

## **Adult Social Services Review Panel**

Meeting held on Wednesday, 31 October 2018 at 5.00 pm in F10 - Town Hall

### **MINUTES**

**Present:** Councillor Jane Avis (Chair);

Councillors Margaret Bird, Janet Campbell, Pat Clouder and Yvette Hopley

**Also**

**Present:** Caroline Baxter (Assistant Director 0-65 Disability Service)  
Anne Flanagan (Adult Care and 0-65 Disability Service Team)  
Sean Rafferty (Category Manager, Commissioning & Procurement)  
Nick Sherlock (Head of Adult Safeguarding)

### **PART A**

21/18 **Apologies for Absence**

There were none.

22/18 **Minutes of the Previous Meeting**

Members of the Panel asked the Chair why the previous meeting (which had ended due to a lack of quorum) had not been reconvened before the meeting on 31 October 2018. The Chair informed the Panel that a reconvened meeting had been attempted, but had failed to be quorate. The Chair elaborated that after this, the next planned meeting of the Panel had been too close for a reconvening, and it had been decided that it would be best for the Panel to hear an updated Adult Safeguarding report at this meeting, as opposed to a separate reconvening.

The Part A minutes of the meeting held on 28 June 2018 were agreed as an accurate record.

23/18 **Disclosure of Interests**

Councillors Hopley and Bird declared that they had non-pecuniary interests as Members of the Purley Network Social Prescribing Board.

Councillor Hopley declared that she had a further non-pecuniary interest, having been a Member of the Board for the South East Cancer Help Centre.

24/18 **Urgent Business (if any)**

There were no items of urgent business.

25/18 **Increasing Access and Choice to Respite and Short Breaks Services for Adults with Disabilities and their Carers**

The Category Manager introduced the item to the Panel by stressing the importance of respite services for the over 400 service users, of which around 200 were adults with disabilities, and the break these services provided for carers and families. The Panel heard that respite care played a strong role sustaining caring support and the careers for carers as well as the wellbeing of service users.

Members were told that these services were an overwhelmingly positive experience for service users in the borough, with around half of these users on direct payment, and accessing these services through a council menu. The Category Manager explained that despite this, the offer was not as broad or strong as it could be, and that this was being corrected by expanding the overall range of services offered, as well as building toward greater sustainability. The Panel learned that the menu had not previously been published, but that it was now available on both the council website and through MENCAP.

The Category Manager detailed the ways in which work was being done to expand the services offered. Since a procurement exercise in August 2018, 25 providers had been approached by the council, and these had been shortlisted down to 16. Many of these providers could present an immediate offer, and were merely pending due diligence checks; the Category Manager estimated that by the end of November 2018, the council menu would include 20 to 30 additional services. It had also been identified that there needed to be provisions for those who required residential and all day offers, and that a set of proposals for this would be made ready for Council by the end of November 2018. Ideas for new in-house and residential services were also being looked at, with officers currently investigating the level of need and scope of what could be provided.

The Category Manager explained to Members that three main areas for improvement had been identified. The first of these was that the council did not have a great deal of provision for unplanned respite care; the second was that there were not a broad range of culturally specific respite care options, and third was that there was a similarly limited range of respite options for service users with complex needs and challenging behaviours. The Panel were informed that 11 organisations had bid on providing the council with options that would increase these offers, and that these were in the early stages of being evaluated.

Members enquired about the current facilities available for unplanned respite care and learned that the council had one provider, the Eadmund in Coulsdon, with which it had a two bed contract. The Chair asked for further details on what the Eadmund provided under the contract, and the Panel learned that the council paid for two beds throughout the year whether the beds were used or not, but that these were not specific rooms. Members were also informed that around 20 named individuals were allocated a fixed number of days per year by the council, and could book in to use the beds at their convenience.

The Panel enquired as to exactly what a culturally specific offer might entail, and what the options being considered for service users with complex needs might be. Officers expounded that this could simply be activities with others of a similar age or background; the Assistant Director added that, for example, there was a Hindu centre in Streatham that service users could access via direct payments. The Category Manager described possible cases of residents with complex needs as those who may sometimes exhibit challenging behaviours or stubbornness, either because of disability or mental health conditions, and added that the council had struggled to find the right places at the right cost. Members heard that whilst there were suitable options available, more were needed to increase reliability and availability of places, especially in the case of unplanned respite. It was agreed that these cases were more difficult, principally with users who could exhibit aggression, with more staff required in some cases.

Members showed interest in the work being done on a possible in-house service, but wanted to know if this would involve buying and renovating a property, as the figures in the report looked low for providing a bespoke facility. The Category Manager explained that these proposals were still in their early stages, with officers considering the level of need in the borough, and whether the offer would need to be residential. The Panel learned that the figures in the report had been quoted by providers, and that most neighbouring authorities had in-house residential offers. It was also queried whether these proposals would be similar to the now closed Heather Way respite centre, as many of the former residents who had used the centre, and their parents, had been upset by its closure, and had valued the familiarity it had provided. The Category Manager agreed with Members that the centres closure had been lamented by some of the residents who used the centre, many of which they had personally met with. The Panel heard that the need for familiarity had also been identified by officers, and that ways to provide this through relationships with staff were being looked at, rather than through familiarity with a location. It was also hoped that the broader offer would satisfy these residents, providing them with a wider range of options that may better meet their needs. The Chair added that the provisions for complex users at Heather Way had needed improvement, and that these users had needed something better and more suitable to their needs.

Members were interested in how these services would be offered to service users, and whether there would be mixed groups of abilities and disabilities, or whether people would be grouped by descriptors such as dementia. It was

explained that there would be a wide and mixed offer provided including evening clubs, visiting carers, art courses and integration with services being offered by MENCAP in Lambeth and Southwark.

Members queried why spending on respite for social workers seemed to have dropped since the last financial year, and learned that these figures only reflected one specific budget, with other budgets not included in the report also contributing to social worker respite; work was being done to acquire specific figures for future reports.

A brief overview was given on the closure of City Breaks, which had happened at short notice in June 2018, after Southwark Council had withdrawn funding to the service. This had affected some Croydon residents, and some former users of Heather Way, who since the closure of City Breaks had only taken small amounts of respite. Members learned that two public meetings with the former service users had taken place, with the assistance of MENCAP. MENCAP had also been instrumental in the provision of an immediate alternative offer, having organised weekends away which had gone well, with many users who had said they would not attend attending. More events had been planned up until April 2019 and senior social workers were trying to identify additional options for the former users. A new immediate offer had been updated and sent to these families for feedback. There was also a working group being set up to consider the new offer and work on the future offer plans to identify any missing elements.

The Assistant Director went into greater detail on the working group, explaining that separate groups had been set up for the users and families to get a clearer idea from both groups. The Chair went on to congratulate officers for the work done after the closure of City Breaks, praising the way they had met the challenge.

## 26/18 **Community Led Support**

The Adults Health and Wellbeing Project Manager introduced the item by informing the Panel that this piece of work had been considered for a number of months, with research having been done into other areas of the country where this model had been adopted. It was explained that this model had gained some traction with other authorities in the country, and that the approach was an alternative way of working with service users to build different relationships and have different conversations. This involved gaining a better understanding of individuals', families' and communities' strengths and assets, and using these to build resilience.

The Panel heard that with an increased focus on early intervention there would be considerable time saved, with fewer investigations needed and less referrals between departments. This would also result in a greater number of users being seen, and seen earlier, leading to improvements in both the quality of the service and users' lives. One of the major changes would be to focus less on assessing criteria and eligibility, and referring people between

departments; this would lead to fewer people on waiting lists, and those who were on lists would wait for shorter periods. The reduced bureaucracy would have a significant impact on the morale of staff, with people feeling more fulfilled and impactful, with greater capacity and time for more meaningful discussions with residents. This had a positive knock on effect with recruitment and staff retention.

The Adults Health and Wellbeing Project Manager stated that in some cases this model had delivered savings, but it was stressed that this model should not be adopted as a money saving exercise, but as a way to improve the overall quality of the service for users and staff, with savings likely to follow.

The Adults Health and Wellbeing Project Manager explained that other authorities who had adopted the model had advised that support would be needed for implementation. The two organisations which had been looked at to partner with were the National Development Team for Inclusion (NDTi) and Partners 4 Change, of which NDTi had been selected as the preferred partner. NDTi brought the expertise of having worked with 20 other authorities, but Croydon would be leading the way as the first London borough to work with NDTi, with the Executive Director of Health, Well-Being & Adults sponsoring, and Director of Adult Social Care as the implementation lead. The next steps were an on-site readiness visit by NDTi in December 2018, followed by a collaboratively drawn up plan in January 2019. Members heard that this would involve workshops with community organisations and teams from the council, starting small and scaling up slowly, incorporating the lessons learned along the way. The Panel were told there would be a focus on listening to service users and trying new things. The experience that had been reported from other authorities was that other teams had seen the changes in the teams implementing the new model and had been keen to get involved. Members learnt that there would be a two day residential event, with 18 other areas implementing the new model, including authorities from Scotland, Shropshire, Warwickshire, Derby, Leeds and more.

The Panel heard that in practise the new model meant changing bureaucratic processes, cutting lengthy assessments and cutting overlapping referral questions. The Adults Health and Wellbeing Project Manager stated it would require support from senior officers to change prevailing thought, and to not necessarily be ticking every box in assessment questionnaires, but that there had been high expectations this would be embraced. The new model also meant working in the community (in places like GP surgeries, community centres and libraries) to provide a “one-stop shop” with, as an example, benefit advisors, social workers, housing officers, voluntary sector staff, etc. This approach focused on connecting users to extant community assets, such as clubs, residents groups and social groups to connect residents to each other. The Chair informed the Panel that the BME Forum had recently completed some work on asset mapping in the borough, and had produced a directory; the Adults Health and Wellbeing Project Manager explained that asset mapping would be crucial, with work planned to make sure there was a wide reach and to avoid duplication.

Members enquired as to how earlier interventions would be achieved, and were informed that this was the advantage of greater integration into communities. The example was given of Leeds, where the hubs had been set up in libraries and other public spaces, which had a great impact. The work being done on the new 'front door' was essential for this to work, with staff sticking with cases all the way through; this would be achieved with greater staff capacity from reduced bureaucracy. The Chair added that the current assessment form was 48 pages and that work was being done to reduce this down.

The Chair commented that the new 'front door' integrated well with the new Local Plan and the three planned locality hubs, and enquired as to what the conversation would look like when users contacted the service. The Adults Health and Wellbeing Project Manager explained that work on this was ongoing, and that both staff and users were being engaged in this process to avoid a top down approach. The Head of Adult Safeguarding and Quality Assurance commented that greater integration between teams working on the new model would have a positive effect, and told the Panel of recent work with partners coming into the call centre to observe the day to day workings.

Members enquired as to how the new hubs proposed by the model would support residents who did not use the facilities where they were based, or were unwilling or embarrassed to visit them. The Head of Adult Safeguarding and Quality Assurance reassured the Panel that Huddles should help support these residents, with the Adults Health and Wellbeing Project Manager adding that some GP surgeries would be host to some of these hubs. The Panel explained that this would be difficult in the South of the borough, as there had been difficulty in getting the GP surgeries there to adopt Huddles, and there were no major dentists other than in Selsdon, Purley and South Croydon. The Adults Health and Wellbeing Project Manager replied that it would be helpful for Members to meet with NDTi when their assessments were carried out, and relay these views, so as to cover all residents and not only those in the more deprived areas of the borough.

The Panel expressed some concerns that there would be a focus on directing users to online resources, which may fail to meet their needs. The Head of Adult Safeguarding and Quality Assurance assured Members that the new model would not be solely online, but that this was an important aspect of the implementation as it allowed the maintenance of anonymity and helped capture users already online to seek information. The Adults Health and Wellbeing Project Manager explained to Members that there would be "no wrong front door" for users to contact the service, and that there would be access to advice, information and support for all residents.

Members enquired as to whether more staff would need to be hired to facilitate the implementation of the new 'front door', as there were existing concerns with the contact centre, and with reports of residents calling multiple times without being able to get through. The Panel also explained that they felt vulnerable people were being missed because of this, as they were ending up in hospital, not a GP surgery, and it was only then that the council

was becoming involved. Members further expressed wishes for a matrix to measure the complexity of users' needs. The Adults Health and Wellbeing Project Manager explained that the proposed changes to the 'front door' were under consideration, and that this included staffing changes, but that it was hoped that reduced bureaucracy would mean that there would be increased capacity for staff. The Panel also heard that there would be daily evaluations as part of the approach, and that this included looking at the impact on the workforce.

The 'good conversations' model that would be used in conjunction with the new 'front door'. This would be a key part of the new approach, with conversations that first asked what was most important to the user and what could be done to help to support resilience, including making community connections. The second was to intervene immediately when a resident was in crisis and stick with the person to ensure they were safe and that their situation improved; the third was for those people for whom a statutory response was required, which may include a package of care. It was further explained that work was being undertaken with the Hospital Discharge Team to understand the complexity of users' needs to try and halt the 'revolving door' by providing information on possible points of referral.

Members asked if more money would need to be spent on infrastructure in order to implement the new model. The Chair replied that Croydon would be coming from a strong base of infrastructure and clarity of approach, and that advice from NDTi would help to inform these decisions. The Panel also queried why there had been three recent pilots in the council on deprivation, when issues such as complex needs and hospital discharge had not, in light of social care being one of the largest expenditures in Croydon. The Adults Health and Wellbeing Project Manager asked that Members be present for an upcoming meeting with NDTi to assist in informing their decision of exactly where the work should begin. The Chair expressed a keenness for the Panel to have input with NDTi and to attend these meetings, with the possibility of NDTi reporting back to the Panel in future.

## 27/18 **Exclusion of the Press and Public**

The following motion was moved by Councillor Hopley and seconded by Councillor Clouder to exclude the press and public:

"That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended."

The motion was put and it was agreed by the Committee to exclude the press and public for the remainder of the meeting.

28/18 **Minutes of the Previous Meeting**

The Part B minutes of the meeting held on 28 June 2018 were agreed as an accurate record.

29/18 **Adult Safeguarding in Croydon**

The Panel received an update on Adult Safeguarding in Croydon.

The meeting ended at 7.34 pm

**Signed:**

**Date:**

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