

Slough Adult Social Care Strategy

2018-2021



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Foreword

The landscape for the delivery of Adult Social Care services has changed dramatically over the past few years. The legislative changes introduced by the Care Act 2014 and its principle duties in relation to wellbeing and prevention, coupled with continued reductions in central government funding and increased client demand has required all Local Authority Adult Social Care departments to fundamentally review how public services need to be directly and indirectly delivered.

The future sustainability of social care is dependent on service users and their carers, families and personal support networks being properly equipped and supported to arrange and manage more of their care with less reliance on direct support from the council.

To respond to the changing landscape, the Adult Social Care Strategy for Slough provides a vision that focuses on people's strengths even at points of crisis in their lives, by connecting them to their interests, communities and a network of wellbeing, care and support services.

The strategy is based on our six strategic priorities: Prevention, Information and Advice, Personalised Outcomes, Building Community Capacity, Workforce Development and Quality and Integration. Focussing our actions and efforts on these key areas for action will allow us over the next three years to strengthen and improve the support and care that we provide to service users and their carers.

Central to the strategy is that we will support individuals to live as independently as possible, and recognise their rights and choices about what is right for them, and make sure that they are safeguarded where necessary. We want to make sure that, wherever possible, service users in Slough are supported to stay or return to their own home, so that they can maintain important relationships with family, friends and continue to actively be a part of their own community.

We successfully implemented the changes required by the Care Act, increased support to carers, and improved our information, advice and guidance offer. Placing the person at the centre of care has allowed the council to achieve better outcomes for residents as well as change services to reflect local need. Through this strategy, we aim to continue to work with our partners to provide support and care based on individual circumstances.

As a council, Adult Social Care will continue to work in partnership with public health, the Clinical Commissioning Groups (CCG), the Acute and Community Health Trusts and voluntary and community organisations to deliver the strategy, including the pooling of resources to enable a more joined up and cost effective approach for the delivery of our services.

The main drive for integrating social care with health and social care provides an opportunity to deliver in partnership, to meet the health and wellbeing needs of local residents, carers and their families. These arrangements will remove duplication and provide better outcomes in a more cost effective way. Adult social care in Slough will be a key partner in the delivery of the Frimley Health and Integrated Care System Partnership.

Alan Sinclair
Director Adults and Communities



1. Introduction

Slough Adult Social Care has adopted the overarching principle of the Care Act 2014, which is to promote the wellbeing of its service users. The Act introduced major changes for local authorities in how we deliver care and support for adults with care needs and carers. The Act and statutory guiding principles are:

- Clearer and fairer care and support to both service users and carers.
- Improved physical, mental and emotional wellbeing of both the person needing care and their carer.
- Preventing and delaying the need for care and support.
- Putting people in control of their lives.
- Improved and more personalised approaches to safeguarding for both the carer and the cared for person.

2. Our vision

To improve the outcomes of our residents and their carers by enabling people to do more for themselves, focusing on people's strengths even at points of crisis in their lives, by connecting them to their interests and communities and a network of wellbeing, care and support services.

3. Our strategic aims

This strategy sets out our plans to transform the way the council will support Slough residents with adult social care needs and their carers, to enable people to:

- Maintain their health and wellbeing.
- Manage their own care and support needs.
- Live independently in their own homes for as long as possible.
- Have control over the support they receive.
- Avoid hospital admission unless clinically necessary.
- Be safe.

4. Context

The landscape for the delivery of Adult Social Care services has changed dramatically over the past few years with the main influences being:

- The implementation of the Care Act (2014) which has introduced new duties and responsibilities for Local Authorities especially in relation to wellbeing and prevention.
- Increasing demographic pressures from a growing and ageing population who are living longer, but often with a range of long-term health problems.
- Changing public expectations about the role and contribution of the council in supporting people if they have a disability or when they become ill or frail.
- Outcome 2 of Slough Borough Council's 5 year Plan provides that: "Our people will become healthier and will manage their own health, care and support needs".
- Further integration between health and social care to build a joined up health and care system.



- As part of joint Integrated Care System (ICS), there needs to be agreement about how to deal with whole population needs and whole systems recognising the true value of social care in prevention and reducing demand for acute hospital services.
- There has been an increase in Better Care Fund (BCF) funding to improve the wellbeing outcomes of the people.
- We are required to make savings of £7.9 million over a four year period to 2019.
- Provider pressures on the care system are increasing. Providing adequate adult social care poses a significant public service challenge without any easy answers. The need for care is rising while public spending is falling, and there is unmet need.
- Recent projections suggest that there would be an average annual increase of between 5.4 percent and 7.9 percent of adults with learning disabilities requiring care between 2009 and 2026.
- The government's Green Paper on the long-term funding of social care.



The Association of Directors of Adult Social Services (ADASS) states that we must continue work to build a 'joined up' model of care which includes:

A strong model of health and social care delivery

That has:

- Good information and advice to enable those who can to look after themselves and to have access to the right help at the right time.
- A focus on prevention to reduce and delay the need for more formal care.
- Recognition that we need to build supportive relationships and resilient communities.
- Services that rehabilitate after illness and support independence.
- Services that are personalised and address mental and physical wellbeing.
- Services that value and support unpaid carers, recognising their needs.

A model where quality matters

- We must all continue to focus on the quality of care, so that people are treated with dignity and can trust that they will be safe from harm.

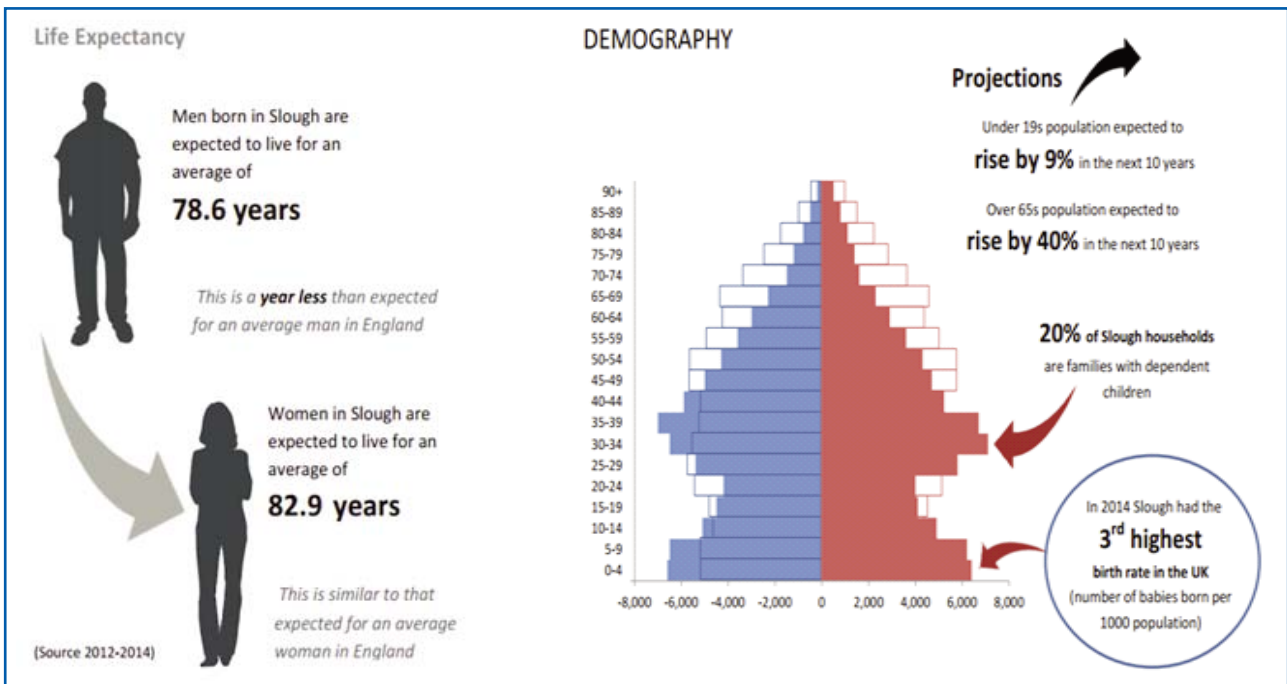
A sustainable workforce

- Good quality social care requires well trained and committed staff that are valued by their employers and by wider society. We must continue to promote social care, making it more attractive as a career.

The model of care as outlined by ADASS has been reflected in the design of the local adult social care transformation programme.

5. Slough story

The total projected population of Slough in 2016 is estimated to be 147,181, an increase of 1,447 on the previous year (or just less than 1%). The projected population comprises of 74,326 (50.5%) males, 72,855 (49.5%) female, 41,406 (28%) children (those aged less than 18) as well as 91,544 (62%) of 'working age' (those aged 18 to 64) and 14,231 (10%) 'older people' (aged 65 or above).



Our population is therefore young, dynamic and growing.

Slough has a long history of ethnic and cultural diversity that has created a place that is truly unique and valued by those who live and work here. 45% of our population is white or white British, 40% is Asian or Asian British and 15% Black or black British, mixed race or other.

Slough has a number of neighbourhoods that include households facing multiple challenges, for example, with no adults in employment, low incomes, children living in poverty and poor quality housing. These factors can lead to inequalities in health and wellbeing. The Index of Multiple Deprivation (IMD) ranks Slough 78th of 152 upper tier local authorities in terms of deprivation in England.

Life expectancy varies between wards with men expected to live on average until 78.6 while women are expected to live until 82.9. The number of older people in the borough is increasing and people will live longer but with poorer health. Around 19,000 adults in Slough have a limiting long term illness or disability and around 3,000 are economically

inactive due to a long term sickness. 62% of Slough's adults are excessively overweight and 25% are obese. Diabetes, cardiovascular disease, strokes, chronic respiratory disease and cancer are the biggest causes of death in Slough and account for much of the inequalities in life expectancy within the borough.

According to Office for National Statistics (ONS) population projections, between 2010 and 2030, the numbers of assessments of younger adults with disability are projected to rise by 11.8%; the numbers of users of local authority home care services would rise by 17.7%; the numbers of users of day care services by 22.4%; the number of younger adults in local authority funded residential and nursing care would need to rise by 25.1%; and the numbers of recipients of Disability Living Allowance DLA care (all groups including those without disability) would rise by 10.0%.

This is resulting in the need for care rising at the time when we are seeing public spending is falling due to central government cutting local authority funding, and there is unmet need.

6. Performance data

According to measures from the Adult Social Care Outcomes Framework (ASCOF) results for 2016/17, Slough has improved its performance (in direct value terms) on 10 of the 26 indicators. Slough achieved the Upper quartile performance on three indicators, second quartile performance on six indicators, third quartile performance on nine indicators and lowest quartile on eight indicators. The Outcomes Framework report summarises Slough’s performance against the other 151 English councils with Social Services Responsibilities (‘CSSRs’) for the 22 ASCOF indicators with published results this year.

6.1 What we are doing well

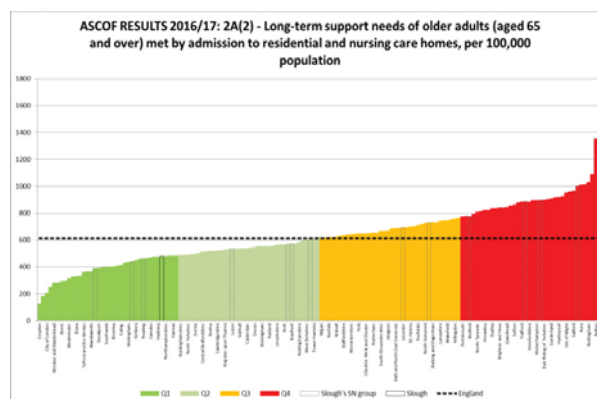
Domain 1G: The proportion of adults with a learning disability who live in their own home or with family.

Domain 1G is intended to improve outcomes for adults with a learning disability by demonstrating the proportion in ‘stable and appropriate’ accommodation. The nature of accommodation for these people has a strong impact on both their safety and overall quality of life, and the risk of social exclusion.

Slough’s value of 84.5% places us in the lower end of the top quartile, and this is an improvement from the previous year (81.6%). The all-England position is for 76.2% of LD service users to be living in their own, or their family, home. Note that much of the local improvement in the past year has resulted from the re-designation of residential homes to supported living placements.

There is significant variation in outcome value amongst different areas: a minimum of 33.2% (Bromley) rising to a maximum of 96.2% in Oldham or 100% in the Isles of Scilly (this latter likely to result from very small numbers of people, perhaps only one).

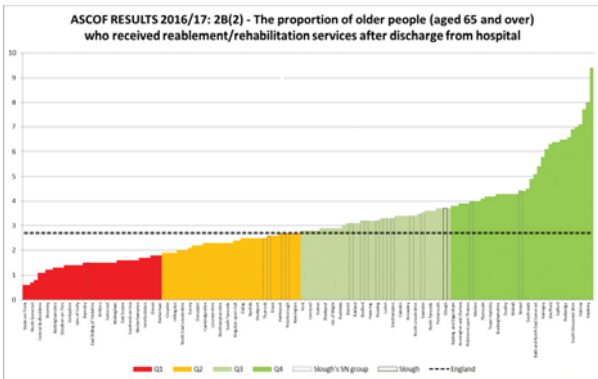
2A(2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, expressed as a rate per 100,000 local population of that age.



Domain 2A (2) is also known as “new permanent admissions to care homes”, and measures local progress in avoiding permanent placements in residential or nursing care homes. As research has shown, people prefer to stay in their own home rather than move into a care home wherever possible. Areas with effective community-based support services are expected to see a lower level of supported care home admissions.

Slough’s outcome of 477.8 per 100,000 relates to 68 individuals who were admitted to care homes during 2016/17 keeps Slough in the top quartile, well below the all-England position of 610.7 per 100,000. Slough generally fares very well at supporting people to stay at home.

Domain 2B (2): The proportion of older people who were offered reablement services following discharge from hospital. (The measure is closely linked with measure 2B(1): **The proportion of older people (those aged 65 or older) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.** Reablement is an effective way of providing short-term support to people in crisis to enable them to regain their independence (wholly or substantially) and therefore minimise their need for ongoing support and dependence on public services.



2B (1): Slough has for several years performed very highly on this measure, within the upper quartile. Though our value this year has fallen (87.4%), this still places us within the upper end of the second quartile, above the all-England position of 82.5%.

2B (2): Slough’s value of 3.7% places us within the upper half of the upper quartile, thereby showing that we have achieved a very effective ‘reach’ for our reablement support service.

Domain 2C (2): Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 local adult population. (Linked to indicator 2C (1): Delayed transfers of care from hospital, per 100,000 local adult population.)

For all the delayed transfers of care established through the monthly DToC Situation Reports and counted in measure 2C (1), hospitals decide and categorise whether the delay is attributable wholly to health services, wholly to social care services, or partially attributable to both.

Slough has been attributed as responsible for 11.6 per 100,000. This means that out of every 10,000 adults living in Slough who were discharged from hospital in the period, 11.6 were delayed, or remained in a hospital bed beyond the point that they had been determined as medically fit to leave.

Slough’s value is within the second quartile, with far fewer delayed discharges locally than the all-England position of 14.9. However, the proportion of such delays has increased since the previous year (it was 8.4 in 2015/16).

This measure therefore indicates that local services - of which the council is one part - are working fairly effectively to address this issue, although there is still room for further improvement.

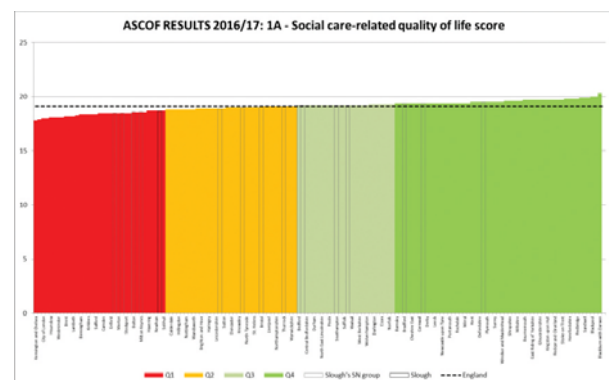
Domain 2D: The proportion of new clients who received a short-term service during the year where the sequel to service was either no ongoing support, or support of a lower level.

This monitors 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.

Slough is doing very well under this measure, with 88% of such service provision resulting in the supported person either no ongoing support or support at a lower level. We are placed in the upper quartile; however this is a reduction from the previous year (96%).

6.2 Where we need to improve

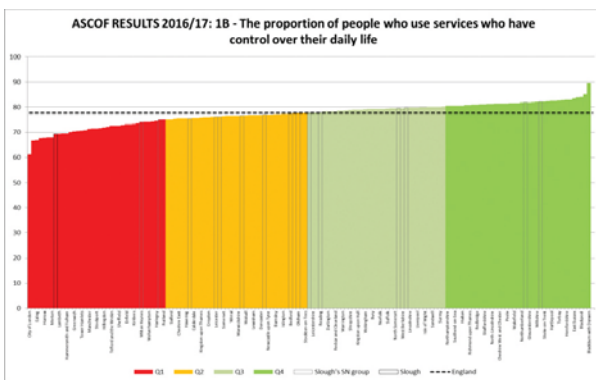
1A: Social care related quality of life score (out of 24).



This indicator gives an overarching view of the quality of life of users of social care, and is a composite measure based on responses to eight questions in the annual Adult Social Care Users survey.

Slough’s value of 18.7 places us within the lowest quartile, but above four of our fifteen direct statistical neighbours. Value represents minimal improvement over the previous year, however, Slough has consistently performed in lowest quartile.

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



A key aim in delivering care and support that is more personalised, and better controlled by the service users, is that the support provided more closely matches the needs and wishes of the individual.

Slough’s value of 69.2 places us within the lowest quartile, and below all of our fifteen direct statistical neighbours. The value achieved is slightly down on that achieved in the previous year (71.2). Slough has consistently performed lowest on this quartile.

1D: Carer-reported quality of life

This measure gives an overarching view of the quality of life of carers based on responses to the Survey of Adult Carers in England. The higher the score, the better is the carer-reported quality of life. The maximum quality of life score is 12.

Slough’s value of 6.9 places us in the lowest quartile, below all of our statistical neighbours, and only seven other councils reporting the same or lower.

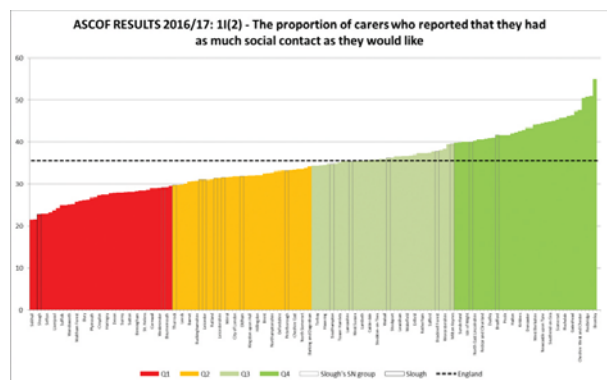
Note the small variation between council values - from a minimum of 6.8 (Sefton) to a maximum of 8.9 (Hartlepool). Slough had a score that was similar to the England average in the previous year the survey was conducted, but has dropped to the lower level of the fourth quartile.

Domain 1I (1): The proportion of people who use services who reported that they had as much social contact as they would like.

This measure draws on self-reported levels of social contact as an indicator for social isolation as there is a clear link between loneliness and poor mental and physical health.

Slough’s value of 41.7% places us at the top end of the lowest quartile, with only four of our statistical neighbours reporting a lower proportion. At the other end of the distribution, Southampton reports 52.9% of users stating they have adequate levels of social contact. Across England as a whole, 45.4% of survey respondents were happy with the level of social contact they had.

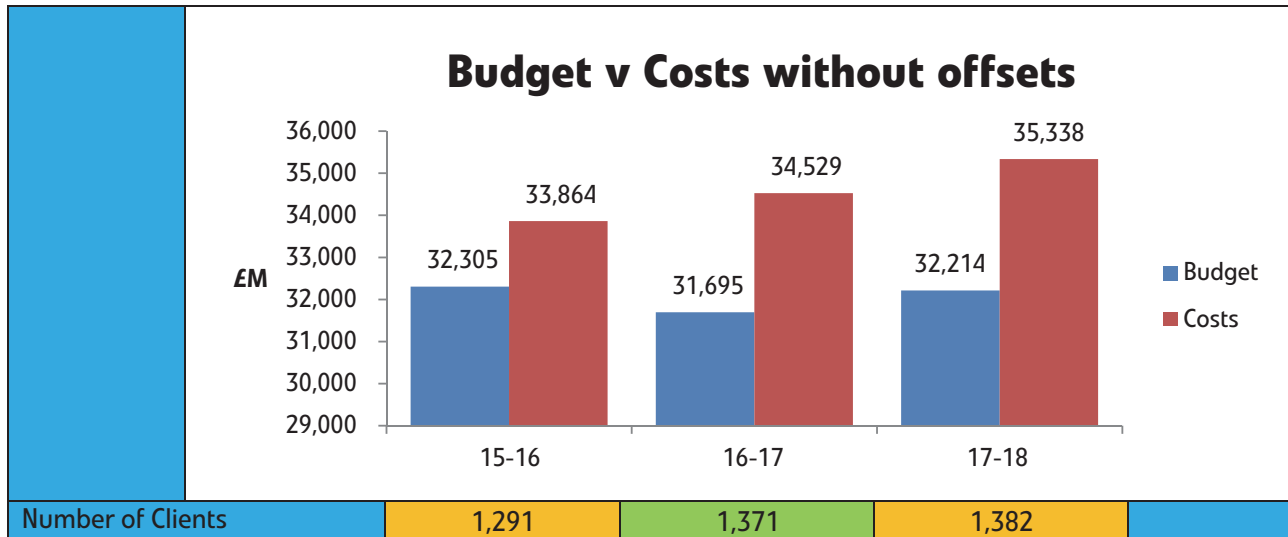
1I (2): The proportion of carers who use services who reported that they had as much social contact as they would like.



This measure derives from a survey of social care users. There is a clear link between loneliness and poor mental and physical health. This measure draws on self-reported levels of social contact as an indicator for social isolation.

Slough’s value of 22.7% keeps us in the lowest quartile, with only two other councils reporting a lower proportion.

7. Adult Social Care budget



The adult social care budget has been facing increasing pressures over the last three years with increasing demand, increasing prices and a reducing budget.

There have been an increasing number of clients entering the social care system, from 1,291 in 2015-2016 to an estimated 1,382 clients in 2017-2018; while at the same time ASC is expected to make savings to its budget.

Service	Revised Full Year Budget	Outturn	Total Outturn	Variance
Safeguarding and Governance	305	289	289	-16
ASC Management	1,105	-2,072	-2,072	-3,177
Directly Provided Services	2,005	2,184	2,184	179
Mental Health Services	3,854	4,186	4,186	332
Learning Disability Services	8,813	9,279	9,279	466
North Locality	3,425	4,512	4,512	1,087
South Locality	3,255	3,906	3,906	651
East Locality	4,171	5,570	5,570	1,399
Reablement	1,135	611	611	-524
Care Group Commissioning	3,667	3,355	3,355	-312
Total ASC	31,735	31,819	31,819	85

The variance for 2017-18 shows that the Adult Social Care is focussed to overspend by over £3 million.

The position for Slough Borough Council is not significantly different than other councils with responsibility for adult social care. The Association of Directors of Adults Social Services (ADASS) in its annual budget survey published in July 2016 identified the standstill shortfall for all councils for social care of £1 billion for 2017/18. Local councils are facing increasing demand for social care. ADASS estimates £4 billion a year in demographic pressures plus increasing costs, with the national living wage cost alone being £612 million this year. Since 2010 councils have been making savings of approximately £1 billion a year as the government revenue support grant to councils has been reducing.

The 2017 ADASS budget survey published in June 2017 shows a total spend on ASC nationally of £14.19 billion on a net budget of £13.82 billion, a 3% overspend compared to a Slough ASC overspend of 2%. Planned savings for 2017/18 nationally are £824 million, 5% of the net ASC budgets and 27% of total council savings. This compares with Slough planned ASC savings of 4% against the net ASC budget and 10% of council planned savings.

ADASS Directors confidence in delivering these savings is only 31% despite additional national funding and this reduces to 8% for 2018/19.

The national budget statements over the last eighteen months have provided adult social care with additional one off funding each year from 2017/18 to 2019/20. This funding is allocated through the Better Care Fund and requires an agreement with the local NHS on how this funding will be used. The total nationally for 2017/18 is £1 billion. For Slough this improved Better Care Fund allocation is: £2.173 million for 2017/18; £2.862 million for 2018/19 and £3.327 million for 2019/20.

Without this additional funding Slough adult social care would have to make this equivalent level of saving each year in its budget to ensure the adult social care budget is balanced.

After March 2020 there is no guarantee of any further additional national funding so there is a significant risk that the budget for adult social care will need to be reduced by £3.327 million at this point although there will be a further national review of adult social care funding as confirmed in the spring budget.



8. Our priorities

In line with Care Act 2014, Slough Borough Council's Five Year Plan and in order to achieve our strategic aims, the strategy focuses on 6 main areas of delivery in order to effect meaningful and long term change:

8.1 Prevention

Our prevention strategy brings to the fore the best practice to reduce, delay and prevent demand, providing targeted support to people before they reach crisis point. The strategy seeks to understand how best to:

- Promote a person's independence, through the use of a strengths based conversation
- Prevent or delay the person's deterioration
- Proactively engage the public in planning for their care and support and
- Reduce the overall burden on the provision of more costly intrusive public services.

There is a monitoring process for the Prevention Strategy and its action plans will be reviewed every year to identify gaps in pathways and services, which in turn will support decision makers.

8.1.1. Outcomes

- Staff and partners involved in the delivery of care and support apply a strengths based approach in their work with our clients.
- Get Active Slough: a Leisure Strategy, which outlines the plans for encouraging physical activity, to make sure that this is adopted as a habit for life for all, making "more people, more active, more often".

8.2 Information and advice

A partnership plan Slough Information and Advice plan will be developed to deliver the priorities in the prevention strategy, to make sure that people understand how local government, health care and voluntary support services work so they can access the care, support and funding options available to them.

A database of frontline Care Providers, Voluntary and Community Sector will be established and maintained from which information will be available on request. This database will allow information to be accessed easily and so make the decisions about the types of care and support more transparent.

Our strategic aims for the provision of information and advice are:

1. Create a single point of reference for comprehensive access to information and advice on local services, preventing the gaps our citizens fall into.
2. Shift from a passive and generalised provision of information at the point of crisis to a proactive, person-centred delivery of information and advice that will empower residents to plan for future care needs.
3. Create an information and advice quality assurance framework based on the Think Local Act Personal (TLAP) principles to ensure that the information and advice provision is fit for purpose.
4. Re-train staff in frontline facing roles on the importance of accurate and consistent information and advice and update the content for them to use.
5. Analyse the information and advice customer journey, contacts made with providers, and requests for information and advice to identify hard to reach people, those that have complex lives, and opportunities for early intervention.
6. Outline plans to manage, publicise and deliver information and advice services and content related to adult social care centrally within the organisation, in cooperation with our partners, and in alignment with existing non-contractual community resources.
7. Deliver content in a cohesive manner and in a format or via a delivery mechanism that is appropriate for people individually.

8. Reassess delivery channels and redesign the business process in order to maximise the success of our contacts with the public be that face to face or digital.

8.2.1. Outcomes

- People are well informed and have more choice and control over their care.
- Customers have access to accurate information which enables them to make more informed choices about their care and support requirements.
- People can assess their options quickly.
- Information and advice is of high quality, clear, accurate and up-to-date.
- There is additional support for those that need it.
- At the time of their first contact with an information and advice provider people are correctly signposted to other sources of information and advice that match their needs and unique situation.

8.3 Personalised outcomes

As a department we will continue to moving away from a case management model of social work that previously focussed on deficiency and dependency towards one that focuses on people, their interests and skills, the resources found in the communities that our clients want to live in and their circles of support.

This emphasis on a strengths based approach in our work will ensure that people can make an informed choice over the quality of the services that they might require while also providing a real choice of services to Residents of Slough.

8.3.1. Outcomes

- The majority of care is purchased directly by customers using a direct payment rather than contracted and managed by the council.
- Reduced numbers of people supported in care homes.

- People are supported to be as independent as possible and when they became ill get the right treatment and help so they recover quickly and can get on with their lives.
- Self-service technology will be used to provide self-service.
- People with long term conditions are supported by suitable housing which is safe, warm and resource efficient allowing access to appropriate prevention services including adaptations to stay well and maintain their independence.
- People with mental health, learning or physical vulnerabilities, whether in childhood, adulthood, or in older age have choice of access to suitable or specialist accommodation, maintain their independence and report a better quality of life.

8.4 Building community capacity

Given the recognised financial challenges, the issues facing Slough Borough Council over the long term future cannot be tackled in isolation. There is a need to build the capacity of the voluntary and community sector to enable it to play a full and effective role in the development and delivery of local services. The council will support the delivery of a sustainable and effective voluntary and community sector to address the needs of local communities.

8.4.1 Outcomes

- Care is well coordinated and seamless.
- More people directly manage their own care and have the information and tools to do this independently with minimal input from the council.
- We will work to involve the people who use our services - for example in helping us to identify and change the things that do not make a positive difference to them.
- Where they choose to, people will be involved in helping us to identify and change the things that do not make a positive difference to them.

8.5 Workforce development and quality

A skilled and available workforce is one of the key aims of the Slough 5 year plan. At national level there is an increasing risk to the ability to maintain standards in the social care system from a rapidly decreasing and aging social care workforce and an increasing number of people locally that have multiple long term conditions, who are living longer lives with greater health and social care needs.

Working with our strategic partners, informal carers, personal assistants, community groups, volunteers as well as paid care home workers, social care workers in the Borough we will develop an integrated local area workforce strategy. The strategy will be implemented through a focussed plan that will bring long term and sustained change to address recruitment, retention, capacity and competency issues in the care and support sector of Slough. This will help to make sure that both the internal and external workforce will be fit for purpose and able to manage the breadth of work required to support our residents, with either complex health and social care needs or those requiring coordinated support to access low level preventative services. The strategy will review both the internal and external workforce to make sure that we are able to deal with the changing and growing demands facing the care economy in the next 5 years. This will also direct the service towards one that focuses on the development of preventative services and those services that offer choice and value for self-funding clients and those with direct payments.

Shortages in suitable staff have led to dependence on expensive agency staff with consequential impact on budgets and the quality of the workforce. In order to manage supply and demand and the associated costs of using agency staff, there is a need to work together across the South East region and look at a collaborative approach to support this supply and demand, to make sure that we have a high quality agency workforce.

As part of that commitment, at the end of every assignment a reference will be provided to the Agency for the next employer. Adopting a common minimum standard for referencing would help prevent 'recycling' of poor quality permanent and agency workers. We will use end of placement reviews with adequate information passed back to the agency workers and the agency supplier to determine any development requirements or to cease placing the worker to help to address quality issues.

Slough Borough Council is committed to ensuring that we have safe and high quality care and support services in place. The Care Quality Commission's (CQC) fundamental standards and ratings system sets the benchmark for the quality of care people should expect from their provider. We expect to commission services from providers are judged by CQC as either 'good' or 'outstanding'.

The Commissioning Team is giving a sharper focus to the quality function. Our Supplier Relationship Team is enabling us to implement more effective contract monitoring and support. We embarked on a programme of support with all our providers which focus on improved quality, making sure that it is embedded within all aspects of delivery. The team is also supporting the sharing of innovation as well as promote high quality provision locally.



The intention is that we will embed process and utilise resources more effectively for both the council and providers. The appointment of a Quality Assurance Manager will support the work including co-production of a new Quality Assurance Framework with providers. This will help will keep the focus on standards, consistent and proportionate monitoring. Providers that do not meet requirements will be reviewed closely through our robust care governance processes. We will continue to ensure regular provider forums are in place in order to ensure partners are kept informed about changes in national and local policy, local commissioning intentions, market analysis, quality standards, and procurement arrangements and promote dialogue and network opportunities.

8.5.1 Outcomes

- Staff are trusted and supported to make consistent and fair decisions.
- Staff are technology enabled and are able to spend more time working with our customers.
- Care is provided safely by well trained multi-disciplinary teams.
- Partners are aware of the quality of the agency staff being referred to them.



8.6 Integration

There is a wider recognition that residents access services across geographic boundaries and will often have a combination of health and social care needs. Consequently these services need to be designed, commissioned and delivered so that they are agile enough to meet the personal outcomes that residents have as is feasibly possible.

As a result, the council has made progress to integrate services with our health partners, including the pooling of budgets to enable a more joined up and cost effective approach. The main drive for integration with health provides an opportunity to deliver in partnership, the health and wellbeing needs of local residents, carers and their families. The arrangements this will remove duplication and provide better outcomes in a cost effective way. Local residents will receive a cohesive service and will be supported to have maximum choice and control over how they receive the services.

The council is also working with the NHS through new proposals called Integrated Care System (ICS). These are place-based and built around the needs of the local population.

The Better Care Fund (BCF) is another integrated programme spanning both the council and the NHS, which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible. The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

8.6.1 Outcomes

- Reduce avoidable emergency admissions to hospital.
- Improve patient and user experience of health and social care services.
- Encourage independence and self-reliance by building community.
- Reduce the proportion of patients falling into crisis and needing admission to hospital or a care home.
- Increase the proportion of patients who feel supported to manage their long term conditions.
- Improve mortality and morbidity statistics for CVD, respiratory, stroke and heart failure.
- Reduce permanent admission to nursing and residential care for over 65s.
- Maintain the good performance of older people at home 91 days after discharge from hospital care into reablement.
- Reduce delayed transfers of care.
- Reduce avoidable hospital admissions for children and adults.
- Increase number of people with a health and social care personal budget.
- Increase number of people (aged 65+) offered reablement following discharge from hospital.
- Ensure all patients have a choice of place of death.
- Provide more support within the community for self-care and prevention initiatives for children and young people.
- Increase access to self-care for people with mental and physical health problems.
- Safeguard and support vulnerable adults and children in our communities.

9. How is this going to happen

Governance within Slough Adult Social Care covers all aspects of the service that has a direct or indirect impact on the delivery of the agreed priorities to service users. The following components are interrelated and form a framework of the Governance.

9.1 Outcome 2 (Five Year Plan)

Outcome 2 of Slough's Five Year Plan provides that "Our people will be healthier and manage their own care needs"

We will achieve this through target those individuals most at risk of poor health and wellbeing outcomes to take up health checks. Through the Preventative Strategy, we will enable our residents to become more able to support themselves and build capacity within the community to enable a focus on supporting more people to manage their own health, care and support needs. We will empower residents to live independent and healthy lives, and make sure that people are at the centre of the adult safeguarding process and are supported to manage any risks.

9.2 Partnership working

Adult Social Care in Slough concentrate on achieving the nationally set criteria for partnership working, which are: to reduce health inequalities; to improve wellbeing by tackling the wider determinants of health; and to drive collaboration, integration of local services and joint commissioning. We will continue to work in partnership with public health, the NHS Clinical Commissioning Group (CCG) and voluntary and community organisations to deliver our health partners, including the pooling of budgets to enable a more joined up and cost effective approach. The main drive for integration with health provides an opportunity to deliver in partnership, the health and wellbeing needs of local residents, carers and their families. The arrangements this will remove duplication and provide better outcomes in a cost effective way.

9.3 ASC transformation

Through the transformation programme, we will coordinate and direct the Department's service plans to implement a range of projects that will transform our activities which can be too narrowly focused on traditional models of residential and domiciliary care and that manage care at the point of crisis towards a model of care and support that works with partners internally in the council, with Health and Voluntary sector and with the service users themselves.

We will, through the programme: manage the complex organisational dependencies; communicate with senior stakeholders the importance of realising the benefits of the programme; manage the council's exposure to risk and financial deficit.

9.4 Co-production

The model would inform the future programme of Community development and engagement work. Through "One Slough" approach, we will work with communities in Slough with a view of developing skills and knowledge so that residents are better placed to flourish from the wide range of opportunities available in Slough as well as being equipped to better meet some of their own needs.



This will incorporate three main projects under a single community development programme, these are:

Community Hubs

Building based assets from which our priorities can be achieved

Community Development

Making sure that there is better coordination and integration of our direct work with communities to improve community resilience

Integrated Community Working

Where the council, NHS and voluntary sector staff would work in a multi-disciplinary environments in order to maximise early intervention solutions for the citizens of Slough

9.5 Commissioning model

We will use our internal Commissioning model to identifying the needs of our communities and develop policies and service plans, to meet those needs in the most appropriate and cost effective way. Through the Commissioning Strategy, we will work with public health and Slough CCG will work to fund voluntary and community organisations to deliver health, social care and wellbeing outcomes for vulnerable adults living in Slough. We will continue to use an outcome based approach to purchase services from voluntary and community organisations, which will enable us to enhance the capacity of individuals and the wider community to provide personalised preventative support that builds on people's strengths and assets to reduce the demand on social and health care services.

9.6 Integrated Care System (ICS)

The Frimley Health and Integrated Care System Plan (ICS) is one of 44 plans in the country set up to deliver health's Five Year Forward View it covers a population of 750,000 residents through nine councils (county, borough and district, which include Slough). It sets out how social care and health services delivered by councils and health authorities will become a more integrated system fit for the future.

The plan runs from 2016 to 2021 and we will build on the work already taking place to transform health and care provision in the region, through its stated priorities.

9.7 Better Care Fund BCF

Through the Better Care Fund programme, we will aim to improve, both directly and indirectly, the wellbeing outcomes of the people of Slough against all the priorities of the BCF strategy but especially the Health priority.

10. Appendix 1: The expected benefits and outcomes from our plans

Domain	Project Delivering	Business Change and Outcomes	Programme Outcome
Workforce Dev and Quality	Care and Support Workforce Development	<ul style="list-style-type: none"> A highly skilled and innovative workforce Integrated skills sets to allow staff to manage complex user and patient needs Improved career and professional opportunities within an innovative and dynamic working environment 	<ul style="list-style-type: none"> Increased staff satisfaction, expertise and empowerment
	Mobile and Flexible Working	<ul style="list-style-type: none"> Remote and mobile working introduced, staff able to work in new collaborative ways with residents and partner agencies 	<ul style="list-style-type: none"> Service will be digitally optimised
	Management Information Systems	<ul style="list-style-type: none"> Increase staff ability to manage performance and financial activity Market place development through open data Commissioners can meet the complex health and social care needs of the population as a whole 	<ul style="list-style-type: none"> Service will be digitally optimised
Community Capacity	VCS Outcomes Based Contract	<ul style="list-style-type: none"> Early support to help them maintain their independence Community volunteering is attractive in Slough Develop Slough's community based care and support system Promote and build the community networks needed to support people in their own communities 	<ul style="list-style-type: none"> Enable people to do more for themselves Social capital in the community is realised
	Asset Based Community Development	<ul style="list-style-type: none"> Connect residents, local organisations and informal community groups to build strong circles of support Empower communities to drive the process themselves by identifying and mobilizing existing, but often unrecognised community assets Promote and build the community networks needed to support people in their own communities 	<ul style="list-style-type: none"> Build community capital and resilience Co-produce outcomes and service
Personalised Outcomes	Online Citizen Portals (FA, Carers and Slough Citizens)	<ul style="list-style-type: none"> The balance of choice and control is shifted towards the service user by enabling them to have a greater control of their outcomes More people able to manage their own health and care and to plan ahead Re-focus of staff resources towards other frontline activities, and more complex cases 	<ul style="list-style-type: none"> Service will be digitally optimised
	Carers	<ul style="list-style-type: none"> Embedding the duties of the CA 2014, by helping carers avoid developing support needs, maintaining independence and promoting their wellbeing 	<ul style="list-style-type: none"> Enable people to do more for themselves
	Direct Payments	<ul style="list-style-type: none"> Increase choice and control for Slough resident by increasing the opportunities to employ a PA and manage finances more easily 	<ul style="list-style-type: none"> Enable people to do more for themselves

Domain	Project Delivering	Business Change and Outcomes	Programme Outcome
Information and Advice	Information and Advice Strategy	<ul style="list-style-type: none"> • Offer appropriate information and advice to all local people about the help that is available to help them stay independent, safe and well • Information and advice is targeted to key user/patient groups for a higher return on the intervention • Residents are able to successful navigate the complex health and social care system 	<ul style="list-style-type: none"> • Enable people to do more for themselves
	Multi-disciplinary/ Hub Working	<ul style="list-style-type: none"> • Integration of delivery models with partners, VSO, providers and borough council services • Expanded whole systems operating models 	<ul style="list-style-type: none"> • A highly skilled and innovative workforce, that work to whole systems
Prevention	Continuing Health Care	<ul style="list-style-type: none"> • Increased staff awareness of CHC options • Increase in the quality of CHC assessments 	<ul style="list-style-type: none"> • Enable people to attain their outcomes
	Strength Based Conversations	<ul style="list-style-type: none"> • Implementation new operating model: placed based social work using strength based conversations • Partnership are developed between individuals, communities, the voluntary and private sectors, the NHS and Slough Borough Council • Shift the balance of personalised care in community settings • Social care options are more flexible and responsive to user needs • Existing budgets are optimised to transform outcomes for local communities 	<ul style="list-style-type: none"> • Enable people to do more for themselves
	Wellbeing and Prevention Strategy	<ul style="list-style-type: none"> • Cross agency partnership developed to focus staff on a key set of prevention enabling projects 	<ul style="list-style-type: none"> • The right information, at the right place, at the right time
	Making Every Connect Count	<ul style="list-style-type: none"> • Optimise the professional interactions with people and support them to make positive changes to their physical and mental health and wellbeing • Promote much earlier signposting opportunities through a network of trained MECC frontline staff across the council and local partners 	<ul style="list-style-type: none"> • Improve people’s life chances • Implement a whole system prevention approach

11. Appendix 2: ASC Strategies and Plans

Commissioning Strategy for Adult Social Care 2010	Identifies the commissioning priorities for adult social care. Based on strategic commissioning principles and best practice it proposes specific actions to transform social care and the range of services commissioned.
Joint Carers Commissioning Strategy.pdf	Updates and sets out how carers will be supported by SBC and CCG. It incorporates changes introduced in the Care Act and Children and Families Act.
Slough carers strategy 2016-21 final.pdf	Supports and encourage people to take responsibility for their own health and wellbeing are central to these changes.
Slough's Joint Autism Strategy 2014-17	Supports key priorities outlined within the national strategy, and responds to the needs of local people with autism and their families to help improve their lives.
Learning Disability Plan 2016-2019.pdf	Looks at continuous improvement and development of services for people with learning disabilities to enable them to live their lives in the way they choose.
ASC-VSO Partnership Strategy 2015-2020.pdf	Sets out SBC, Public Health and CCG partnership working to fund voluntary organisations to deliver wellbeing outcomes for vulnerable adults living in Slough.
Mental Health Strategy (including the Crisis Care Concordant) (Strategy)	Slough adopted the World Health Organisation list of interventions that can be cost effective within 0-5 years - the lifetime of the mental health and wellbeing elements of Slough Wellbeing strategy, these include: Healthy employment programmes; Resilience building; violence prevention, prevention of postnatal depression, family support projects, mental health in the workplace, psychosocial groups for older people, parenting programmes, depression prevention, Behaviour change, restriction of alcohol.
Supported Accommodation Strategy 2011-2016.pdf	The strategy address the needs of a wide range of vulnerable people for accommodation, housing and support, including those already in receipt of Adult Social Care, Children's Services and/or Housing services.
Adult Safeguarding Policy - in Care Act	Looks at preventing harm and reduce the risk of abuse or neglect to adults with care and support needs through safeguarding individuals.
Prevention Strategy 2017-2022 (Under development)	<ul style="list-style-type: none"> • To prevent: people with no health or care support needs from developing them. • To Reduce: people with health or care support needs from the risk of developing further needs. • To delay: and minimising further deterioration to individuals with existing health and care support needs; through services, facilities or resources that we have available.

Information and Advice Strategy (In Development)	The strategy outlines how SBC will deliver a service that ensures people experience streamlined access to information and advice that is relevant and helpful to their current situation.
Market Position Statement/Strategy (Under development)	External
Slough 5 Year Plan: 2017-2021	The purpose of the Five Year Plan is to do three things: <ul style="list-style-type: none"> • To set out our vision • To be clear about our priority outcomes • To explain how we will do this.
Slough Sustainable Transformation Plan	Sets out a vision for better health, better patient care and improved efficiency. The plan sets out how this will be achieved locally and how services will evolve and become more sustainable over the next five years.
Slough CCG Plan: 2017	Aims at improving outcomes in cancers, maternity, gastro-intestinal, neurology, trauma and injury, diabetes, dementia and learning disability. Also looks at opportunities to spend money more wisely in: neurology, respiratory, genital-urinary, gastro-intestinal and endocrine.
Slough Wellbeing Strategy: 2016-2020	The Strategy is focussed on four key priorities to improve the health and wellbeing of the people in Slough.

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 Strategy 2018-2021

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 xxxxxx.

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

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