

Slough Borough Council

Report to: Slough Wellbeing Board **Date:** Weds 20th July 2022
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Part I

For Information

UPDATE ON PRIORITY 2 – INTEGRATION, HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

1. Purpose of report

To update the report on the progress of work on integration and the delivery of the health and social care plan. The plan was developed between Slough Borough Council and Frimley CCG together with wider partners in the Health and Social Care Partnership. It outlines our agreed priorities and actions for integration in 2021-22.

2. Recommendation(s)/proposed action

The Board is requested to note the content of the report and progress made by the partners in integrating health and social care in Slough.

3. The Slough joint wellbeing strategy, the JSNA and the Five year plan

3a. Slough wellbeing strategy priorities

Integration is priority two within the Slough Wellbeing Strategy 2020-2025. The strategic ambitions are to:

- Increase healthy life expectancy in Slough.
- Increase the proportion of people living independently at home and decrease the proportion living in care homes.
- Increase the number of people who are managing their own care and support needs
- Reduce the number of attendances and admissions to hospital, and the length of these stays. Reduce delayed transfers of care.

To achieve these ambitions, the Health and Social Care Partnership board will:

- Develop a place-based health and care strategy, to align the current health and social care services.
- Build on the work of the Slough Better Care Fund, to increase the contributions from health and social care to the pooled budget.

- Encourage health and social care partners to work together to support and maintain providers and promote the use of collaborative commissioning of services in Slough
- Continue to work with our care users to ensure that co-production and co-design are at the heart of all that we do.
- Work to reduce the impact of COVID-19 on the physical and mental health of people in Slough

The Health and Social Care Partnership together with the Place Based Committee developed a place-based Health and Social Care Plan setting out our shared priorities and next steps in our journey towards integration.

3b. Five year plan outcomes

The work of the Health and Social Care Partnership and Place based Committee is to directly support delivery of outcome 2 of the five-year plan:

Outcome 2: Our people will be healthier and manage their own care needs

4. Other implications

(a) Financial

Integration of health and social care services not only a more personalised approach around individual needs and improved outcomes but also bring financial benefits from avoiding duplication between services and agencies involved in care of the person. Through our integrated care approach we are now able to use health and social care analytical data to identify risks and precursors to frailty and life-limiting health conditions to enable a proactive, targeted approach and intervention that will keep people healthier and living independently for longer. We already have a pooled budget through which to jointly plan, commission and delivery integrated care. Whilst this is currently still a small proportion of combined spend at place level our ambition is to increase this in future.

(b) Risk management

Risks associated with the delivery of the Health and Social Care Plan will be monitored by the Health and Social Care Partnership and Place Based Committee. A risk register will be developed and overseen by the committee. Individual projects within the work programme will also develop and manage this own risk registers.

(c) Human rights act and other legal implications

There are no direct Human Rights Act Implications. The legislation for health and social care services to pool budgets is within Section 75 of the Health and Social Care Act 2006.

(d) Equalities impact assessment

There is no requirement to complete an Equalities Impact Assessment (EIA) in relation to this report. EHAs will be completed for specific aspects of the integration programme and projects as required. One of main priorities in the Health and Social Care Plan is to address inequalities in our population.

(e) Workforce

There are workforce implications for the future as we further develop our model of integration for Health and Social Care. Currently we have multi-disciplinary teams working closely together who are employed by different partner organisations. This collaboration and cooperation will over time lead towards new ways of working in partnership with others which will be aligned together with other significant change management programmes such as that within the Frimley Integrated Care System workforce development programme and the newly emerging primary care networks

5. Supporting information

Progress in this last quarter April - June 2022:

Improved Access to Care

- Telephony Hub model established and operational helping to improve access to Primary Care, booking appointments and accessing services that support self care and better use of community pharmacy where appropriate.
- Recruitment completed to ARRS posts creating additional capacity
- Progressing work in partnership towards establishing Slough Integrated Care Hub

Health inequalities

- Mobile Family Health Clinic pilot ran for two months and was successful in helping to reach into communities to provide healthchecks and information and advice to around 330 people, around 10% hadn't seen a GP for over 5 years. 30% of people were unaware of underlying medical conditions and encouraged them to have early diagnosis and treatment.
- Population Health Management – a case study has been completed in SPINE PCN looking at deprivation and the wider determinants of health on our population in Slough.
- Learning Disability recording on GP registers – practices have been working to increase the recording of people with a learning disability or Autism on their registers. 156 new patients were coded, a 16% increase. This work is vital to ensure that that Learning Disability Annual Health Checks are reaching our population helping to reduce health inequalities, and that reasonable adjustments are made to enable this cohort to access timely and relevant health support as and when required.

Mental Health

- The Safe Haven is now fully operational and open to referrals. The service is based in a community setting on the Slough High Street for people in mental health crisis and who require support to alleviate emotional and psychological distress. It provides a more suitable alternative to the hospital emergency department and reduce the use of other emergency services who support people in crisis. The Safe-Haven provides a comfortable, non-medicalised environment, which encourages recovery, informal buddying and creates a social and support network. The service works in conjunction

with GPs, social prescribers, community connectors, Police and Ambulance Service and other organisations. The Safe Haven East Berkshire service is based in Slough and is open to all residents of East Berkshire and operates outside normal working hours.

Review of reablement services

- This has been carried out in partnership with SBC this will create significant additional capacity and re-focus on reablement as a universal offer to support people to regain or maximise independence at home.

Ageing Well programme

- 2 hours urgent care response established and operational supporting rapid access to health and care in the community
- Enhanced Healthcare in Care Homes framework is progressing to coordinate and enhance the clinical support to care homes in the care of their residents. This includes progress towards piloting a remote monitoring service to residents.
- Anticipatory Care is using proactive searches on Connected Care to identify people who are frail and where appropriate have proactive, multi-disciplinary review in 'cluster' meetings.

Extended support for Discharge to Assess through transitional funding

- BCF is supporting funding to continue to support access to step down beds to support discharge and flow out of the hospital through July

Covid Wellbeing Champions work project

- This project has been led by Slough CVS supported by public health and the CCG, and has been active out visiting residents of Slough on their doorsteps to promote health and wellbeing and encourage people to have their covid vaccinations in areas of low uptake.
- Research work conducted in partnership with Southampton University on vaccine hesitancy

Planned activities in next quarter:

- Next phase of outreach support for children and family health services
- SEND Participation Officer role

6. Comments of other committees

None

7. Conclusion

The board is requested to note the content of the report and progress in the last quarter

9. Background papers

'1' - Health and Social Care Plan