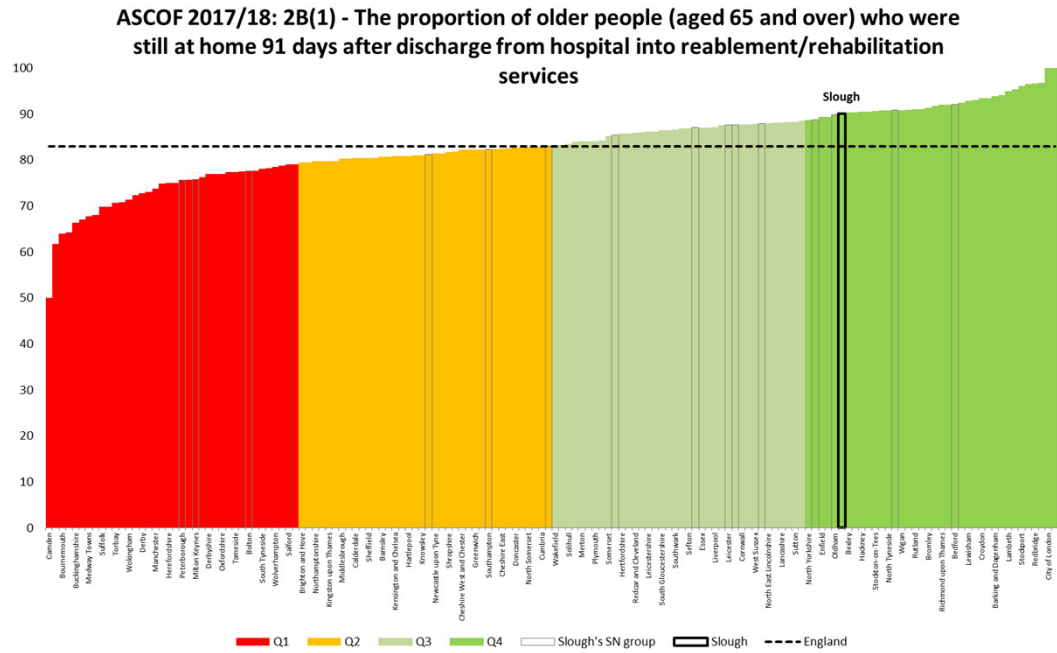
(best score is – theoretically – zero or very low)

Slough’s outcome is consistently within 2nd quartile.

We consistently perform well in this matter.



2B(1): The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services



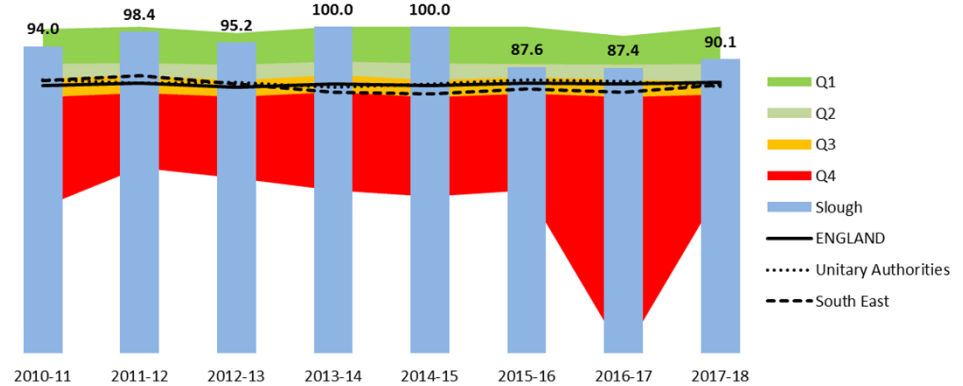
Source: Annual SALT return

(best possible score is 100%)

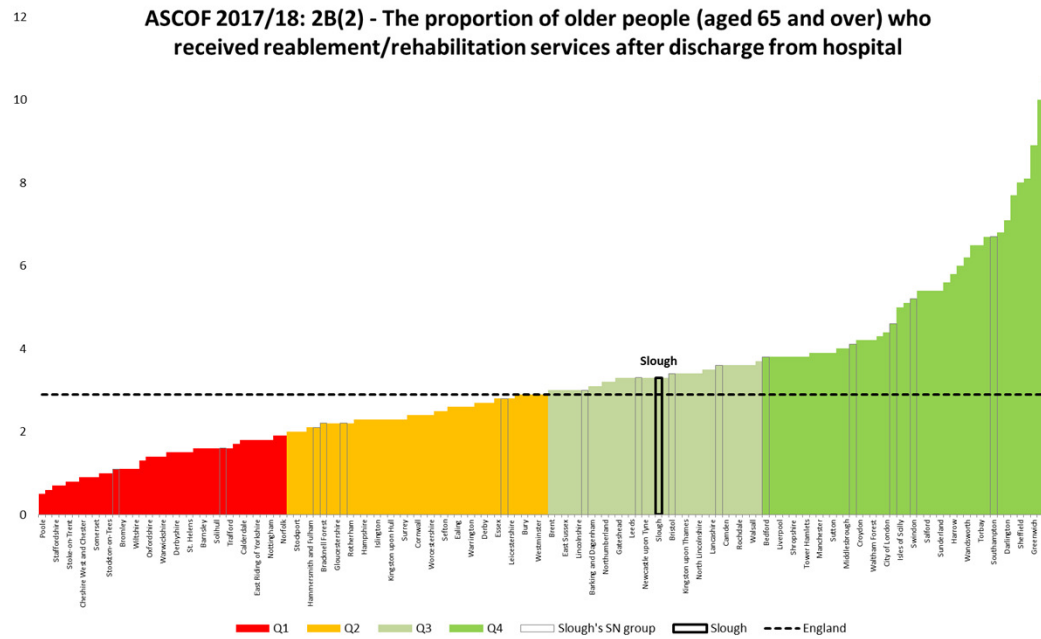
Slough's position returned to top quartile this year.

Note that there is a balance to be struck in not restricting access to this service too much, without accepting people who will clearly not benefit from this approach.

2B(1): The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services



2B(2): The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital



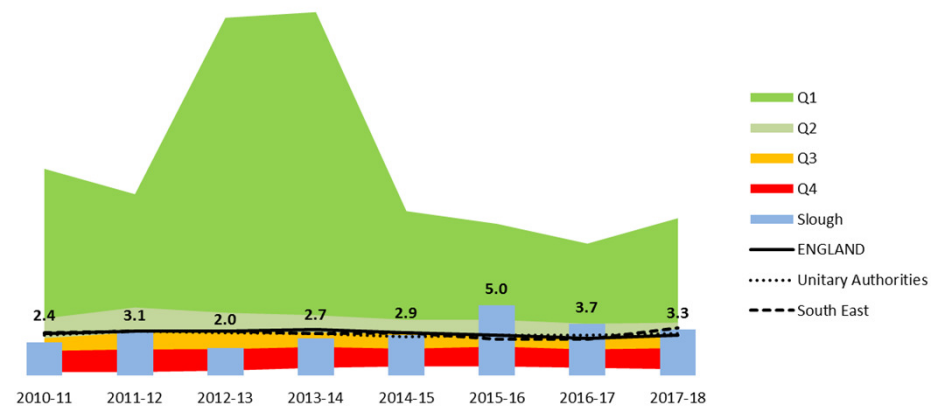
2B(2): The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital

Source: Annual SALT return + HES

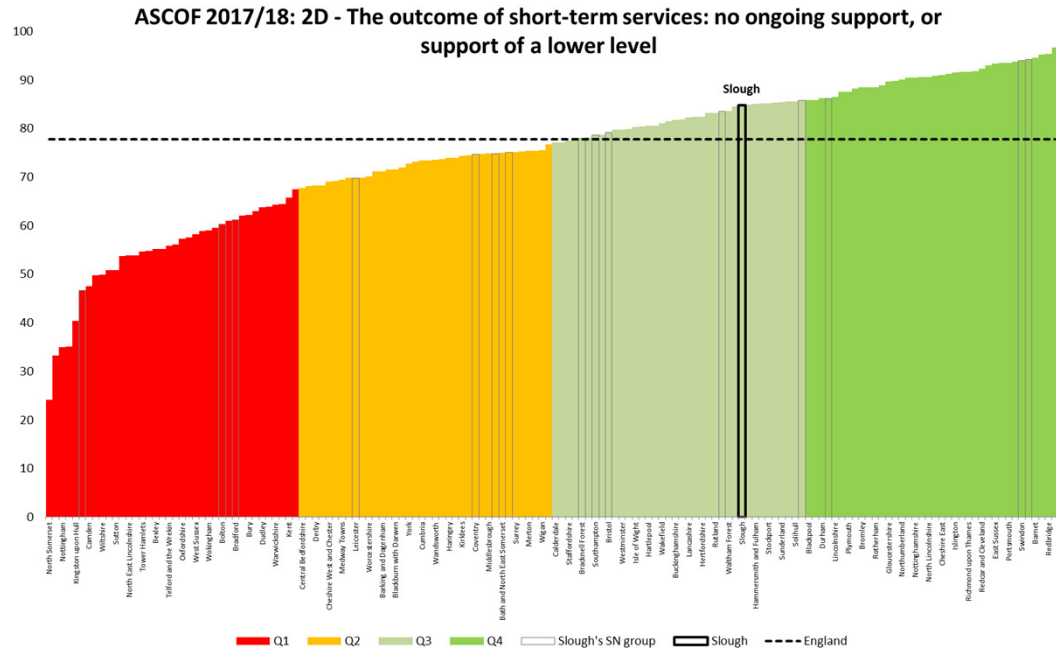
(best possible score is treated as higher = better)

This measures the extent of reablement provision; clearly the majority of older people discharged from hospital do **not** require reablement support.

Arguably, closeness to middle of distribution may be more reassuring than a stance on either end.



2D: The outcome of short-term services: no ongoing support, or support of a lower level

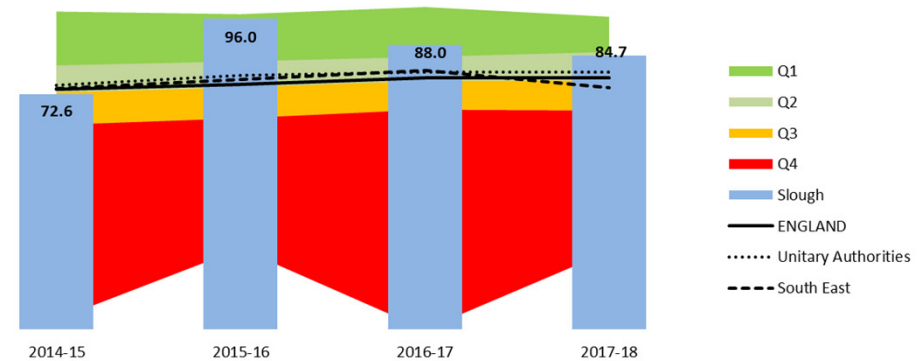


Source: Annual SALT return

(best possible score is theoretically 100%)

This aims to monitor the success of providing short-term services to people in response to their social care needs, providing 'reablement' type support and restoring them to independence following a short-term deterioration or crisis. Success in such efforts will delay dependency and / or support recovery, and require no further ongoing support services, or at the very least minimise the level of subsequent support that is required. Councils are encouraged to provide more short-term interventions, and to ensure that when they end the supported person is able to cope on their own.

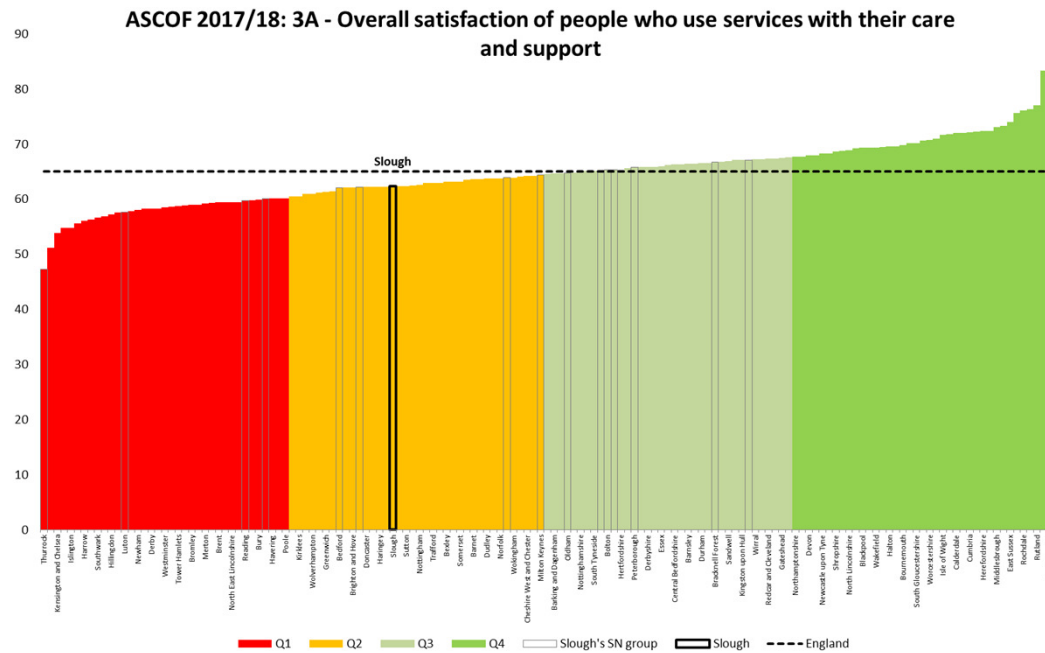
2D: The outcome of short-term services: sequel to service



DOMAIN 3

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

3A: Overall satisfaction of people who use services with their care and support



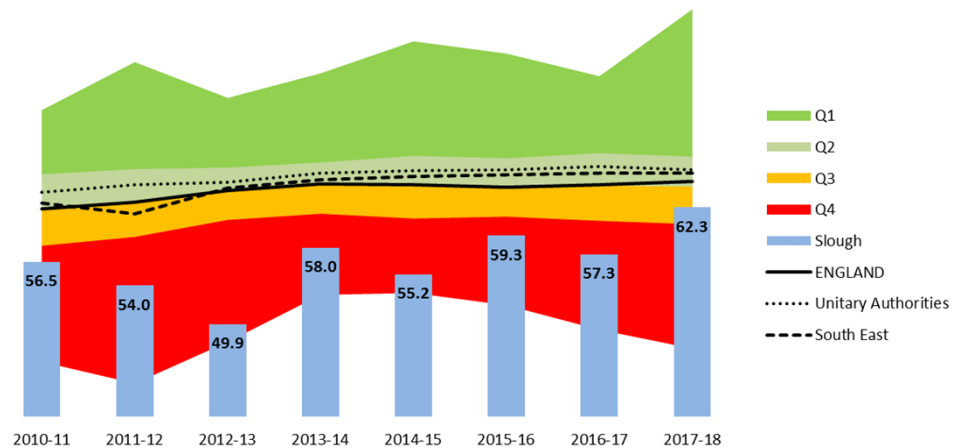
Source: Annual Survey of LT Service Users

(best possible score is 100%)

The satisfaction with services of people using social care is directly linked to a positive experience of the care and support provided. Repeated analyses of surveys strongly indicate that self-reported satisfaction with services is a very good overall predictor of the experience and quality of those services.

Slough consistently sat in lowest quartile until this year.

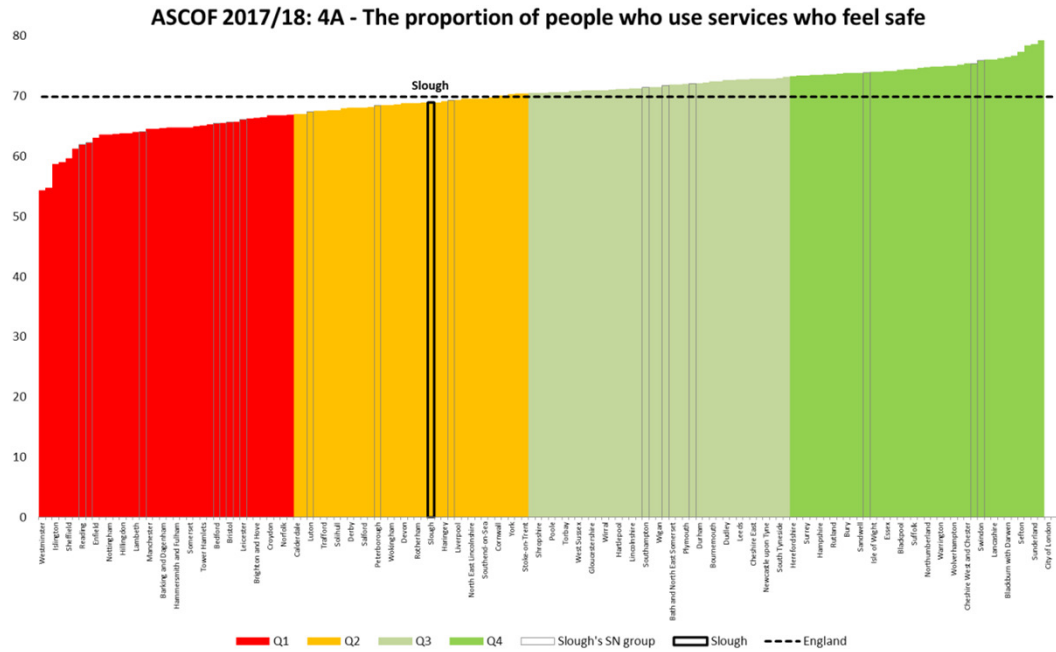
3A: Overall satisfaction of people who use services with their care and support



DOMAIN 4

**Safeguarding people whose
circumstances make them vulnerable
and protecting from avoidable harm**

4A: The proportion of people who use services who feel safe

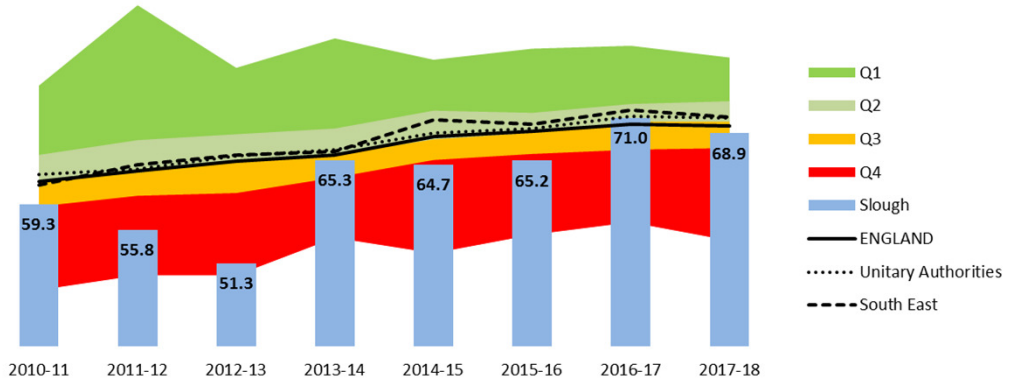


Source: Annual Survey of LT Service Users

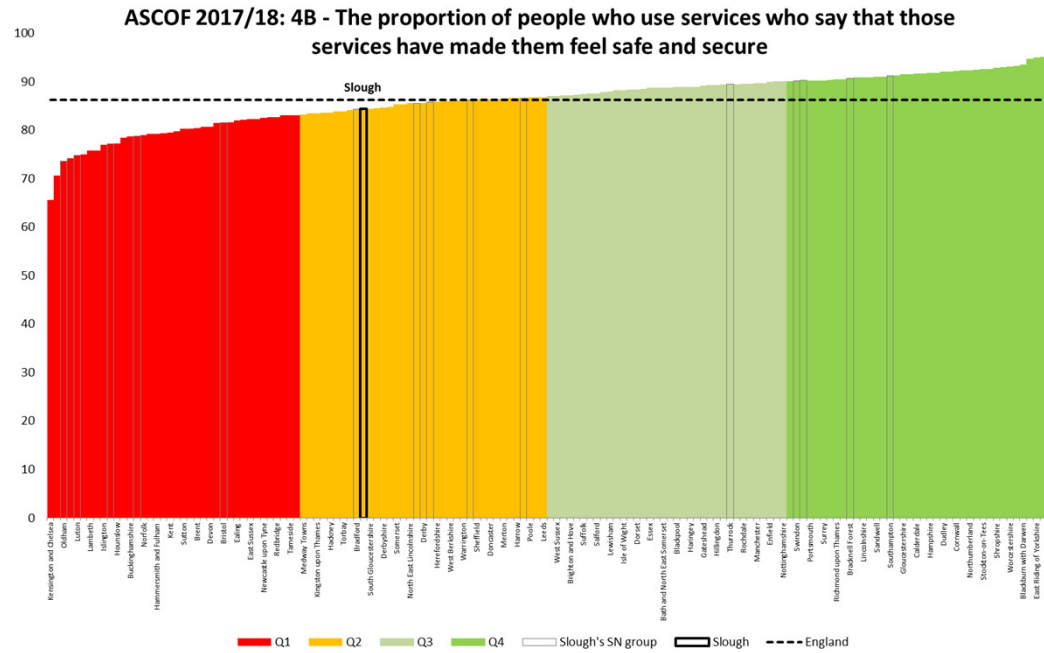
(max possible score is 100%)

This measure derives from self-reported statements about general safety in responses to the annual User Survey. This specific question relates to 'safety' in the most general sense, and should be considered alongside the next indicator, 4B (the proportion of people who use services who state that support services have *made* them feel safe and secure).

4A: The proportion of people who use services who feel safe



4B: The proportion of people who use services who say that those services have made them feel safe and secure



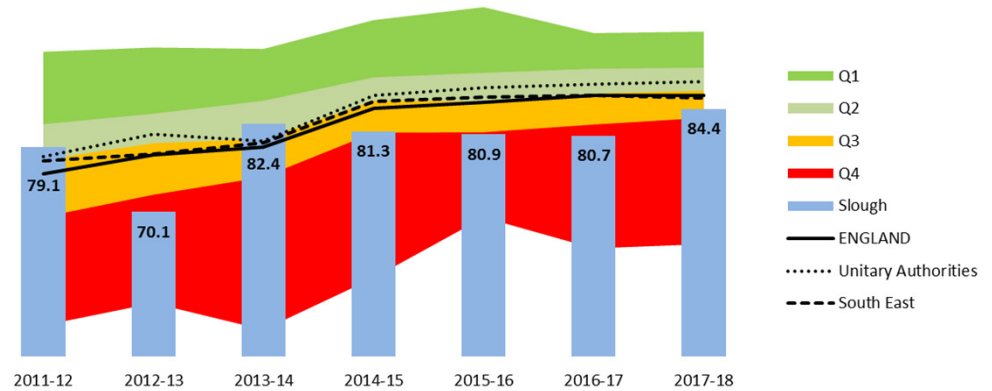
Source: Annual Survey of LT Service Users

(max possible score is 100%)

Slough's result of 80.7%, is ever so slightly down on the previous year's 80.9%, and places us towards the upper end of the lowest quartile.

Within Slough 71% of service users *feel* safe, but 80.7% agree the services they receive *help* them feel safer. This means that one-in-five of Slough's service users feel that the support they receive does NOT help them feel safer...

4B: The proportion of people who use services who say that those services have made them feel safe and secure



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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 25th March 2019

CONTACT OFFICER: Timothy Howells - Public Health Programme Officer (SBC)
(01753) 875148
Dr Liz Brutus - Service Lead Public Health (SBC)

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

ORAL HEALTH IN SLOUGH – UPDATE1. **Purpose of Report**

To inform the Panel of the picture of oral health in Slough, and the current service provision update for supporting oral health.

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

The Panel is requested to consider the actions being taken to deliver improved oral health, particularly in children in Slough.

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

The current programme is aimed at supporting local children and their families to improve their health and wellbeing through improved oral health. In particular, this work supports the Joint Wellbeing Strategy priorities:

- Protecting vulnerable children
- Increasing life expectancy by focusing on inequalities

3b. **Five Year Plan Outcomes**

The primary outcomes where delivery will be enhanced by the paper are:

- Outcome 1: Slough children will grow up to be happy, healthy and successful
- Outcome 2: Our people will be healthier and manage their own care needs

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

There are no financial implications directly resulting from the recommendations of this report and outlined activities are within the current budget and resources.

(b) **Risk Management**

There are no identified risks associated with the proposed actions.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications to the content of this report

(d) Equalities Impact Assessment

The content of this report does not require an Equalities Impact Assessment.

5. Supporting Information

Context

- 5.1 Further to the arrangement agreed in the Health Scrutiny Panel on 28 June 2018, that the chairs of the Panel and Slough Wellbeing Board meet regularly to discuss issues of mutual interest, the chairs have met and an initial topic of oral health (with a focus on childhood oral health) has emerged. This report therefore provides an update on the Slough oral health projects and future provision.
- 5.2 Specific oral health activities that are running in Slough are described below. These are primarily funded from the SBC Public Health grant but where indicated, are part of a pilot initiative from NHS England who are responsible for NHS dental care. SBC Public Health also work closely with our South East Region oral health experts in PHE.

Update on current initiatives and successes in oral health

- 5.3 **Oral Health promotion project, “Slough Healthy Smiles”** – This project is provided by Oxford Health NHS Foundation Trust. It is an SBC Public Health-commissioned project. The project aims to upskill early years staff to be proficient in supervised tooth brushing; and knowledge around good oral health provision. For quarters 1-3 in 2018/2019 the project delivered 39 information sessions amounting to a total of 176hours worth of promotional activity. The project has delivered 10 training sessions to 117 healthcare professionals and accredited a further 5 venues on top of the 10 Children Centres. This provision also includes a range of workshops for adult social care staff and carers that work with vulnerable older adults.
- 5.4 The Healthy Smiles services are now fully integrated with the “Active Movement” programme, whereby primary schools have a structures programme of wellbeing which includes a specific phase on Oral Health. During this phase the oral health team provide training and information sessions to the primary school.
- 5.5 The Public Health team has agreed to extend this contract with Oxford Health until the end of March 2020, at which point we will review the service and evaluate how to expand and grow on this successful work.
- 5.6 **PHE “Starting Well” initiative** – Slough Public Health are working with PHE (Public Health England) and Slough community dental practices in this NHS England-funded initiative to provide outreach to 6 primary schools in Slough. The initiative works on 2 levels; to provide support to schools to supervise tooth brushing in Reception Class and Year 1 and for local increase the number of children and families using dental services. The programme also includes community open days. One was delivered in October half term 2018 and the other in February half term 2019. During these days there were activities,

children's games and free check ups provided to Under 5 residents as well as good press coverage in the local papers and on social media.

- 5.7 This project has received confirmation from NHS England that funding will be extended for a further year, culminating in Spring/Summer 2020. Discussion is currently ongoing to which dental practises and schools will be engaged for this next phase of delivery.
- 5.8 **Healthy Early Years and Healthy Schools coordinators update**– Through the Public Health grant, the Public Health and Schools Quality teams are in the process of establishing two coordinator posts that will support early years settings and schools to develop a broad evidence-based approach to health and wellbeing amongst its students, families and staff. The Healthy Early years post has now been recruited and in the process of formulating work plans. The Healthy Schools post is still in the recruitment phase.
- 5.9 **Public Health research insights project** – We have recently commissioned “M.E.L Research” to conduct an in-depth health beliefs research project. Through a comprehensive programme of surveys and focus groups using existing community groups, the project will gain a granular understanding of our residents’ beliefs and attitudes towards health, the barriers that our more challenged communities have in terms of improving their own health and understanding local examples of what is already working to improve health for individuals and the community. The project will focus on our key health inequalities, one of which being oral health.

6. Comments of Other Committees

A related paper on childhood oral health was presented to the Overview and Scrutiny Panel in August and the Wellbeing board in November 2018.

7. Conclusion

- 7.1 Oral health is important to health and wellbeing but also acts as marker of health inequality in certain key groups including children and ‘at risk’ adults. Therefore, in addition to oral health-specific interventions which are cost-effective and evidence-based, it is important to provide individuals and communities a wider, holistic approach to support them to keep themselves well.
- 7.2 The Public Health team are continuing this work through:
- Reviewing the evidence and learnings on oral health from the research insights project, due in the summer of 2019
 - Reviewing the Healthy Smiles programme, post April 2020
 - Working with PHE to explore options of how to extend the Starting Well programme, post Summer 2020.
 - Working directly with Slough early years settings and schools to embed healthy behaviours and knowledge amongst students, families and staff through the new Health settings roles.
 - Maintaining the monitoring of adult oral health (through formal survey) and as required, working with others with closer links to those people identified to be ‘at risk’ of poor oral health.

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 25 March 2019
CONTACT OFFICER: Tom Overend, Policy Insight Analyst
(For all Enquiries) (01753) 87 5657
WARDS: ALL

PART I
FOR COMMENT & CONSIDERATION

DISABILITY TASK AND FINISH GROUP - REPORT AND RECOMMENDATIONS1. **Purpose of Report**

1.1 For the Health Scrutiny Panel to comment on the work and recommendations of the Disability Task and Finish Group.

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

2.1 That the Panel approve the recommendations of the Disability Task and Finish Group (detailed in section 5.3) and agree next steps.

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

The work of the Task and Finish group supports the Joint Wellbeing Strategy's second priority:

2. Increasing life expectancy by focusing on inequalities

3b. **Five Year Plan Outcomes**

The Task and Finish Group's recommendations, if adopted, will help the council to deliver the following outcomes of the Five Year Plan:

- Our people will be healthier and manage their own care needs
- Slough will be an attractive place where people choose to live, work and stay
- Our residents will live in good quality homes

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

The work undertaken by the Task & Finish Group was covered within existing staff budgets.

Given the breadth and complexity of issues examined, and the limited time available, it would not have been practical for the group to receive information on the cost of implementing its recommendations as they were formed.

At a meeting of relevant officers on 12th March, it was agreed that the majority of the proposed recommendations might be implemented within existing budgets, but additional funding may be required to implement the proposed actions regarding information and awareness, and those relating to bus stops. The former may need to be included in the business case being prepared for SBC's Transformation Programme.

If the recommendations are approved by the Health Scrutiny Panel, a financial assessment will need to be conducted alongside the development of an action plan to be taken to the Cabinet with the report.

(b) Risk Management

Similarly to the financial implications, if the recommendations are approved, risk assessments will need to be undertaken by the appropriate officers, and included alongside the action plan taken to the Cabinet.

(c) Human Rights Act and Other Legal Implications

Some of the Task and Finish Group's proposals relate to Slough Borough Council's obligations under the Disability Discrimination Act 1995.

(d) Equalities Impact Assessment

The approval of the recommendations does not require an Equalities Impact Assessment. Should the implementations of the recommendations necessitate such an exercise, it will be carried out as required.

(e) Workforce

The implementation of the Task and Finish Group's recommendations will require officer time and commitment, as well as agreement from line managers.

5. **Supporting information**

5.1 Background to the Task and Finish Group

The Task and Finish Group was formed in response to the fact that, across a wide range of agenda items, the issue of disability access was continually emerging in discussions.

The group's intended aim was to help Slough become a 'disability friendly town', encompassing a wide range of matters such as building access, transport and leisure options.

A report was taken by Health Scrutiny Panel on 28th June 2018 which outlined some key questions for the Group to consider; these were then formalised in the Terms of Reference included at the start of the report.

5.2 Meetings

The Task and Finish Group has held meetings with the following SBC teams:

- Transport

- Taxi Licensing
- Leisure
- Planning
- Highways and Parking

In addition, there were further meetings with:

- AccessAble (providers of the Online Disability Access Guide)
- Slough Borough Council & Partner Employees with Disabilities Forum
- Healthwatch Slough

It was originally hoped that the group would be also be able to meet with representatives from Slough Youth Parliament, but this was not possible due to the timing of SYP's elections. However, should the recommendations be approved, the Task and Finish Group will seek SYPs feedback, and their support in making Slough a disability friendly town.

5.3 Recommendations

The group concluded that the ultimate objective for Slough should be to create a town with full accessibility for all its residents and to provide a safe environment. Based on its investigations, the group have identified seven key areas which it would recommend form the basis of Slough Borough Council and partner's approach to making Slough a disability friendly town.

- 1) Residents with disabilities should be provided with clear information on services available, and the wider public should be made aware of the challenges faced by them.
- 2) The council should review how its customers might best be able to report concerns around accessibility as part of its ongoing Transformation Programme.
- 3) The council should seek to improve the accessibility and safety of public transportation and taxis in the borough.
- 4) The council should raise awareness of the high quality leisure services available for disabled residents, and facilitate their use.
- 5) Full accessibility should be the default position for all future SBC buildings, and the council should utilise the opportunities presented by regeneration to embed accessibility in our town.
- 6) Further action should be taken to prevent the obstruction of pathways and the council should consider further locations where disabled parking may be appropriate.
- 7) GP surgeries should examine opportunities for implementing 'quick fixes' for improving access, and accessibility should be factored into all future designs as standard.

Within these areas, the Task and Finish Group would also wish to propose a number of specific actions it feels will be most effective in helping SBC and partners to achieve these objectives:

Information & awareness

- Collating available guidance for people with disabilities on available services, and presenting this in a range of accessible formats.
- Requesting Slough Wellbeing Board bring together different workstreams - including the Safe Place Scheme, Dementia and Autism Awareness campaigns and the 'enabling environment agenda' developed by Slough Mental Health services. This could co-ordinate a new campaign to raise awareness of the challenges faced by disabled residents, with the potential involvement of different stakeholder groups including Slough Youth Parliament.

Transport

- Putting in place a programme to ensure that progress is made on making more bus stops DDA compliant.
- Reviewing the feasibility of expanding the remit of the Local Access Forum to include disability access to transport.
- Submitting freedom of information requests to establish the level of complaints bus companies are receiving from disabled customers in Slough.
- Commissioning a survey of disabled bus users, with the results to be reported back to the Health Scrutiny Panel.
- Ensuring that all SBC regulated taxis have ramps with raised edges.
- Undertaking mandatory checks to ensure that taxi drivers were using wheelchair anchoring facilities.
- Displaying notices in taxis as to the rights of disabled service users not to be charged differently.
- Using mystery shopping of both taxi and bus services to check compliance with standards.

Leisure

- Increasing the publicity of Slough's Leisure Offer for disabled residents and their entitlements.
- Reviewing the accessibility of pathways to Slough's new green gyms.

Buildings & planning

- Seeking to incorporate separate baby nappy changing facilities and disabled toilets in all new SBC buildings, and installing Changing Places toilets where possible.
- Ensuring disabled residents are consulted in the planning stages for the new town centre, to make Slough an exemplary area for those with disabilities.
- The Health Scrutiny Panel reviewing the impact of the Outcome 4 group's ambitions regarding Category 3 accessible housing in five years time.

Parking, highways & footpaths

- Investigating opportunities for establishing further disabled parking bays across the borough, in consultation with disabled residents, and with a particular focus on improving access to shops and local services.
- Reviewing recently installed crossing points to consider where double-yellow lines might be effective.
- Including information on the importance of keeping pathways clear in the aforementioned campaign, as well as the impact obstruction can have upon disabled residents.
- As the council regenerates Slough, ensuring that all new or re-designed pathways are DDA compliant.

GP surgery accessibility

- Sharing Healthwatch Slough's findings on accessibility in GP surgeries with the CCG and Slough's two primary care networks - Slough Health Alliance Provider Enterprise (SHAPE Network) and Slough Practices Alliance (SPA network) - with the Health Scrutiny Panel examining what progress has been made in two years time.
- Factoring in these recommendations into the design, or redesign, of GP surgeries going forward - with full accessibility being the default position.

6. Comments of Other Committees

6.1 The report has not yet been considered by any other committees.

7. Next steps

- 7.1 It should be noted that, given the wide range of relevant areas, this Task and Finish Group has undertaken one of the more comprehensive studies of any Task & Finish Group commissioned by Slough Borough Council. It therefore will require a more comprehensive action plan, covering a longer period of time.
- 7.2 If the recommendations are approved, members of the Task and Finish Group will agree an action plan for their implementation with officers, which will be taken alongside the report and financial and risk assessments, to the Cabinet.
- 7.3 Alternatively, if the panel wishes, it can choose to review this action plan itself before it is taken to the Cabinet, however this would need to be brought to the panel in the next municipal year.
- 7.4 If the recommendations are accepted by Cabinet, it will be important for the Health Scrutiny Panel to agree how it will track progress with these recommendations as the Task & Finish Group is decommissioned and the Panel inherits its work in the future.

8. Conclusion

8.1 This report is intended to provide the panel with the findings of the Disability Task and Finish Group.

9. Appendices Attached

A - Disability Task and Finish Group Final Report

B - *Slough: A town that is accessible and inclusive for all*, Healthwatch Slough, September 2018 (appendices have been removed)

C - Disabled Rights Survey Evaluation, Healthwatch Slough, December 2018

10. Background Papers

1. Agenda papers and minutes of the Health Scrutiny Panel, 26th March 2018.
2. Agenda papers and minutes of Cabinet, 16th April 2018.
3. Agenda papers and minutes of the Health Scrutiny Panel, 28th June 2018.
4. Agenda papers and minutes of the Health Scrutiny Panel, 11th September 2018.

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Disability Task & Finish Group

Findings of Task and Finish Group
commissioned by Health Scrutiny Panel

August 2018 – February 2019



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Preface

This Task and Finish Group was set up because an important question was posed by the Health Scrutiny Panel: 'Is Slough a disabled friendly town?'

To answer this, we need to talk not just about physical disabilities, but all disabilities. We also recognise that improving accessibility for disabled people will improve the lives of all our residents, including older people and families with children using push chairs.

As a resident of Slough for 67 years, I have been saddened by the negative press our town has received and firmly believe that Slough has so much to offer. Slough Borough Council could be a leader in creating a Disabled Friendly town and 99% of those surveyed for this Task and Finish Group by Healthwatch Slough agreed with this agenda.

This report has been a collaborative piece of work between the Health Scrutiny Panel and Healthwatch Slough, and has identified some really positive progress, but also some important issues to be addressed. In order to do this a more joined up approach between different services is required.

The group's work has highlighted that we need to be mindful that accessibility is not just about physical access to shops and public places, but also how people can get to these places and the wider public's awareness and understanding of disability. An awareness of the transport needs of people with disabilities should foremost in our minds to help reduce social isolation and ensure people are able to access services effectively. This includes access to suitable disabled parking and maintaining safe highways and footpaths.

The group is keen to look at how the Council can, in line with its Five Year Plan, ensure that all our residents have an opportunity to be part of the conversations to support positive changes that will make our town more accessible to everyone.

To address the issues we have identified, the group has made recommendations in the report below for the Health Scrutiny Panel to review. We hope that all these will be endorsed by Slough Borough Council, and that a clearly-defined action plan is put in place to ensure their implementation.

The Members of the Task and Finish Group would like to thank the officers and organisations who have provided information to the Group for their clear and transparent approach to our work. I would also like to thank Liam Toner, Chair of Slough Borough Council & Partner Employees with Disabilities Forum, Councillor Safdar Ali, Councillor Naveeda Qaseem, Councillor Atiq Sandhu, Councillor Dexter Smith and Councillor Wayne Strutton for all their support in completing this project, as well as the stakeholders listed at the end of this report.

Mr Colin William Pill
Chair of the Disability Task and Finish Group



Terms of reference

The following terms of reference were proposed by the Task & Finish Group at a meeting on 10th August 2018.

1. To investigate and make recommendations on the following matters:
 - 1.1 The level of inclusion offered for disabled residents and visitors in services offered by Slough Borough Council and partner organisations.
 - 1.2 The impact on this on equality for local residents.
 - 1.3 The provision of transport for disabled residents and visitors to Slough.
 - 1.4 The effect of this and other factors on access to services for local service users.

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Summary of recommendations and proposed areas for consideration

The Task and Finish Group, feel that the ultimate objective for Slough should be to create a town with full accessibility for all its residents and to provide a safe environment. Based on its investigations, the group have identified seven key areas which it would recommend form the basis of Slough Borough Council and partner's approach to making Slough a Disability Friendly Town.

- 1) Residents with disabilities should be provided with clear information on services available, and the wider public should be made aware of the challenges faced by them.
- 2) The council should review how its customers might best be able to report concerns around accessibility as part of its ongoing Transformation Programme.
- 3) The council should seek to improve the accessibility and safety of public transportation and taxis in the borough.
- 4) The council should raise awareness of the high quality leisure services available for disabled residents, and facilitate their use.
- 5) Full accessibility should be the default position for all future SBC buildings, and the council should utilise the opportunities presented by regeneration to embed accessibility in our town.
- 6) Further action should be taken to prevent the obstruction of pathways and the council should consider further locations where disabled parking may be appropriate.
- 7) GP surgeries should examine opportunities for implementing 'quick fixes' for improving access, and accessibility should be factored into all future designs as standard.

Within these areas, the group would also wish to propose a number of specific actions it feels will be most effective in helping SBC and partners to achieve these objectives:

Information & awareness

- Collating available guidance for people with disabilities on available services, and presenting this in a range of accessible formats.
- Requesting Slough Wellbeing Board bring together different workstreams - including the Safe Place Scheme, Dementia and Autism Awareness campaigns and the 'enabling environment agenda' developed by Slough Mental Health services. This could co-ordinate a new campaign to raise awareness of the challenges faced by disabled residents, with the potential involvement of different stakeholder groups including Slough Youth Parliament.

Transport

- Putting in place a programme to ensure that progress is made on making more bus stops DDA compliant.
- Reviewing the feasibility of expanding the remit of the Local Access Forum to include disability access to transport.
- Submitting freedom of information requests to establish the level of complaints bus companies are receiving from disabled customers in Slough.
- Commissioning a survey of disabled bus users, with the results to be reported back to the Health Scrutiny Panel.
- Ensuring that all SBC regulated taxis have ramps with raised edges.
- Undertaking mandatory checks to ensure that taxi drivers were using wheelchair anchoring facilities.
- Displaying notices in taxis as to the rights of disabled service users not to be charged differently.

- Using mystery shopping of both taxi and bus services to check compliance with standards.

Leisure

- Increasing the publicity of Slough's Leisure Offer for disabled residents and their entitlements.
- Reviewing the accessibility of pathways to Slough's new green gyms.

Buildings & planning

- Seeking to incorporate separate baby nappy changing facilities and disabled toilets in all new SBC buildings, and installing Changing Places toilets where possible.
- Ensuring disabled residents are consulted in the planning stages for the new town centre, to make Slough an exemplary area for those with disabilities.
- The Health Scrutiny Panel reviewing the impact of the Outcome 4 group's ambitions regarding Category 3 accessible housing in five years time.

Parking, highways & footpaths

- Investigating opportunities for establishing further disabled parking bays across the borough, in consultation with disabled residents, and with a particular focus on improving access to shops and local services.
- Reviewing recently installed crossing points to consider where double-yellow lines might be effective.
- Including information on the importance of keeping pathways clear in the aforementioned campaign, as well as the impact obstruction can have upon disabled residents.
- As the council regenerates Slough, ensuring that all new or re-designed pathways are DDA compliant.

GP surgery accessibility

- Sharing Healthwatch Slough's findings on accessibility in GP surgeries with the CCG and Slough's two primary care networks - Slough Health Alliance Provider Enterprise (SHAPE Network) and Slough Practices Alliance (SPA network) - with the Health Scrutiny Panel examining what progress has been made in two years time.
- Factoring in these recommendations into the design, or redesign, of GP surgeries going forward - with full accessibility being the default position.

1 Background to the Review

1.1 Introduction

The issue was first raised by the Health Scrutiny Panel on 26th March 2018. This was in response to the fact that, across a wide range of agenda items, the issue of disability access was continually emerging in debate. Given this, and the fact that the matter seemed too wide ranging to include as a standard report, the Panel agreed with the proposal that a Task & Finish Group was required. The Group's intended aim was to help Slough become a 'disability friendly town', encompassing a wide range of matters such as building access, transport and leisure options. Further support for this initiative was provided by Cabinet at its meeting on 16th April 2018, where they officially backed Health Scrutiny Panel's proposals for this review to take place. As a result, a report was taken by Health Scrutiny Panel on 28th June 2018 which outlined some key questions for the Group to consider; these were then formalised in the Terms of Reference included at the start of this report.

Given the wide range of relevant areas, the Group has undertaken one of the more comprehensive studies of any Task & Finish Group commissioned by Slough Borough Council. This has led to meetings being held with a number of departments:

- Transport
- Taxi Licensing
- Leisure
- Planning
- Highways and Parkin
- Slough Borough Council & Partner Employees with Disabilities Forum

This has also led to it making a high number of recommendations. It is now imperative that Health Scrutiny Panel decides how it will track progress with these recommendations as the Task & Finish Group is decommissioned and the Panel inherits its work in the future.

It is also worth noting that there are further areas which affect disabled residents' quality of life that fall beyond the Task and Finish Group's terms of reference, which may need to be examined by the council in the future.

The Task and Finish Group was chaired by Colin Pill and membership comprised Councillor Safdar Ali, Councillor Naveeda Qaseem, Councillor Atiq Sandhu, Councillor Dexter Smith, Councillor Wayne Strutton and Liam Toner.

1.2 The Approach

Given the above, the Task & Finish Group has held meetings with Slough Borough Council departments. This has helped assess the issues involved and the most productive areas for recommendations.

In addition, it has held meetings with key stakeholders. In October 2018, it met with the newly commissioned providers of the Online Disability Access Guide to hear how this service would support local residents and visitors in understanding provision in Slough. It has also held a joint public meeting with Healthwatch at the end of its investigation to discuss its findings and how they reflected the experiences of the local population.

The information from these events is included in section 2 of this report, and was used to formulate the recommendations at the start of this document. These recommendations were compiled by the Task & Finish Group at its meeting on 26th February 2019.

2 Information gathered

2.1 Meeting with AccessAble (providers of Online Disability Access Guide)

- 2.1.1 The organisation had a 3 year contract with Slough Borough Council. The work in Slough was about to commence in October 2018, with surveyors to be in operation before Christmas. An engagement event would then be held around the turn of the year, and this (alongside ongoing discussions with SBC officers) would help form the 200 buildings and facilities which would feature in the Slough access guide. By the time of this report, AccessAble will have provided a design guide; this document would outline the principles of design for planners, architects and related officers to use in creating public spaces. The Online Access Guide would also be ready for review by this time, but not for public dissemination.
- 2.1.2 AccessAble had been established as a social enterprise in 2002 (formerly known as DisabledGo), and had worked with local authorities (e.g. Croydon) since this time. The change in name reflected that the service was about access rather than strictly disability (for example parents with double pushchairs also had issues with access) and would include a mobile app. Overall, it was estimated that access issues were of relevance to 20 million in the UK, given the numbers of carers who also had to consider such factors in daily life.
- 2.1.3 The founder of AccessAble had described disability as ‘the death of spontaneity’, as all trips now had to be planned in advance. He also noted how his conversations regarding accessibility often boiled down to the same few questions. In addition, this led to many becoming increasingly withdrawn as they erred on the side of caution, and also had no wish to become a limiting factor in the plans of their social group. The aim of the guide was to inform everyday decisions and allow people to enjoy as full a life as possible. It contained a wide bank of data, and provided objective statistics rather than more subjective ‘Trip Advisor’ style reviews. It also went well beyond mere legal compliance, providing information on matters such as mirror heights, width of passageways and the like to help people understand the environment they may be encountering. In summary, it was hoped that the online access guide would help promote Slough as an accessible place where people could be independent. It was recognised that Slough was a place undergoing a significant amount of regeneration and that this offered a major opportunity to reshape the town as disabled-friendly.
- 2.1.4 As well as the moral incentive of improving facilities, local facilities could also benefit from ‘the purple pound’ (the spending power of disabled people). In total, this was estimated as worth £250 billion across the UK. Given the importance of small details (e.g. lever taps, dimensions of toilets) it was hoped that those creating these new facilities would see the benefits of relatively minor investment. The guide contained thousands of such details (over 200 regarding toilets alone) and was taken by AccessAble surveyors to ensure standardisation. Hospitals were covered separately with assistance from the NHS, whilst AccessAble also had contracts with some stores (e.g. Next, Marks and Spencers) with all branches in the UK covered.
- 2.1.5 Engagement events would be held twice a year throughout the contract, with the first one due in December or January. These also involved local businesses, with AccessAble having seen many such organisations keen to be involved. Given the advice AccessAble could provide using their expertise, and the changes that could be made at fairly low cost and inconvenience, the service was appreciated by many service providers. Indeed, groups of private sector companies had sponsored expansions to the portfolio of buildings covered by AccessAble in some local authority areas where they operated. All buildings which were surveyed would be re-surveyed every 12 months whilst AccessAble were active in the area.
- 2.1.6 AccessAble were aware that this was the starting point for all parties in the arrangement, with all sides due to learn about the process involved and benefits available over the 3 years of the

contract. There was also some anecdotal evidence that the work of AccessAble raised awareness amongst staff at the various buildings on the guide about disability issues, although this was not something that was formally measured. AccessAble were able to pass on analytics regarding who used the Slough guide, where they were from and other similar questions.

- 2.1.7 The service also provided route plans for key journeys (e.g. train station to high street) although these were fixed and limited in number. The data had also been offered for integration into some apps (e.g. Blackpool Transport) but was not freely open for 'datamashing' by third parties as the information could be misrepresented by external organisations. AccessAble was also able to produce internal analysis reports to assist organisations to receive guidance on best practice. This would also help with future proofing and ensuring that buildings in the guide could prepare for developments.

2.2 Meeting with Transport Team

- 2.2.1 The last audit of bus stops had been held some years ago, and found that 40% of bus stops had curb heights below 125mm (the minimum to enable the maximum permissible gradient for the ramp that is equipped on buses) and 90% of stops required work to comply with Public Service Vehicles Accessibility Regulations 2000. The causes for these stops' non compliance were varied, but a clear breakdown was not available. In addition, some work had been undertaken since the audit to rectify the situation but precise statistics on this were not available. The Transport Team may be undertaking a new audit between now and the Group's final report on the bus stops involved (approximately 300, with 150 equipped with bus shelters), although the resources available to the team may require this to be outsourced. Should the audit be undertaken and deliver its findings, the Group asked to work to remedy highly used bus stops (or those near health care facilities) to be prioritised over 'quick wins'.
- 2.2.2 When an operator alters a route, SBC may not establish new permanent stops as such alterations may be temporary. In addition, operators could then deregister such stops with 56 days notice leaving SBC's expenditure as superfluous. Equally, leaving behind a permanent structure which was no longer in use could prove confusing for those not used to using the service. However, there were no hard rules on when SBC would deem such route amendments to be permanent. Members also asked if routes and the degree to which they were subject to change could form part of negotiations for service tenders.
- 2.2.3 Buses in Slough (and many other parts of the country) had issues with providing full equipment for wheelchair users (e.g. straps). Members asked if the Local Access Forum (which currently focused on public access to land) could be expanded to include disability questions. In addition, the potential inclusion of a disabled service user in specifications for bus contract negotiations was raised. Should this be the case, Adult Social Care could support the process given their decision to ensure such representations were received during service design.
- 2.2.4 At present, complaints on services were received but not solely SBC's responsibility. As a result, the Group expressed an interest in using such complaints to provide quality monitoring information; however, commercial confidentiality may limit the data SBC can receive (e.g. route specific patronage information). In addition, a targeted study of disabled bus users could be commissioned for more detailed guidance as to current standards on transport.
- 2.2.5 Members also asked if disabled access specifications are included when tendering for routes are advertised and requested that this section of the specification is shared with other officers in the task group. Members also raised the separate issue of bus fares; it was agreed that this would be picked up with the Overview and Scrutiny Committee Chair (Cllr Arvind Dhaliwal) as a potential agenda item.

2.3 Meeting with Taxi Licensing Team

- 2.3.1 SBC had 107 Hackney cabs licensed, with 57 of these providing wheelchair access. However, this provision could vary in terms of side or rear access, size of wheelchair catered for and size of vehicle. However, anchoring was mandatory. The Equality Act 2010 stipulated that Councils should implement a 50% disability access ratio for its fleet, which these statistics exceeded.
- 2.3.2 Ramps for wheelchair access were standard; however, members asked if the lack of a raised 'turn up' edge could lead to wheels going over the edges. Whilst such facilities were not mandatory, members felt this may be a suitable area for a recommendation in the final report.
- 2.3.3 Equally, whilst anchors for wheelchairs were mandatory it was questioned if they were being used. Members also asked if users with seatbelts on their wheelchairs were being checked if they were using them whilst travelling. The height of entrances could also prove an issue for taller wheelchair users. Any vehicles without the necessary equipment could have their licence suspended. They would then need to be repaired and obtain a new MOT before having the licence restored.
- 2.3.4 The SBC website included information regarding the precise facilities offered by taxis and the types of wheelchair they could accept. Ultimately, those making the booking needed to specify their requirements. However, it may be helpful to circulate such information for those who found themselves needing services for disability.
- 2.3.5 In October 2018, SBC made Passenger Assistance Training Scheme attendance mandatory for all taxi drivers, with all parts of the course to be completed. This training included information on anchoring, setting and positioning; all taxi drivers would complete this programme by the end of 2019. SBC was going beyond its legal obligations in this matter, with Hackney cab drivers having to take such training but not private hire drivers (who SBC were including). Even drivers whose vehicles were not wheelchair accessible were made to attend, as the spectrum of disability did not confine itself to wheelchair use. Drivers also had to attend safeguarding training which included relevant issues as well as matters such as child sexual exploitation.
- 2.3.6 There were 596 private hire vehicles licensed by SBC, of which only 10 had wheelchair access. SBC had contacted representatives from authorities across South East England to see if any of them had targets on this and how they enforced them (given the absence of powers given by Department for Transport in this regard). However, if a private hire company was asked to provide such transport and could not they were obliged to refer the user to a company which could.
- 2.3.7 Taxi drivers were not allowed to levy any surcharge on disabled service users. This included the caveat that the meter started to run once the journey was underway, not during the process of providing access for the wheelchair user. This matter was covered by a number of Byelaws and those not in compliance could be prosecuted; users who felt they had been subject to discrimination were asked to report the matter. However, should the user and the driver make a verbal agreement before the journey as to the price, this was binding even if it exceeded the metered cost of the journey. Members acknowledged this, but felt it could be publicised through signage.
- 2.3.8 In addition, whilst it was accepted that the website included detailed information on transport, members asked if a leaflet could be created for distribution. The draft of this leaflet could then be referred to local service users for their comments prior to distribution; Adult Social Care had experience of this and could be approached to offer assistance.

2.3.9 SBC's good work in the area was recognised; members felt more publicity for it could help users know their rights more clearly. The possibility of using the Citizen to promote SBC's robust approach was discussed by those present.

2.4 Meeting with Leisure Team

- 2.4.1 The Leisure Strategy had been in operation since 2015 and due for refresh in 2019. Accessibility for all residents was at the centre of its objectives. This had 3 core outcomes: improve core facilities, ensure neighbourhoods had facilities (e.g. green gyms in parks) and create a suitable programme of activity for local residents. On the second of these, the aim was to ensure that no resident was more than 20 minutes walk from an open air gym. On the last point, 100 sessions were held every week with many targeted at specific groups (including all forms of disability).
- 2.4.2 The first new core facility was Arbour Park. As well as being home to Slough Town FC this facility was to be used by the public. Prior to its opening, disabled users had been invited to attend and provide feedback; alterations were made on this basis (e.g. viewing facilities). It also had an evacuation chair as well as a lift, which had been tested; staff had also been trained on using it.
- 2.4.3 The Slough Ice Arena had been well used, especially by Adult Social Care. It also featured a viewing gallery with lift. In particular, SPICE (Special People On Ice) were regular attendees, with a dedicated Sunday morning session for wheelchair users. This event regularly attracted over 100 participants and may expand in the future.
- 2.4.4 The Salt Hill Activity Centre, given its nature, was less well suited to those with physical disabilities. However, 10 pin bowling had proved popular with 4 dedicated sessions a week for those with disabilities. Langleys Leisure Centre had been refurbished (rather than being a new build like the other facilities mentioned). It now featured a beach area with a hoist; the only area not readily accessible was the Jacuzzi. The Centre on Farnham Road would be the flagship of the Leisure Strategy. This was due to open in March 2019, and had consulted with disabled representatives from the start of its planning. Signage was provided in Makaton and Braille, and further feedback on design would be sought before its opening.
- 2.4.5 There were now 23 Green Gyms across Slough, with other related activities (e.g. Trim Trails) also provided. A partnership with The Great Outdoors Programme had been initiated to structure activities and support those using facilities. There were also 14 Multi-Use Games Areas (MUGAs) with plans to expand this. In addition, some of these were floodlit. These had very high usage rates and were also used for Wheelchair Basketball (as well as sessions where wheelchair users and able bodied participants took part simultaneously). They were tarmacked and highly durable.
- 2.4.6 Active Slough was keen to emphasise engagement for all rather than elitism or competition. Those taking part could also drop in and out of sessions rather than committing to an entire programme. Users were also consulted, with the offer being revised as a result. Work on access was being undertaken (e.g. car parks, lifts, changing facilities). Gyms also used the most modern innovations to assist users (e.g. wheelchair access, visual impairment aids, ease of grip). This was a work in progress and would continue to evolve as issues were identified. The Patient and Liaison Service and Sport in Mind were also involved, whilst Sports Able offered disabled service users a more competitive form of sport if desired.

- 2.4.7 However, whilst the offer was in good shape there were concerns over the level of publicity it had attracted. Whilst a leaflet highlighting specialist provision could be of assistance, other innovations (e.g. use of a forthcoming NHS App to promote options) could be explored.
- 2.4.8 Most activities had concessionary rates; these rates were uniform for all who could claim them. There had been some concerns over 'carers' who were using facilities for free and ignoring those they were supposed to be caring for. As a result, members felt that some form of identification (including guidance as to care arrangements) could be produced to stop this. This could also help SBC track use of their facilities.
- 2.4.9 Staff undertook training on CSE, Adult Safeguarding and Manual Handling (with all managers taking Level 2 training on this).
- 2.4.10 Activate Slough had been based on external funding to construct specialist provision. It was being supported by a volunteer programme which was being constructed and could be circulated once complete.
- 2.4.11 However, members were also concerned that having baby nappy changing facilities in disabled toilets could present an infection control issue, and asked if this matter could be considered.

2.5 Meeting with Planning Team

- 2.5.1 The Task & Finish Group had raised concerns across a number of areas. Some of these related to roads and highways – as a result, the Group has asked that another meeting be scheduled for 2019 to cover these.
- 2.5.2 With regards to Building Control, members asked if SBC was going beyond the minimum statutory requirements. Given the high level of local need, it was felt that the 5% threshold may not reflect the population in question. However, a precise understanding of this level of need was not in place; the Group felt this area merited greater research. Existing materials (e.g. the Joint Strategic Needs Assessment) may hold some relevant information, as could the Public Health Team. Healthwatch may also be able to offer a comparison with neighbouring authorities.
- 2.5.3 The Planning Policy Framework currently included a statement on the need for accessibility for all. The Local Plan had been presented to the Planning Committee on 5th December, whilst the Five Year Plan Outcome 4 Sub Group had also agreed to increase the level of accessible housing stock. This included a stipulation that 5% of all housing (new and existing) would conform with Category 3 of the National Accessible Scheme (Category 2 was the legal minimum). This would be presented as a potential Council policy in March 2019. In addition, all new buildings required a design and access statement.
- 2.5.4 New developments required evidence of need when considering accessibility in design; failure to do this could lead to developers questioning the requirements made and their resulting cost. It was also the case that Councils had to balance accessibility with the need for affordable housing and other considerations (especially the high density nature of Slough's housing requirements). However, a counter consideration regarding the long terms costs of adapting existing buildings or even moving residents to more suitable housing needed to be made too.
- 2.5.5 At present, there was a cap of 200 homes before SBC would require 5% of these to be accessible at Category 3 standards. Further information as to the reasons for this would be reported back to the Task & Finish Group.

- 2.5.6 Planning, building and the NHS at present had linked interests in the matter but were not fully co-ordinated. SBC had established the 'One Council' Group which was working on such matters; this Group could also help with understanding the precise nature of the level of local need.
- 2.5.7 Given the redevelopment of the town centre, there may also be an opportunity to transform the offer made for local residents and visitors. However, it was vital that this chance was taken during the initial planning stages; for example, at the existing Queensmere shopping centre a Motability service had been established but only after the building was finished, and as a result was not conveniently situated.

2.6 Meeting with Slough Borough Council & Partner Employees with Disabilities Forum

- 2.6.1 The forum kindly allowed the Task and Finish Group to attend their January meeting, to discuss the issues that had been identified by the group so far and gain their insight on both further issues to be addressed and action that might be taken.
- 2.6.2 Members of the forum noted the progress that has been made by the council in improving accessibility - particularly in regard to the new leisure facilities.
- 2.6.3 However, the forum did still feel that more needed to be done in the private sector, for example in small shops, and echoed the group's concerns around accessibility in the community - particularly relating to parking, highways, public transport and disabled toilets.
- 2.6.4 It was suggested that, in order to address this, the council might look to offer training for local employers, businesses and other organisations, as part of a wider campaign around disability awareness.
- 2.6.5 The forum's chair, Liam Toner, also highlighted the importance of improving access to information on the services and benefits available to people with disabilities; and it was proposed that the creation of a single document or resource, in accessible formats, might help to address this.
- 2.6.6 It was agreed that the representatives from the Task and Finish Group would return to the forum at a later date once the recommendations had been finalised, to review findings and discuss what more might be done to improve the wider public's attitude towards, and awareness of, disability.
- 2.6.7 It was also suggested that further work might need to be undertaken beyond the terms of reference of the Task and Finish Group - looking more broadly at people with disabilities' quality of life.

2.7 Meeting with Highways Team

- 2.7.1 This meeting focussed on the availability and suitability of disabled parking in Slough, and challenges disabled residents can face when travelling via public pathways, on foot or in wheelchairs. Members of the group felt these issues were of critical importance for ensuring that Slough can become a disability friendly town, and for preventing disabled residents from becoming socially isolated.
- 2.7.2 The Chair of the Task and Finish group raised concerns around the absence of disabled parking bays in several wards across Slough, such as Wexham Lea, and the challenges this can present disabled residents in accessing local shops and services.

- 2.7.3 The Chair also discussed issues around the design of disabled parking bays in areas such as the Town Centre, where the bays are placed end-to-end (for parallel parking), rather than side by side (echelon parking), without demarcated spaces between and around the bays to be kept clear. This can mean that disabled people have to exit their vehicle into the road - potentially into on-coming traffic - and can prevent residents from exiting vehicles that have been specially adapted for rear access.
- 2.7.4 The Highways team informed the Task and Finish Group of the statutory limitations around 'on-curb' disabled parking, which prevents the council from establishing echelon disabled parking bays in certain places. However, it was agreed that the Highways team could investigate potential opportunities for establishing more disabled parking bays across the borough within the current legislation, in consultation with disabled residents.
- 2.7.5 The Chair discussed the importance of crossing points at junctions in allowing disabled residents to travel throughout the town unimpeded, and highlighted the good work the council has undertaken in establishing these. However, he raised concerns that nuisance parking at junctions was obstructing many of these crossing points or otherwise rendering them unsafe. Members asked whether more double-yellow lines could be established, given that these are required for the council to be able to enforce parking restrictions.
- 2.7.6 The Highways team informed the group that double-yellow lines are not established as standard at such junctions, as vehicles are already restricted from parking within 10m of a junction, and took them through the consultation process by which changes are made. While it would not be practical to have double-yellow lines at every junction, the Highways team agreed that it would be possible to assess whether they should be introduced at those where crossing points have recently been installed by the council.
- 2.7.7 Members discussed how nuisance parking on pavements can prevent disabled residents from using pathways and asked for an update on the council's plans. The Highways team updated the Task and Finish group on the Pavement Parking Scheme which was trialed in 2015, and discussed how it sought to allow cars to park with two wheels on the pavement within demarcated areas, while preserving a minimum width of 1.2m for pathways. It is hoped to extend this scheme to further areas of the borough in the future.
- 2.7.8 The Highways team also apprised the group of potential legislation which will allow councils to ban on-pavement parking, as is currently the case in London. It is hoped that this legislation, were it to be passed, will give the council more flexibility to improve accessibility for disabled residents.
- 2.7.9 The group also considered further obstructions to public pathways, including overgrown hedges and vehicles parking over the end of driveways. The highways team informed the group of the action taken by the council to prevent these kinds of issues from occurring, but highlighted the limited resources available for inspection and enforcement.
- 2.7.10 To raise awareness of these issues, it was agreed that the Highways team could look to publish information on the importance of keeping pathways clear via social media and *Citizen*, as well as case studies of action that has been taken which has had a positive impact for disabled residents.

2.8 Joint meeting with Healthwatch Slough

- 2.8.1 The Task and Finish Group has been a collaborative piece of work between the Health Scrutiny Panel and Healthwatch Slough. This meeting provided an opportunity for the group to consider issues identified by Healthwatch in their report of September 2018 *Slough: A town*

that is accessible and inclusive for all. The full report can be found in the appendix, though findings on specific practices have been removed to allow them a fair opportunity to respond to Healthwatch's concerns.

2.8.2 Healthwatch Slough visited 17 GP surgeries in Slough in teams of two between July and August 2018. Although some of the surgeries visited were very well equipped, there were several areas where the teams had significant concerns.

2.8.3 Based on the issues identified, Healthwatch have proposed 4 key areas where they believe quick progress might be made to improve accessibility:

1. Signage

- a. Signs should be clear and unambiguous, at a readable eye level, readily distinguishable from the background, using standardised symbols that are universal and easy to understand.
- b. Reserved parking spaces should be denoted by clear signposting at the entrance and beside the space itself.
- c. Routes from entrance doors to lifts, stairs, enquiry desks and toilets should be clearly defined and unobstructed.
- d. Passageways should be kept clutter free.

2. Furniture

- a. Seating should be available in a choice of heights.
- b. Reception counters should be accessible and usable by disabled persons.
- c. Hygiene products, such as hand gel, should be available at an accessible level for wheelchair users.

3. Communication

- a. All surgeries should install a hearing loop.
- b. Surgeries should publicise to patients that a quiet space can be provided upon request.

4. Safety

- a. Doorways should be installed with a low threshold bar.
- b. Grounds leading up to the surgery should be smooth and safe for wheelchair users or someone walking with an aid.
- c. Handrails should be placed on both sides of ramps leading to an entrance door.
- d. Contrast is desirable between doors and walls.

2.8.4 The Task and Finish Group agreed that Healthwatch Slough's findings should be shared with the CCG and Slough's two primary care networks - Slough Health Alliance Provider Enterprise (SHAPE Network) and Slough Practices Alliance (SPA network) - and that the Health Scrutiny Panel should examine what progress has been made in improving accessibility in practices in two years time.

2.8.5 Members of the group also thought that these recommendations should be considered in the design of any new practices and discussed opportunities that may be provided in the years ahead by technology - such as telehealth - to improve access to GPs.

2.8.6 The group then discussed the results of Healthwatch Slough's survey on Disability Rights - the results of which can be found in the appendix. They were particularly pleased to note the widespread public support behind the council's aim to make Slough a disability-friendly town. However, the group did raise concerns around the large number of those surveyed who did not use public transport.

2.8.7 Healthwatch Slough also kindly provided their thoughts on the issues identified by the Task and Finish group up to that point, and helped the group to shape its final recommendations.

3 List of Meetings and Events

The following meetings were held by the Task & Finish Group:

- | | |
|---------------------------------|---|
| 10 th August 2018: | Formation of terms of reference |
| 2 nd October 2018: | Meeting with providers of Online Disability Access Guide |
| 21 st November 2018: | Meeting with Transport Team (focus on bus services) |
| 27 th November 2018: | Meeting with Taxi Licensing Team |
| 4 th December 2018: | Meeting with Leisure Team |
| 11 th December 2018: | Meeting with Planning Team |
| 24 th January 2019: | Meeting with Slough Borough Council & Partner Employees with Disabilities Forum |
| 12 th February 2019: | Meeting with Highways and Parking Team |
| 26 th February 2019: | Joint meeting with Healthwatch Slough |
| 26 th February 2019: | Formation of recommendations |

4 Acknowledgements

The Disability Task & Finish Group would like to note it's thanks to the following contributors and witnesses, whose input helped form its recommendations:

Slough Borough Council:

| | | |
|-----------------|---|--|
| Masum Choudhury | - | Transport Strategy Team Leader |
| Savio DeCruz | - | Service Lead Major Infrastructure Projects |
| Ginny de Hann | - | Service Lead Regulatory Services |
| Kam Hothi | - | Team Leader, Parking |
| Giovanni Ferri | - | Youth Worker |
| David Gordon | - | Scrutiny Officer |
| Alison Hibbert | - | Leisure Strategy Manager |
| Kerry Hobbs | - | Planning Policy Officer |
| Sally Kitson | - | Strategy and Partnership Manager |
| Tom Overend | - | Policy Insight Analyst |
| Michael Sims | - | Licensing Manager |

External Organisations:

| | | |
|------------------|---|--------------------|
| David Livermore | - | AccessAble |
| Arunjot Mushiana | - | Healthwatch Slough |
| Nicola Strudley | - | Healthwatch Slough |

The Task and Finish Group would also like to acknowledge Living in Harmony and Slough Community Transport's work in producing the survey on Disability Rights.

The following resources were also used in background research:

| | |
|---|----------------------|
| Accessible Bus Stop Guidance | Transport for London |
| FirstGroup Plc v Paulley (2017) | Supreme Court Ruling |
| Nusrat Ghani MP Statement (7 th March 2018) | Hansard |
| Task & Finish Group – Use of Wheelchair Spaces on Buses | House of Commons |

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Slough

A town that is accessible and inclusive for all



September 2018

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Executive summary

Healthwatch Slough visited 17 GP practices from the period between July 31st to 16th August 2018 to gain an understanding of how disabled friendly local surgeries were in Slough.

Although practices made every effort to accommodate all sections of this town's diverse communities, space restriction limits larger scale changes. However we noticed that there were a number of 'quick fixes' that all surgeries could easily implement, with very little cost or upheaval, that could immediately improve a patients journey through Primary Care such as height of counters, and clearly labelled signage at eye level.

Small adjustments can result in big differences.

Why Slough needs to be accessible and inclusive

The World Health Organisation says that 15% of the world's population lives with an impairment or disability.

For too long cities and towns have been built without thinking about how physical and social barriers affect people with disabilities. Social inclusion is a highly important "determinant of health" – without inclusion, people are more likely to experience poor health (including poor mental health), loneliness, isolation, and low self-esteem.

Slough has been active in promoting greater social inclusion through

initiatives such as 'The Safe Place Scheme',



the provision of disability friendly cabs,





offer of 7 RADAR Accessible Toilets in the town,



& the Slough Advocacy Service

However, in some other parts of the country, businesses have taken their corporate social responsibility further by introducing events such as autism friendly screenings at cinemas and autism friendly swimming sessions, promoting their disability friendly workplace environments etc.

Slough is in a strong position to create an enhanced user friendly environment that is accessible to all sections of its population in an exemplary manner as the Health Scrutiny Board seeks to do.

Aspiration of Slough's Health Scrutiny Committee

Slough's Health Scrutiny Committee aims to make Slough an exemplary inclusive model for the rest of the country – this means ensuring transport, roads, planning, buildings, shops, public places such as Leisure Centre's, parks, GPs surgeries are accessible to all.

A task and finish group was formed with the following members: Colin Pill Charing (HWSlough), Alan Sinclair (Director Adults & Communities), Cllr. Dexter Smith and Liam Toner (Slough Employ-Ability) & Cllr. Wayne Strutton.

Colin Pill, asked Healthwatch to investigate how accessible GP surgeries were for people with disabilities. This report documents those findings and makes some recommendations for the Board to consider for next steps.

Slough's population

Slough has a population of almost 150,000 and from the 2011 Census. 9,322 residents (9.9%) between the ages of 16-64 reported living with a physical disability. Over 1,350 people were reported to be living with a severe mental health problem. There are an estimated 2,590 people living with sight loss in Slough. 290 people are living with severe sight loss (blindness). 2,696 adults under the age of 65 live with a moderate to severe hearing impairments (more have a profound impairment). Hearing impairments in younger adults in Slough is expected to increase by 20% over the next ten years. Also, 4.07% of over 65s have been recorded by their GPs as living with dementia.

These figures only scratch the surface. Disability covers more than the obvious conditions such as blindness or confinement to a wheelchair. Breathlessness, the need to walk with a stick, difficulty of gripping due to paralysis or arthritis, lack of co-ordination, partial sight, deafness and sensory overload can all affect a person's mobility in the environment. It makes practical sense to ensure that design takes account of this group.

What is accessibility?

Anyone with a disability is protected by the Disability Discrimination Act (DDA). The DDA defines disability as *"a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities"*.

The types of discrimination it can help challenge are:

- direct discrimination (such as a ban on employing blind people)
- disability related discrimination (for example, a taxi driver refusing to take a blind passenger because they have a guide dog)
- failure by an organisation to make a reasonable adjustment to allow you access to goods, facilities and services
- victimisation
- harassment

Accessibility and inclusion are about enabling people and communities to fully participate in society, to lead independent lives wherever possible

with dignity and confidence. It's intentionally designing the world to include everyone, regardless of disability. It's working so others have access to more of life because this accessibility matters. Accessibility defined is the ability of being reached, approached, used, or understood.

This report is a small start in examining where the gaps lie in Slough services being as accessible as possible and makes suggestions for some very reasonable adjustments that can go a long way to enhance accessibility.

About Healthwatch Slough

Healthwatch exists to help improve health and social services by putting people at the heart of decisions about local care. They make sure that everybody has the opportunity to speak up.

What we know about access to Primary Care

Most people say they are satisfied with their GP. According to the latest GP Satisfaction Survey (2018) 85% of people say they are satisfied with their family doctor and 84 % say the same about their local dentist services. Yet studies conducted by Healthwatch from all around the country suggest that there are significant issues of concern for some groups of people, particularly for those with hearing, visual and mobility impairments.

Slough's Public Health Consultant, Dr Liz Brutus, in a recent paper highlighted that health inequalities can be seen in those living with a disability. ('Tackling Slough's health inequalities and wider determinants of health: Considerations for Slough Wellbeing Board and Frimley Integrated Care System.' 31 Jul 2018, Public Health, Slough Borough Council)

By law, under the Equality Act 2010, all health and social care providers are required to make 'reasonable adjustments' to make sure that a disabled person can access and use the service as close as possible to the way a non-disabled person would. This means that all GP surgeries should aim to provide suitable access for patients with hearing, visual and mobility impairments, including those in wheelchairs, as well as older people and those with learning disabilities. In addition, they should

provide suitable means of communication, so that it is easy for people to book appointments in the first place.

What Healthwatch Slough did

Healthwatch Slough visited 17 GP surgeries in Slough (see appendix 1) in teams of two between 31st July to 16th August 2018.

We began our observation by scanning the physical environment outside of the surgery itself, looking at parking bays and footpaths leading into the premises. We then did a walk through of the internal environment spending some time sitting and watching in the waiting rooms to gain an understanding of how patient's might experience the environment from the perspective of someone living with a disability.

We looked at potholes and cracks in the paving leading into the surgeries, examined the slopes and ramps for smoothness and the impact the ground would have on a wheelchair user or someone sight impairment using a cane, measured the width of doors, looked to see obstructive items in passageways, the amount of space in the toilet areas, how fire-exits accommodated wheelchairs, and how people who need to be in a quiet space were accommodated for.

We accept that the checklist (see appendix 2) used in this exercise does not cover every aspect of good practice for all disability types, however, we believe it does provide a starting point for discussion and for planning to begin to make improvements.

What Healthwatch Slough found

The main issue faced by GP practices is space restrictions but in spite of this it was clear that surgeries very much wanted to offer a high standard in terms of patient experience.

- **Communication to patients**

Most surgeries had a hearing loop and the ones that didn't said they were in the process of acquiring one. Braille was seldom offered but surgeries said they could make this provision on request.

A lot of surgeries used clear signage, but we did note a number that were placed high above eye level and difficult to read because of the size and lack of symbols.

We were pleased to note that many surgeries had taken up our suggestions on how to make information accessible and easy to understand in the waiting areas ('How organisations can provide clear information', June 2017). However, we still noticed some TV screens playing daytime TV soaps rather than using the opportunity to keep patients informed and updated. We are unclear why this is still happening.

Some GP practices used LED lit notices to let patients know when they are up next. At others, the GP would come to the waiting area and call for the next patient. Some used a tany system which could work but was often noticed to be crackling and unclear.

- **Physical internal environment**

A number of reception counters were very high making it difficult for someone in a wheelchair to see over and speak with reception staff.

In some of the disabled toilets, soap and drying materials were placed much higher than a person in a wheelchair could reach. Some hand basins were impossibly placed for anyone in a wheelchair to reach over and use safely or to fit their wheelchair under.

One surgery had a perfectly accessible fire exit that led to a garden area that was then rocky and uneven, so once a wheelchair user, or anyone with a mobility issue, reached outside, it was impossible to go any further. We were interested in what the fire department thought of this during their inspections.

Most surgeries were clutter free, but we did notice that sometimes boxes were stored close to fire exits as this provided a free space. In one surgery we even noticed a tall potted plant placed right outside of the disabled toilets (see image 4).

We did notice some surgeries did not have a low threshold bar at the door entrance which would make access immediately simpler for the disabled, elderly and parents with pushchairs.

Practice managers who were working with space restrictions told us they could accommodate someone who needed a quiet space due to having dementia, or autism upon request. One practice also offered a text messaging service for anyone who needed to wait outside.

- **Access from the outside**

We noticed that where some disabled parking spaces were not clearly marked, had no covering or enough space to disembark safely.

We looked at the pavement and roads leading to the surgery entrance and were quite shocked at how ridges, potholes, uneven surfaces etc pose such a safety risk for anyone in a wheelchair or sight impaired if trying to access the surgery without risk.

Image 1). Cracks and ridges near pedestrian crossing outside of surgery

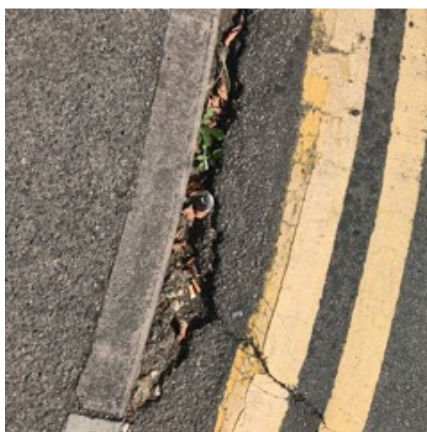


Image 2). Pavement not suitable for wheelchair user as raised manhole cover



Image 3). Fire exit door with high step and no slope. Again we would ask the question as to whether this complies with the fire departments regulations and why a ramp isn't placed to overcome this obvious barrier to safely exiting the building in case of a fire.



Image 4). We noticed that some corridors were obstructed by objects, mostly for the short term when space is limited for storage and on one occasion by a decorative plant– a very easy fix is to remember to keep passageways clutter free.

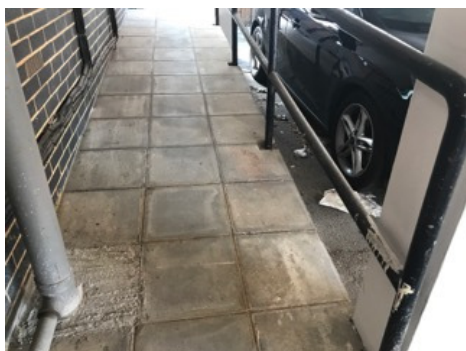


Image 5). Large pole blocking wheelchair access on fire escape. Guidance width is 1500mm and its recommended that handrails be on both side of the ramp.



Image 6). End of fire exit has uneven surface posing risk to wheelchair user and other mobility impaired and sight impaired persons.



Image 7). Sainsbury's Slough High Street disabled toilet signage demonstrates both understanding and commitment. Their aisles are clutter free and wide.

Patient's experiences

"I couldn't enter the consulting room to speak to my GP as I couldn't get my wheelchair through the door so I had to have my consultation with the GP with me sitting outside in the corridor. I'm pleased to report that since then, the surgery has re-designed one of its consulting rooms so this is no longer an on-going issue".

"I like shopping at Sainsbury's in Slough. I'm a wheelchair user but Sainsbury is always clutter free, has nice wide aisles and clear signage. Most other shopping experiences in Slough are impossible for me to use".

"I find it really hard to take my child (who is on the spectrum) to visit the GP when he's ill, only because we cannot sit in the waiting room with so many people. I now know that I can sit with him in the car and that reception will text when our turn is up. I think surgeries should let people know that this is an option as it has really helped us"

Easy fixes for surgeries

- **Signage**

For signage to be clear and unambiguous, at a readable eye level, readily distinguishable from the background, using standardised symbols that are universal and easy to understand.

Reserved parking spaces should be denoted by clear signposting at the entrance and beside the space itself.

Routes from entrance doors to lifts, stairs, enquiry desks and toilets should be clearly defined and unobstructed.

Keep all passageways clutter free.

- **Furniture**

Seating should be available in a choice of heights.

The reception counters should be accessible and usable by disabled persons.

For hygiene products be at an accessible level for wheelchair users.

- **Communication**

All surgeries should install a hearing loop.

To publicise that patients that a quiet space can be provided upon request.

- **Safety**

For doorways to be installed with a low threshold bar.

For the grounds leading up to the surgery to be smooth and not a danger to wheelchair users or someone walking with an aid.

For handrails to be placed on BOTH sides of slopes leading to an entrance door.

Contrast is desirable between doors and walls.

Next Steps

Our environment has not in general been designed with the needs of disabled people in mind, yet about one person in twenty has some form of permanent or temporary disability which makes mobility difficult. It makes practical sense to ensure that design takes account of this group. If cities and towns are built with accessibility in mind from concept, then an environment is naturally created that promotes health and wellbeing.

Healthwatch Slough supports and commends Slough Scrutiny Boards desire that our town be an outstanding example of how accessibility to a high standard should be pursued. We were pleased to see GP surgeries doing so much to meet the needs of its population and their commitment to learn and improve.

This report has been produced and written primarily for Slough Health Scrutiny Board who will decide how to develop and incorporate it within a wider, more holistic town wide strategy.

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Disabled Rights Survey Evaluation

Number of people surveyed so far [343] 3rd December 2018

1. Do you believe that disabled people should have the same rights that able bodied people have?

Strongly Agree [339] Strongly Disagree [2] Not Bothered [1]

2. Do you have a disability?

Yes [54] No [287]

3. Who do you believe is responsible for giving disabled people equality in our communities?

The Council [291] The NHS [44] The Government [160]

4. Do you or a member of your family have a blue disabled badge?

Yes [118] No [223]

5. Knowing that disabilities are not always visible in people would you know if a person was disabled?

Yes [21] Possibly [84] No [236]

6. Would you agree that physically disabled people should have the same access to Stores, Shops and Public Buildings as able bodied people?

Strongly Agree [341] Strongly Disagree [2] Not Bothered [0]

7. Slough Council would like to make Slough a disabled friendly town. What do you think? Do you?

Strongly Agree [342] Strongly Disagree [1] Not Bothered [0]

8. **Public transport** When you use the transport system in Slough. Does the driver?

(Always lower the bus for you to enter? Yes [53] No [129]

(Wait until you are seated before moving? Yes [53] No [130]

(Always stop at the right place at the bus stop? Yes [82] No [96]

The number of people that did not use public transport: [158]

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MEMBERS' ATTENDANCE RECORD 2018/19

HEALTH SCRUTINY PANEL

| COUNCILLOR | 28/06 | 11/09 | 16/10 | 21/11 | 17/01 | 25/03 |
|-------------------|----------------------|---------------------|----------------------|---------------------|---------------------|--------------|
| Ali | P | P | P | Ap | P | |
| Chaudhry | P | P | P | P | P (until 8.30pm) | |
| M Holledge | P | P | P | P | P | |
| Matloob | P | P | P | P | P (from 6.42pm) | |
| Qaseem | P* (from 6.37pm) | P* (from 6.35pm) | P | P* (from 6.46pm) | Ap | |
| A.Sandhu | P | P | P* (until 7.19pm) | P | P | |
| Shah | P* (from 6.59pm) | P | Ap | P | Ap | |
| Smith | Ap | P | P | P | P | |
| Strutton | P* (until 7.29pm) | P | P | Ap | P | |

P = Present for whole meeting
Ap = Apologies given

P* = Present for part of meeting
Ab = Absent, no apologies given

(Ext - Extraordinary)

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