

# Adult Social Services Review Panel Agenda



To: Councillor Jane Avis (Chair)

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

A meeting of the **Adult Social Services Review Panel** which you are hereby summoned to attend, will be held on **Wednesday, 31 October 2018** at **5.00 pm** in **F10 - Town Hall**

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Tuesday, 23 October 2018

Members of the public are welcome to attend this meeting.

If you require any assistance, please contact the person detailed above, on the righthand side.

N.B This meeting will be paperless. The agenda can be accessed online at [www.croydon.gov.uk/meetings](http://www.croydon.gov.uk/meetings)

## **AGENDA – PART A**

**1. Apologies for Absence**

To receive any apologies for absence from any members of the Committee.

**2. Minutes of the Previous Meeting (Pages 5 - 10)**

To approve the Part A minutes of the meeting held on 28 June 2018 as an accurate record.

**3. Disclosure of Interests**

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality to the value of which exceeds £50 or multiple gifts and/or instances of hospitality with a cumulative value of £50 or more when received from a single donor within a rolling twelve month period. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Democratic Services representative at the start of the meeting. The Chair will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

**4. Urgent Business (if any)**

To receive notice of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

**5. Increasing Access and Choice to Respite and Short Breaks Services for Adults with Disabilities and their Carers (Pages 11 - 18)**

This report gives background information on the current respite offer and reports on the progress being made to increase access and choice for respite services.

**6. Community Led Support (Pages 19 - 26)**

A report on the progress of Croydon's Health Wellbeing & Adults department's work to adopt and embed a strength based community led support approach and influence working with other Council departments and partners in health, community and voluntary sectors.

**7. Exclusion of the Press and Public**

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder of a meeting:

“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.”

**PART B**

**8. Minutes of the Previous Meeting (Pages 27 - 28)**

To approve the Part B minutes of the meeting held on 28 June 2018 as an accurate record.

**9. Adult Safeguarding in Croydon (Pages 29 - 62)**

The purpose of this report is to update the Adult Social Services Review Panel on the key developments in Croydon in regards to Adult Safeguarding.

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## Adult Social Services Review Panel

Meeting of held on Thursday, 28 June 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:** Richard Eyre (Programme Manager), Paul Richards (Principal Social Worker and Head of Mental Health), Nick Sherlock (Head of Adult Safeguarding), and Kathy Wocial (Lead for OD, Workforce and Communication for One Croydon Alliance)

### PART A

9/18 **Apologies for Absence**

There were none.

10/18 **Minutes of the Previous Meeting**

The minutes of the meeting held on 31 January 2018 were agreed as an accurate record.

11/18 **Disclosure of Interests**

There were none.

12/18 **Urgent Business (if any)**

There were no items of urgent business.

13/18 **Transformation of Adult Social Care**

The Panel were updated on the progress of the ADAPT programme, including the workstream model and efficiencies. Members were reminded that there had previously been a presentation on ADAPT to the Panel in November 2017, and that the presentation would cover much of the same material with updates on progress.

Members were informed of the scope of the ADAPT programme and the national context within which it was operating, highlighting the CQC State of Care 2017 report. The Panel were informed of the plans to conform to the Council's new locality model in order to implement a change in the service to prevention and early intervention, which was a move from the service being reactive. The Panel were told of plans to better integrate with Gateway and Housing services as part of a 'whole family' approach. The Programme Manager informed the Panel that one of the key principles behind this was the idea of 'a Life, not a Care Plan', which meant focusing on individual outcomes to enable people to live as independently as possible.

The officer detailed the key focuses of the programme as being efficiencies, transformation, managing within their means and working to correct budgets. The Panel heard further information on how the programme was working to improve the service's financial wellbeing; this included a revised Charging Policy and making more information available to Self-Funders to ensure better care and support was utilised.

The Panel were informed of changes made to the workforce to achieve efficiencies and to improve workflow. The changes made included a restructuring of the division and senior management to bring together various functions, as well as a reduction in agency staff from 35% to 15%. This included the introduction of the new 'Front Door', using a contact centre staffed by Social Workers, staff from the contact centre, and the Gateway Service to provide better information and triage. The Panel learned the programme had already achieved half of the planned efficiencies in the workforce reform and transformation workstream for 2018/19.

The officer updated the Panel on the work being done to introduce Digital Pathways which had begun by updating all of the relevant webpages to give service users better information and advice. The Panel were informed about the introduction of the E-marketplace which aimed to enable residents, carers, self-funders and direct payment users to source care services in one place; this provided all the relevant information users would need and provided access to direct purchase of the services from providers. The final aspect of Digital Pathways was AskSara, which was a localised version of the Disabled Living Foundation's daily living tool.

In response to questions from Members regarding how this would improve delays in equipment being delivered for users, the Programme Manager told the Panel that work had been undertaken to better integrate colleagues across departments; in cases where the client had a Social Worker, they were able to chase equipment orders on the clients behalf. The Panel raised concerns about the ability of users to access the new 'Front Door'. The officer informed the Panel that the model being used had been successfully trialled in Leeds, and balanced digital and face to face interaction to reach as many users as possible. The Chair queried what the timeline for the introduction of the 'Front Door' was, and Members were informed that work was still ongoing

for the full implementation and that the project was working on user testing with CASSUP.

The Panel were informed of intended improvements to the 25-65 disabilities operations, which looked to build upon the existing direct payments offer, alongside increased employment opportunities for residents with disabilities and mental health issues. The programme looked to reduce the use of residential placements for people with disabilities by improving supported living.

The Panel queried the number of users enrolled in direct payments and raised concerns regarding the difficulty of getting users on to them. The officer informed the Panel that around 12% of users were on direct payments, but that the aim was to increase this closer to the London average of 24%. The Panel were informed that a new project was in the process of being drawn up to address this, which aimed to work with existing providers.

The Panel were shown a breakdown of the planned efficiencies for the next three years, alongside the efficiencies already achieved in the 2018/19 municipal year. Panel Members raised concerns about historic overspends in the Division and that efficiencies achieved in the current financial year could be lessened if spending increased toward the end of the year. The Programme Manager agreed that future spending was hard to predict, but that the overspend in the previous year had only been 0.3%, with many of the efficiencies for the year already achieved as expected.

#### 14/18 **The role of the Principal Social Worker and how it is working in Croydon**

The Panel were given an overview of the origin of the Principal Social Worker (PSW) role, which was originally recommended in the Munro Report (2011), and made statutory in the Care Act (2014). The most recent statutory guidance was issued for the role in March 2016.

The Principle Social Worker informed the Panel that the role's core values were seen to be promoting social change, social development, social cohesion, and the empowerment and liberation of people. In addition to this, the PSW should uphold human rights and social justice whilst respecting human dignity. Members were informed that the role involved balancing the available resources with the needs of clients.

The Panel were informed of the 2018/19 work plan, which consisted of:

- Regular meetings with the Director of Adult Social Services;
- Attending the regional and national PSW network meetings;
- Chairing the Croydon Assessed and Supported Year in Employment (ASYE) panel and sending a representative to the ASYE National Moderation panel;
- Organising the Croydon Social Work Conference;

- Supporting the work of the Surrey & South West London Teaching Partnership; and
- Developing and implementing a Social Work Health Check;
- Developing and implementing the Croydon New Operating Model as it relates to Adult Social Care.

The PSW highlighted the policy of giving very close support and attention to new social workers in their first year on the job (ASYE). The Chair noted that this was a positive approach, given the high turnover rate of new social workers. The Chair stated that they were looking forward to attending the upcoming Croydon Social Work Conference and requested that details of the Conference be circulated to all Panel members.

The Chair noted it would be useful for the Principal Social Worker to return to the Panel with a couple of social workers to hear their perspective on the service.

#### 15/18 **Update on the One Croydon Alliance**

The One Croydon Alliance representative began by summarising the purpose of the One Croydon Alliance as a health and care partnership to improve outcomes for people over 65 through greater integration in the commissioning and delivery of services. The officer reminded the Panel that at the last meeting it had been reported that the Cabinet had received and approved a Case for Extension, which extended the Alliance Agreement for another ten years. This went on to be signed on 29 March 2018.

The Panel were informed that the LIFE service, which was an integrated re-ablement and rehabilitation service, had been rolled out in September 2017. The service had seen twice as many people as it had been anticipated in the “Out of Hospital” business case. A total of 842 people had been through the service by March 2018, with two thirds of those being over the age of 80. The officer noted that dependency among the clients had been higher than expected, but that hospital and aftercare times had been successfully reduced. The officer told the Panel that more work was needed to integrate the service, highlighting further work to integrate budgets and infrastructure in particular. The officer stated that London Care has now been commissioned as the second new re-ablement service provider to cover the south of the borough. She also reported that the project was working with other boroughs around aligning the “Discharge to Assess” schemes used in different areas to support hospital discharge processes.

The officer informed the Panel that a team of 18 Personal Independence Co-ordinators had been recruited and the services had seen over 500 people, and assisted people in achieving over 1300 personal goals. The Service used the Warwick/Edinburgh Tool to assess baseline assessment and progress on wellbeing. Results showed that there had been improvement above the national average amongst those who had received the service and that Healthwatch had undertaken an independent evaluation of the service which



had been positive. The Panel were also informed that the multiagency working model of Huddles had been rolled out in collaboration with the six GP service network areas in the borough. The roll out had completed in the south of the borough at the end of March 2018 but there had been hard evidence from the early adopters that the model had a positive impact on reducing admissions to hospital.

The officer outlined the next phase of work for the Alliance. This included a major project to improve working with care homes, in particular the council and the CCG would explore more integrated commissioning. There was also work to improve support to Care Homes, including use of technology and the alignment of GP services to improve health care in care homes, improve care planning and reduce unnecessary hospital visits.

Another workstream was reviewing the “Falls Service” including alignment with the LIFE team. In addition to this, there was ongoing work with local communities and the voluntary sector to help promote resilience and self-care. The officer stated that it was hoped this would lead to an overall reduction in hospital and GP visits, and would assist in reducing social isolation.

Panel Members enquired as to how successful the Alliance had been in getting partners on board and how this was being monitored. The officer responded that this was dependant on ensuring a long term culture shift took place, but noted that the Alliance had garnered national attention with an article in the Guardian newspaper on the 14 May 2018. Further evidence of this progress could be ascertained from the Local Government Authority interviewing the Alliance as an example of good practise.

The Panel asked the officer about the state of social prescribing in the south of the borough. The officer informed the Panel that this had been presented to each GP network, each of which had been allocated their own budget to develop their own models. The effective entrepreneurial model developed in Thornton Heath was highlighted as a success, which had secured additional funding from the private sector. It was hoped that some of the newly introduced areas would be persuaded by this success, but also that the development of the work with active and supportive communities would help achieve similar outcomes in those areas.

*Councillor Hopley left the meeting at 18:24.*

#### 16/18 **Exclusion of the Press and Public**

The following motion was moved by Councillor Clouder and seconded by Councillor Bird 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.

17/18 **Minutes of the Previous Meeting**

The Part B minutes of the meeting held on 31 January 2018 were agreed as an accurate record.

18/18 **Safeguarding Adults and Quality Assurance Report**

The Panel received an update on Adult Safeguarding in Croydon.

The meeting ended at 6.45 pm

**Signed:**

**Date:**

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## Croydon Council

For General Release

<b>REPORT TO:</b>	<b>ADULT SOCIAL SERVICES REVIEW PANEL</b> <b>31 OCTOBER 2018</b>
<b>AGENDA ITEM:</b>	<b>5</b>
<b>SUBJECT:</b>	<b>Increasing access and choice to respite and short breaks services for adults with disabilities and their carers</b>
<b>LEAD OFFICER:</b>	<b>Guy Van Dichele, Executive Director for Health, Wellbeing and Adults</b>
<b>CABINET MEMBER:</b>	<b>Cllr Jane Avis, Cabinet Member for Families, Health &amp; Social Care</b>
<b>WARDS:</b>	<b>All</b>
<b>CORPORATE PRIORITY/POLICY CONTEXT:</b> People live long, healthy, happy and independent lives	
<b>FINANCIAL IMPACT:</b> Finances for this work sit within the Adult Social Care & All Age Disabilities budget as set out in the Council's 2018/19 budget book. For 2019/20 budget planning purposes a growth bid to cover off increased respite allocations and the development of an in-borough residential offer is being developed.	

### 1. RECOMMENDATIONS

- 1.1. The Adults Social Services Review Panel is asked to note the report.

### 2. EXECUTIVE SUMMARY

- 2.1. The Council is developing its services to adults with disabilities and their carers through a two phased approach to developing the Council's respite and short breaks service offer. Phase one is concerned with putting in place an immediate increase in respite provision in response to service user and carer concerns, following the recent closure of the City Breaks respite service. Phase two involves working with service users, carers and the market of providers to establish a new and sustainable respite and short breaks offer that meets local needs.
- 2.2. This report gives background information on the current respite offer and reports on the progress being made to increase access and choice for respite services.

### 3. INCREASING ACCESS AND CHOICE FOR RESPITE AND SHORT BREAK SERVICES

- 3.1. Respite care is planned or emergency temporary care provided in support of the carer of someone using care and support services. Respite services provide planned short-term and time-limited breaks for families and other unpaid care givers in order to support and maintain the care giving relationship. Respite also provides a positive experience for the person receiving care. The term "short break" is often used to describe respite care. Presently there are c.200 adults (aged 19 to 64 years) and or their carers eligible for respite support.
- 3.2. Respite and short breaks play a key role in the Council's preventative approach to care services. Supporting and sustaining carer relationships keeps families together in the community, sustains carers in employment and prevents and or delays people moving into high cost and or acute services.
- 3.3. All respite care for adults is commissioned from the private and voluntary sectors with around 50% of respite services accessed through direct payments.

### 4. DEMAND, SUPPLY AND ACCESS TO RESPITE AND SHORT BREAKS

- 4.1. Around 400 adults across all ages access respite support through the Council including c.200 adults aged 19 to 64 with disabilities. A breakdown of respite usage for last year and this year is detailed below.
- 4.2. Note: Because of variable coding the figures in the tables do not reconcile:

**Table 1: Summary of service users who used respite support in 2017/19**

	<b>Residential Respite (Council placed)</b>	<b>Sitting service respite (Council placed)</b>	<b>Direct Payments granted for respite support</b>	<b>Total</b>
<b>Learning Disabilities</b>	17	1	12	<b>30</b>
<b>Mental Health</b>	3	2	4	<b>9</b>
<b>Physical Disability</b>	11	3	12	<b>26</b>
<b>Older People</b>	119	19	67	<b>188</b>
<b>Carer</b>		1	50	<b>51</b>
<b>Other</b>	4		3	<b>7</b>
<b>Not recorded</b>			43	<b>43</b>
<b>Total</b>	<b>154</b>	<b>26</b>	<b>191</b>	<b>354</b>

**Table 2: Summary of service users categorised as being in temporary residential care in 2017/19 (Note: some if this activity will be attributed to respite services.)**

	<b>Temporary Residential Care</b>
<b>Learning Disability</b>	42
<b>Mental Health</b>	34
<b>Physical Disability</b>	3
<b>Older People</b>	19
<b>Carer</b>	
<b>Other</b>	3
<b>Not recorded</b>	3
<b>Total</b>	<b>105</b>

**Table 3: Summary of service users who used respite support from 1.4.2018 to 10.8.2018**

	<b>Residential Respite (Council placed)</b>	<b>Sitting service respite (Council placed)</b>	<b>Direct Payments granted for respite support</b>	<b>Total</b>
<b>Learning Disabilities</b>	4		10	<b>14</b>
<b>Mental Health</b>			1	<b>1</b>
<b>Physical Disability</b>	1	4	3	<b>8</b>
<b>Older People</b>		10	7	<b>17</b>
<b>Carer</b>		1		<b>1</b>
<b>Other</b>			1	<b>1</b>
<b>Not recorded</b>			1	<b>1</b>
<b>Total</b>	<b>5</b>	<b>15</b>	<b>23</b>	<b>43</b>

## **5. CURRENT EXPENDITURE ON RESPITE AND SHORT BREAKS**

- 5.1. Spend on the Council directed respite and short breaks budgets in 2017/18 was £11,475 and as at Q1 is expected to be in 18/19 £113,949 .This includes a block contract arrangement with a provider for two residential respite. Spend on respite funded by self -directed support in 17/18 was £66,831 and as at Q1 is projected to be £79,637 in 2018/19. Total spend in 17/18 was £78,306 and is currently projected at Q1 to be £193,586 in 2018/19.
- 5.2. The Q1 projected expenditure against budget for all respite care in 2018/19 is higher than the allocated budget and this is attributed to an increased allocation of respite and a new block contract to provide two residential respite beds

## From budget data

	<b>Budget 2018/19</b>	<b>Actual 2017/18</b>	<b>Q1 Projected Spend 2018/19</b>
<b>Respite</b>		£11,475	£113,949
<b>Self-Directed Support</b>	£40,000	£66,831	£79,637
<b>TOTAL</b>	£40,000	£78,306	£193,586

- 5.3. For 2019/20 budget planning purposes a growth bid to cover off increased respite allocations and the development of an in-borough residential offer is being developed.

## 6. Increasing Access and Choice for Respite and Short Breaks

- 6.1. Following a review of respite provision in 2017 a menu of providers from the voluntary and private sector was established. This menu was used by social workers to identify respite opportunities for service users and their carers. Whilst this approach worked for many residents who needed the service there remained some service users and carers for whom the offer was too limited in choice.
- 6.2. The current respite offer has an over reliance on residential respite, as opposed to respite that involves days trips and evening and weekend support at home. The current offer does not include an in-borough residential option which for some families is a top priority.
- 6.3. A summary of the menu is attached at appendix 1.

## 7. Developing more services and choice

- 7.1. A commissioning project is in progress to increase the choice in terms both providers and types of respite. A procurement exercise begun in July has so far resulted proposals from 23 providers.
- 7.2. Proposals were received for a wide range of respite activities including domiciliary care, community based activities, tailored group activities and respite in existing residential services outside Croydon. A number of the providers are able offer a menu of services.
- 7 of the offers were from providers that Croydon has placed business with previously and who wish to extend the offer in the long term.
  - There were 8 new providers with existing services outside Croydon but within neighbouring boroughs.
  - There were 7 providers who indicated they would be prepared to establish new services for Croydon within the borough in partnership with potential service users and families.
  - One provider offered to establish a service to act as a facilitator/co coordinator for respite and short breaks. As well as to provide direct care and support on sessional basis.

- 7.3. An initial sift of the bidders has created a long-list of 16 providers who, depending on their proposals, are undergoing company checks prior to being added to the respite service menu and or having further discussions with the Council on how their proposals might be developed.
- 7.4. These offers of service are now being evaluated with accreditation checks being made on the providers.
- 7.5. Where the services being offered are immediately available these will be publicised to service users, carers and social care teams once the accreditation checks have been completed. Seven providers have an immediate offer of service and some of these services are now available to service users.
- 7.6. Where providers have proposed developmental opportunities, e.g. developing a new in borough residential service, further discussions are being held with the providers with a potential second stage procurement process to choose the best strategic partners
- 7.7. Whilst this exercise will significantly increase access and choice for service users and carers there will still remain some gaps in provision. A further procurement exercise is underway to specifically source:
- Emergency /contingency service that is stand-alone from existing contracted block beds in one residential care home or within other residential care homes with vacancies.
  - A broader respite offer for people with more complex needs including autism, challenging behaviour and physical disability.
  - An increased supply of services that offer culturally appropriate respite.
- 7.8. The Council has published for service users and carers a menu of the available respite and short breaks service available to service users and this menu will be updated as and when new services are accredited.

## **8. DEVELOPING AN IN-BOROUGH RESIDENTIAL RESPITE SERVICE**

- 8.1. There are a number of factors indicating that a Croydon based residential service will be required by those with the most vulnerable and complex needs. Many families do not want to travel outside of Croydon to access respite provision. Some families report that one of their highest priorities for respite provision is for continuity in support in that through regular use of a single service trusting relationships can be developed between service users and respite support staff.
- 8.2. An exercise is underway to look at sites owned by the council as well as discussions with private owners who have sites. Using costings provided by some of the organisations who participated in the respite procurement exercise it is estimated that converting a suitable Council owned building for residential and other respite use would cost c.£300,000. An options report on developing an in-borough residential respite service is in preparation.

## **9. WORKING WITH SERVICE USERS AND CARERS**

- 9.1. Any long term strategy for respite and short breaks will need to meet the needs

and priorities of service users and carers. A working group is being established with representatives of families who use respite services to involve them in developing the respite and short breaks offer. Families will have an opportunity to give feedback on the new service offer as it develops and to look into options for developing an in-borough service.

## **10. SUPPORTING ACCESS TO RESPITE AND SHORT BREAKS**

- 10.1. Currently around 50% of those using respite services do so through direct payments. Accessing respite through direct payments can provide service users with greater control over the support they use and may be used creatively to increase choice. Examples include families pooling direct payments to purchase group holidays or organise residential respite through employing sessional care workers providing respite in a home booked through Air B&B.
- 10.2. One of the offers received through the recent procurement exercise was a proposal from a voluntary organization to run an advice and brokerage service for families who want to access respite and short breaks. The proposed brokerage service would support people with direct payments in accessing services; find respite services for service users referred through the Council and sustain and develop the local menu of accredited respite and short breaks providers.
- 10.3. Discussions are being held to explore the viability of this service offer.

## **11. UPDATE ON THE CITY BREAKS SERVICE USERS**

- 11.1. The Brandon Trust managed residential respite unit City Breaks, in Crystal Palace, was closed at very short notice in June this year following the termination of a contract with their principle commissioning authority London Borough Southwark.
- 11.2. Following the closure of the City Breaks service a group of families, supported by Croydon Mencap in an advocacy role, have raised concerns over the Council's respite provision.
- 11.3. Actions in response to the concerns raised by these families have included:
  - Two public meetings have been held between the Council and the families to listen to the families' concerns and to report to the families on the work being done by the Council to increase the respite services offer.
  - A senior social worker has worked with a cohort of thirteen families who have not used Council supported respite services over the last year. Seven of these families have been supported into new respite support arrangements.
  - It has been agreed that for Croydon Mencap develop an interim in-borough residential service offer. The service involves groups of service users staying in temporary accommodation supported by sessional workers employed by Croydon Mencap. This prototype service can be developed further and with other providers where it proves to be a success.



- A letter detailing the Council's progress on developing respite provision and other developments across services for adults with disabilities has been sent to all service users and their carers.
- Affected families are invited to participate in working group is established to contribute to and give oversight of the work on developing the new respite and short breaks offer.

## **12. CONSULTATION**

- 12.1. The work on developing access and choice for respite and short breaks services will involve a working group of service users and families to shape the development of services.

## **13. EQUALITIES IMPACT**

- 13.1. Respite and short breaks services provide help and support to vulnerable residents with disabilities and those who care for them. The current commissioning arrangements make provision for equalities matters and includes actions to commission culturally appropriate services.

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### **CONTACT OFFICER:**

Annette McPartland  
Interim Director of Social Care  
020 8760 5768

**BACKGROUND DOCUMENTS:** None

**APPENDICES:** Appendix 1 – Summary of the council's Short Breaks Menu

## Summary of the Council's Short breaks Menu

**Day options include** :- traditional day centres/hubs; Sessional groups/meetings e.g. Croydon People First “Making it Happen” and “Future for Us” , Frontiers Buzzz Hub, St Mildred’s drop in. Plus private PA’s, Regular activity clubs/groups, paid employment, work experience, volunteer work, neighbourhood involvement, self -employment. College courses, gyms, swimming pools. Interest outings/research with private PA or pooled budget.

**Overnight/Weekend Breaks** options include:- agency care, regular cottage / hotel / b&b / caravan etc with PA support / pooled budget, specialist short break providers – themed breaks also an option.

**Full Week/s** options include:- agency care, regular cottage/hotel/b&b etc with PA support/ pooled budget, specialist short break providers –themed breaks also an option.

**Evening Breaks** options include:- agency care, PA, pooled direct payment budget, clubs & activity groups, volunteer support.

**Care at a Residential Facility** options include:- Traditional residential home which also offers short break beds, short break unit, shared lives carer .

**Care at Family Home** options include:- agency care, PA

**Supported Holiday Break-** with or without family carers options include;- Specialist holiday provider, at home or abroad, regular hotel/cottage/B&B with PA or agency staff, support accompanying the holidaymaker or received at point of destination.

**Outreach-** activities in the community, options include:- agency, PA, pooled budget, volunteer support.

## Croydon Council

### For General Release

<b>REPORT TO:</b>	<b>Adult Social Services Review Committee</b> <b>31 October 2018</b>
<b>AGENDA ITEM:</b>	<b>6</b>
<b>SUBJECT:</b>	<b>Community Led Support</b>
<b>LEAD OFFICER:</b>	<b>Guy Van Dichele, Executive Director for Health, Wellbeing and Adults</b>
<b>CABINET MEMBER:</b>	<b>Cllr Jane Avis, Cabinet Member for Families, Health &amp; Social Care</b>
<b>WARDS:</b>	<b>All</b>
<b>CORPORATE PRIORITY/POLICY CONTEXT:</b> People live long, healthy, happy and independent lives	
<b>FINANCIAL IMPACT:</b> Finances for this work sit within the Adult Social Care & All Age Disabilities budget as set out in the Council's 2018/19 budget book.	

### 1. RECOMMENDATIONS

- 1.1. The Committee is asked to note the background work completed, progress made and decision to commission support from the National Development Team for inclusion (NDTi), to embed a community led support approach in Croydon
- 1.2. The committee is asked to receive updates on progress and impact of the project.

### 2. EXECUTIVE SUMMARY

- 2.1. Croydon's Health Wellbeing & Adult's department is progressing a plan of work to adopt and embed a strength based community led support approach and influence working with other Council departments and partners in health, community and voluntary sectors.
- 2.2. The approach aligns with Council priorities, the corporate plan, locality operating model, and the strategic intentions of the One Croydon Alliance.

- 2.3. A support provider, the National Development Team for inclusion (NDTi), has been identified and engaged to commence work in December 2018 for 18 months.
- 2.4. Governance of the work will be through the Adult Social Care & All Age Disability, 'Adapt transformation programme'.

### 3. BACKGROUND AND CONTEXT

- 3.1. As part of the overall approach to transformation, the aim is to embed a strengths based, community led support approach to working with and alongside Croydon's residents.
- 3.2. Strengths, or asset based approaches, are embedded in the Care Act legislation; in the wellbeing principle, and has received endorsement by the Chief Social Worker for Adults, Social Care Institute for Excellence (SCIE) and other national bodies.
- 3.3. Such principles fit with the Council's key priorities including the **corporate plan objectives**:
  - People are healthy, happy and able to live independent lives
  - Inequalities in Croydon are reduced
  - Happy, healthy and independent lives are lived by as many as possible for as long as possible
  - Access to effective health services and care services when needed
- 3.4. There is also good alignment with the Council's **locality operating model**:
  - An organisation designed to meet varying levels of need
  - Working in localities with our communities
  - Residents, communities and businesses drive what we do
  - Taking a systems based approach
  - Preventing issues becoming a problem
  - Using evidence as key to delivery
- 3.5. Although the approach goes beyond one department, and indeed across partners including health and voluntary and community sectors, it is worth noting that there is also a good fit with the intentions of the **Health, Wellbeing and Adults department's**:
  - Shift from the council of last resort to first resort
  - A service that integrates with health where it makes sense to the end user (2020 Challenge)
  - A shift in resources into prevention and away from institutional care and around wider well being
  - A greater emphasis on 'Whole family' and solution focused approach with wider colleagues such as Gateway and Housing

- Embracing personalisation
- Focusing on individual outcomes with people living as independently as possible - 'a Life, not a Care Plan'.

#### 4. PROGRESS TO DATE

4.1. Work has been carried out to understand the approach(es)/ model(s) and to consider the support available to embed a changed way of working including:

- Literature review
- Discussions held with key people across departments in the Council and with the Croydon One Alliance
- Visits, telephone discussions and document review with areas who are already implementing strengths based and community led approaches in order to understand more detail and benefit from lessons learned
- Workshop held and feedback gathered from around 100 social work staff at the social work conference in July 2018; and the 25 to 65 disabilities staff away day in September 2018
- Presentations to key forums and to the Lead Members for adult social care, and the Health and wellbeing Board
- Discussions are under way with health colleagues in a number of key forums
- Presentations and Q+A session with the two key potential providers of support, to a cross council audience in September 2018.

#### 5. RATIONALE

5.1. Drivers for change include:

- Staff recruitment and retention – high use of agency staff
- Staff satisfaction levels
- Need for greater role clarity
- Waiting lists
- Overdue reviews
- Resident satisfaction
- Pressure on the “front door” and safeguarding
- Ongoing need for financial efficiency
- Changing the relationship between the Council and Croydon residents

5.2. *“A strengths-based approach to care, support and inclusion says let’s look first at what people can do with their skills and their resources and what can the people around them do in their relationships and their communities. People need to be seen as more than just their care needs – they need to be experts and in charge of their own lives.”*

**Alex Fox, chief executive of the charity Shared Lives**

5.3. A Department of Health roundtable report “Strengths based social work practice with adults” published last year describes strengths based approaches as follows:

- Rights based and person centered
- Has a clear ethical and values based position
- Works in a place based way
- Recognises the limits of institutional work and takes an interdisciplinary holistic view, seeing people as resourceful and resilient in the face of adversity
- Acknowledges that people are a lot more than their care needs, are experts in their own lives and take the lead in their own care
- Acknowledges that notions of community are subjective – for some it’s family, for others it’s online or local neighbourhood
- Reframes the narratives and tells the good stories about what people have done, what they do every day and what they have achieved
- Draws upon a person’s resources, abilities, skills and connects with their social networks and communities – whether actual or digital
- Uses explicit methods to identify strengths and assets – both soft assets (personal interests, skills, relationships) and hard assets (finances, housing, health)
- Is goal oriented and outcomes focused
- Is collaborative and based on reflective conversation, encouraging the person to make sense of where they are and make meaningful choices
- Is respectful - not making assumptions, non-judgmental
- Is hope inducing

## **6. THE RIGHT MODEL FOR CROYDON**

6.1. There are a number of approaches to the model which could be adopted in Croydon. The methods have similar attributes and common themes. The approaches are complementary not mutually exclusive and common features include:

- Reframing the narrative from a focus on needs to a focus on people strengths and communities’ assets
- Building a dynamic picture of personal and community assets
- Connecting people to each other and to wider community assets
- Growing and mobilising community assets
- Monitoring the impact and learning from evidence

6.2. There is no one size fits all approach and the approach any area takes must be based on what we know about our place, our people, our opportunities and any barriers we need to overcome.

6.3. Whichever model is adopted, it must be a collaborative process between the person supported by services and those supporting them. It is concerned with

quality of the relationship between those providing and those being supported. It goes beyond social work and care and is relevant to all our key partners.

- 6.4. Such a change in approach requires cultural and organisational commitment that goes well beyond frontline practice. There needs to be a fundamental shift in approach from strategy, values and practice, right down to practical tools and resources.
- 6.5. Engagement and commitment is needed at all levels from very senior ownership and leadership, to professional practice champions and front line and other services, including IT, performance, legal, commissioning and procurement, Gateway and Housing, HR, Learning and development, public health, all health partners and our community and voluntary sectors and providers of all kinds.
- 6.6. Key factors for success include:
  - Clear and consistent leadership of the programme
  - Effective project management and administration
  - A thorough commitment to co-design with staff, managers and partners
  - Agile and rapid learning
  - Managed risk approach
  - Senior leadership buy in
  - Staff motivation and willingness
  - Leadership prepared to “sit on their hands” and not micro manage
  - Strong vibrant community networks
  - Proactive commissioning to mobilise community assets
  - Resources to buy in expertise, support and experience
- 6.7. The approach best suited to Croydon, based on the initial work and wide ranging discussions led by the Adapt Board, is “Community led Support” developed and supported by the National Development Team for Inclusion, (NDTi).
- 6.8. This approach fits well with work already well advanced through the One Croydon Alliance, locality pilots and changes to the social care “Front Door.”
- 6.9. NDTi will work alongside us to assess our readiness, help us identify where and how to start the project. They will mentor, coach and support us through the change, help us to change our approach and the supporting infrastructure. This will include our record keeping and case management arrangements, providing access to an online community across the country to share best practice, lessons learned and form support networks. It will provide access to national residential leadership and learning events and regional learning and sharing events. They will support us to capture and analyse data to evidence what is and is not working, and what impact the changes are having. They will commence their support to us in December 2018 and work with us for 18 months to roll out and embed the approach.

6.10. There are a number of opportunities, which make the timing of this approach appropriate including:

- Locality operating model
- One Croydon Alliance
- Adapt programme
- Active Lives and Direct Payments workstreams
- Local Voluntary Partnerships
- Huddles
- Locality working pilots x 3 Autumn 2018
- Revised front door Autumn 2018
- E-marketplace
- Asset mapping work commenced
- New case management system

## **7. GOVERNANCE**

7.1. This work will be subject to the governance arrangements in place for the Adapt transformation programme and will report into the Adapt Board.

7.2. It will be crucial for colleagues from legal services to be closely involved in the project, to ensure that changes to approach and to documentation and record keeping are legally sound and Care Act compliant.

## **8. EQUALITY IMPACT**

8.1. As an all age disability service, information, advice and guidance; and support are provided from children with disabilities, through to working age adults and older people. Although not a protected characteristic, carers are also a central consideration in understanding the impact of this evolving project. There are no specifically identified negative impacts of the focuses of a community led, strengths based approach.

8.2. As previously noted in this report, strengths, or asset based approaches, are embedded in the Care Act legislation; in the wellbeing principle, and has received endorsement by the Chief Social Worker for Adults, Social Care Institute for Excellence (SCIE) and other national bodies.

8.3. Nonetheless, the Council will work with the implementation provider, NDTi to maintain a log and review of any potential or emerging negative impacts, and the Adapt Board will have an overview of how mitigating actions are developed to reduce these impacts.

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### **CONTACT OFFICER:**

Guy Van Dichele | Executive Director Health Wellbeing & Adults | 020 8726 6000



**BACKGROUND DOCUMENTS:** None

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of the Local Government Act 1972.

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Croydon Multi-Agency  
**SAFEGUARDING**  
**ADULTS BOARD**



Page 35

# Croydon Multi-Agency Safeguarding Adult Board **Annual Report 2017/18**

“Working together safeguarding, supporting and making services better for adults in Croydon who are at risk of abuse and neglect”

This report gives an overview of the work of the CSAB from April 2017 to March 2018 showing what our plans were, what we achieved and what further work needs to be done to strengthen safeguarding arrangements and promote the welfare of adults at risk in Croydon.



# Contents

Foreword by Independent Chair	4
Croydon Statistics	5
Types of Abuse	8
Role of the Lay Member	9
Learning and Development	10
<b>Priorities 2017 – 2018</b>	<b>14</b>
Prevention	15
Commissioning	16
Voice of the Service User	17
Making Safeguarding Personal	18
Communications	19
Governance and Accountability Arrangements	20
CSAB Funding	21
CSAB Structure	22
CSAB Membership and Attendance	24
<b>Priorities 2018 – 19</b>	<b>25</b>
Glossary	27
Contacts	28



## Foreword by Independent Chair

### Welcome to the 2017/18 Annual Report of the Croydon Safeguarding Adult Board

I have been the Independent Chair of the Croydon Safeguarding Adult Board [CSAB] since end of January 2018 and am pleased to introduce the CSAB Annual Report 2017 – 18. I am a qualified social worker and have operated in senior positions in Social Care and Health at local and national level. I am very aware of the pressure on local services and the commitment of services to preventing abuse and responding effectively to adults who are at risk.

As a CSAB we challenge and support each other and we are working as partners to make real improvement across all services.

We held a Development Day in June 2018 where we set next year's priorities and reviewed our partnership. We created a more streamlined and focussed structure for the board and it's sub-groups.

Holding those who are at risk of abuse as our focus, we agreed that we need further work on our existing priorities. Building on achievements to date, we will continue to focus on:

Prevention and early identification of adults at risk of abuse.

Commissioning to ensure adults at risk services that protect them from abuse and there is a robust response to market failure.

Voice of service users is central to the work of the CSAB and all partners and influences policy and practice.


Making Safeguarding Personal is central to the commissioning and delivery of services to adults at risk.

The CSAB ensures there is effective communications with Croydon residents, between professionals, agencies and between different Boards and Partnerships.

The CSAB continues to work closely with the Croydon Safeguarding Children Board, I meet with the Independent Chair of the Children's Board in order to have oversight of cross cutting safeguarding agendas. idnet

This report sets out what has been achieved against each of the priorities and what needs to be done in 2018/19 with feedback from the residents of Croydon being crucial to the work of the CSAB

We will, in the next year, appoint a Vice Chair for the Board and to continue to make sure we communicate more effectively with Croydon residents, professionals, partners and agencies through various ways including the planned new CSAB website and quarterly newsletters.



**Annie Callanan**  
**CSAB Independent Chair**

# Safeguarding Statistics for 2017 - 2018

The figures on the next 2 pages , are sourced from the data submitted to the Department of Health in July 2018, which looks at safeguarding contacts received during 2017-18 and whether they progressed to a safeguarding enquiry.

Page 39

This dataset has also been configured to look at those safeguarding enquiries and to establish: where the adults at risk experienced abuse, the type of abuse alleged, who was allegedly abusing the adult, and the outcome of the enquiry.

The figures show the comparison between 2016/17 and 2017/18 with regards to the type of alleged abuse, number of referrals and ethnicity.

Please note that the location of abuse does not necessarily mean the adult was experiencing abuse from staff at these

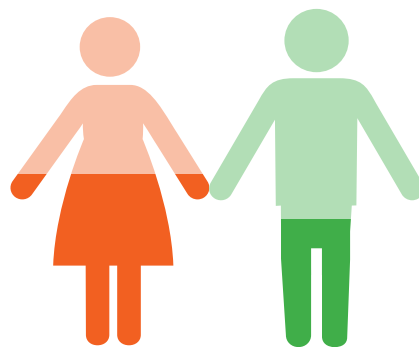
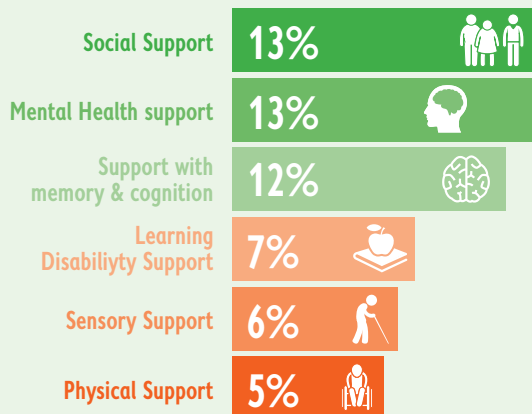
locations; for example, an adult may be experiencing abuse at a hospital, but it maybe from a relative visiting the adult whilst they were in hospital who was alleged to be causing abuse.

The graphics on the first page show the demographics of the adults who had at least one safeguarding contact during 2017-18 and the graphics on the next page represent the same contacts which were progressed to a safeguarding enquiry during 2017-19 and their outcome where available.

# Safeguarding referrals received 2017 - 2018

Page 40

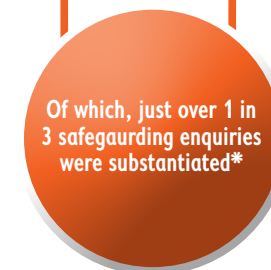
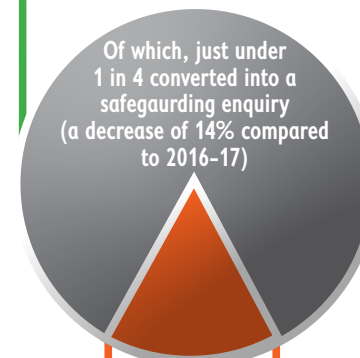
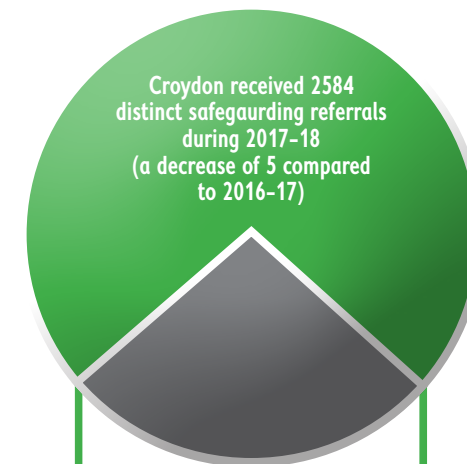
## PERCENTAGE OF ADULTS WITH A SAFEGUARDING ENQUIRY STARTED BY THEIR SUPPORT REASON



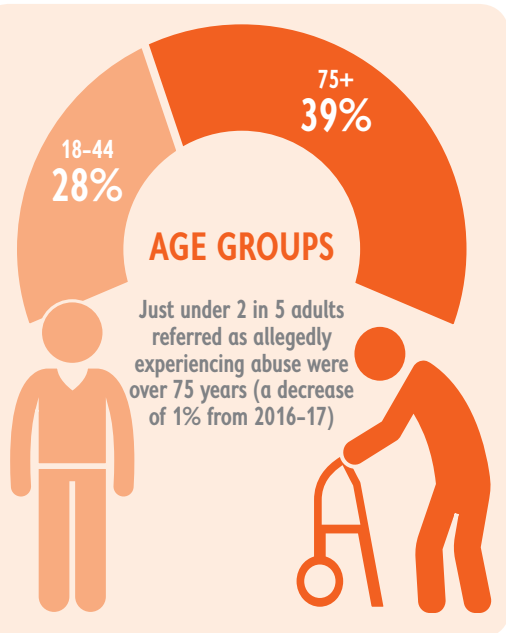
18% more females were reported as experiencing abuse than males, this gap has increased from 16% difference in 2016-17

# 1%

Of the adult population in Croydon had a Safeguarding referral in 2017-18

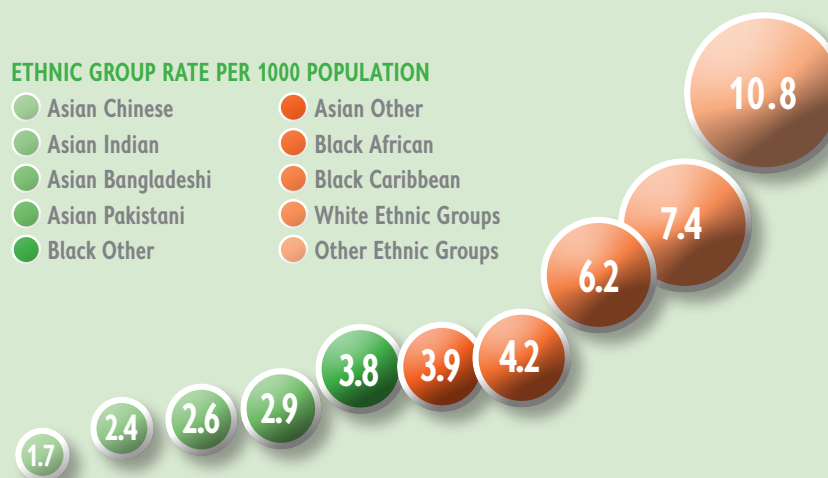


\* of those completed with an outcome



## ETHNIC GROUP RATE PER 1000 POPULATION

- Asian Chinese
- Asian Indian
- Asian Bangladeshi
- Asian Pakistani
- Black Other
- Asian Other
- Black African
- Black Caribbean
- White Ethnic Groups
- Other Ethnic Groups



The black and minority Ethnic (BME) rate per 1000 population of Croydon, of those referred is 4.5 (same as the rate for 2016-17). The main increase is with the Black Other group (+1.0 rate per 1000) and the main decrease is with the Black/Black Caribbean group (-1.1 rate per 1000).

# Safeguarding referrals received 2017 - 2018

OF THE  
**596** SAFEGAURDING ENQUIRIES STATED IN 2017-18



5 in 9 safeguarded adults allegedly experienced abuse in their own house (a drop of 1% compared to 2016-17)



3 in 10 safeguarded adults allegedly experienced abuse whilst in a care home setting (a similar rate in 2016-17)



7 in 100 safeguarded adults allegedly experienced abuse in a hospital environment (a decrease of 1% compared to 2016-17)



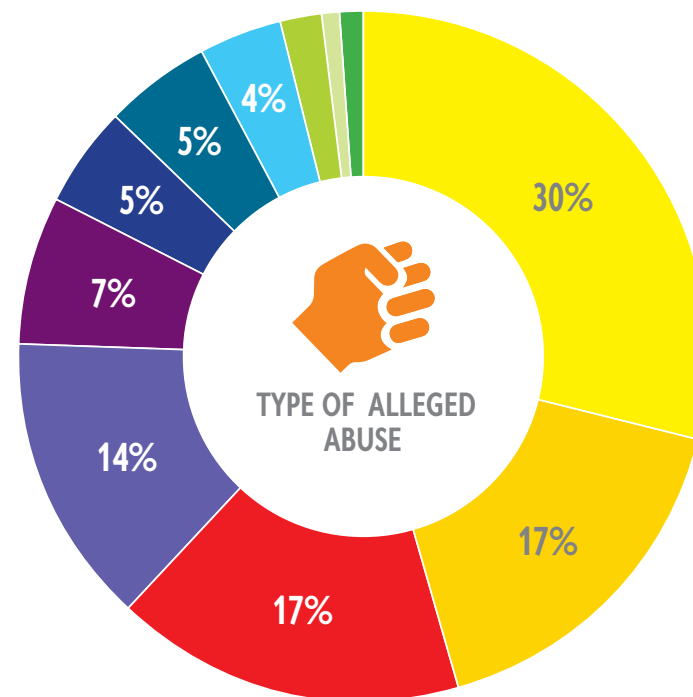
5 in 9 were allegedly experiencing abuse from someone they knew (a decrease of 2% compared to 2016-17)



7 in 20 were allegedly experiencing abuse from a formal carer (an increase of 1% compared to 2016-17)



9 in 100 were allegedly experiencing abuse from a stranger or unknown person (an similar rate in 2016-17)



- 236 Neglect and acts of omission
- 134 Financial or material abuse
- 134 Physical abuse
- 110 Psychological abuse
- 55 Domestic abuse
- 39 Self neglect
- 34 Sexual abuse
- 31 Organisational abuse
- 9 Sexual exploitation
- <5 Discriminatory abuse
- <5 Modern slavery

# Types of Abuse

**Physical Abuse:** being hit, slapped, pushed or injured on purpose. The adult could be in pain, have bruises or injuries that cannot be reasonably explained and be fearful and withdrawn.

**Neglect and acts of omission:** medical, emotional or physical care needs being ignored; being left in wet or dirty clothes, hungry, ill but not receiving medical attention. Being ignored when calling for assistance.

**Financial or material abuse:** theft, fraud, internet scamming, pressure to buy or accept services, coercion in relation to money, including wills or inheritance. Can result in items disappearing from the home; unexplained withdrawals from the bank, unpaid bills and an unusual shortage of money.

**Sexual Abuse:** involvement in a sexual activity which is unwanted or not understood, and to which the adult has not consented or was pressurised into consenting. Includes inappropriate touching, subjection to pornography or witnessing sexual acts. There may be an unexpected change in the adult's behaviour and signs of physical discomfort.

**Self-neglect:** when an adult is not taking care of their personal hygiene, health or surrounds and/or hoarding. They may not be changing their clothes; their home may be increasingly cluttered.

**Domestic abuse:** any incident(or pattern) of controlling, coercive or threatening behaviour or violence between those aged 16 or over, who are/ were intimate partners or family members. Includes Honour Based Violence, Forced Marriage and Female Genital Mutilation (FGM). The adult may have unexplained bruising and be in pain; fearful and isolated.

**Psychological:** includes emotional abuse, threats of humiliation, intimidation, harassment, verbal abuse or isolation. This is harmful to a person's emotional health and well-being. The adult may be fearful, withdrawn and confused.

**Modern Slavery:** includes slavery, human trafficking, forced labour and domestic servitude. Includes victims that have been brought from overseas and vulnerable people in the UK. The adult may be working but gets little or no payment for the work, not have access to their passport and their movements are closely monitored and restricted. They may have been harmed or deprived of food, water, sleep, medical care or social interaction.

**Discriminatory Abuse:** experienced as harassment, insults or similar actions due to race, religion, gender, gender identity, age, disability or sexual orientation.

**Organisational abuse:** poor or inadequate care and support due to systematic poor practice and neglect in a care setting. Individual needs or wishes are ignored due to inflexible systems or routines. For example, little choice available about time to get up in the morning or diet. People may be unkempt.

# Role of the Lay Member

Lay Members play an important role in the oversight and scrutiny and decisions and policies made by the Croydon Safeguarding Adults Board. They act as an independent voice and offers a broad perspective that recognises the diversity of our local communities in Croydon.

Page 43

*The work of the Board is invaluable in creating an environment where all agencies take safeguarding seriously.*

*Being a large body, much of the work inevitably has to be done in sub-groups / working groups.*

*The Safeguarding Adult Review Committee need to do more to ensure that the right level of investigation/inquiry is carried out when someone dies or is seriously harmed when being considered for a Safeguarding Adult Review (SAR)*

*The Adult Safeguarding Board is progressively developing it's work to fulfil it's enhanced responsibilities under the Health and Social Care Act.*

*A reporting system to the Board is in place where the sub-groups provide quarterly report on the work undertaken including identifying risks..*

*A more robust process is in place including the revision of the SAR Framework and Terms of Reference for the SAR group.*

*You said, we did ...*

# Learning and Development 2017 – 18

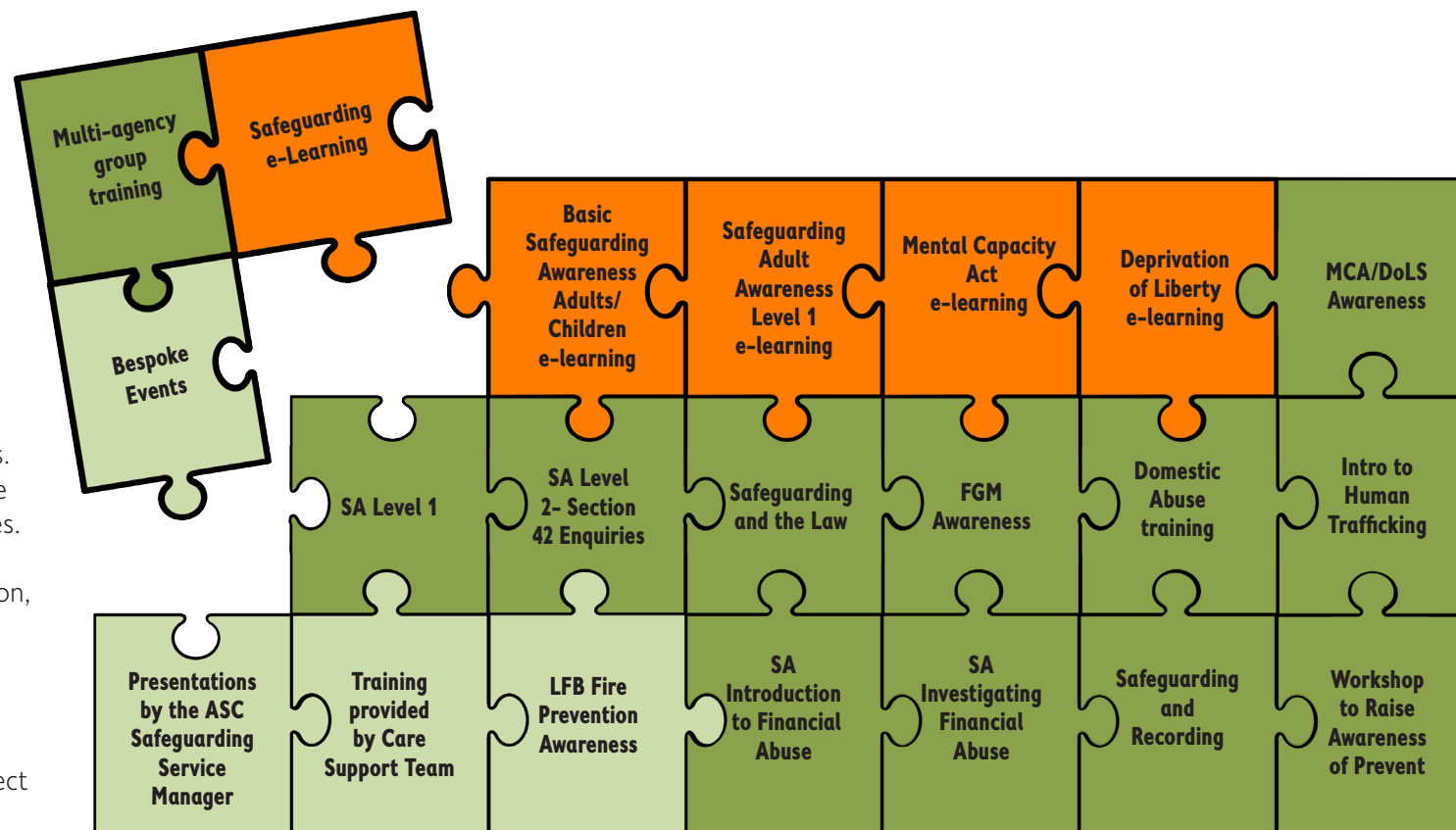
The CSAB Learning and Development programme for 2017/18 was well received and the feedback was generally very good.

The aim of the programme was to deliver high quality L&D activities to staff at all levels and disciplines to enable them to respond appropriately to safeguarding, MCA and DoLS concerns.

It also aimed to ensure that learning and development interventions respect diversity, promote equality and place the adult at risk as the central focus (making safeguarding personal).

The 2017/18 programme offered a diverse range of courses, delivery methods and tools. From multi-agency group training to bespoke events and a range of e-learning programmes. All courses offered were informed by developments in practice, the latest legislation, national and local guidance and local policy and procedures.

Synergies with the Children's board were identified for collaborative work and programme delivery. Internally sourced subject matter experts added to the rich mix of trainers and facilitators.





# Learning and Development 2017 – 18

Page 45

This course will have a positive impact on my practise.  
(INVESTIGATING FINANCIAL ABUSE)

Excellent content. It has inspired my knowledge and practical application of safeguarding.  
(SAFEGUARDING & THE LAW)

We need to do more joined up collaborative work.  
(SA LEVEL 2 - SECTION 42 ENQUIRIES)

This course will enable me to escalate if others are not engaging as they should in the S/G process.

## ATTENDEES COMMENTS

Clearly presented in a way I am able to use in relation to work.  
(SAFEGUARDING & RECORDING)

A lot of information was given - helpful to draw upon in the future.  
(MCA/DOLS AWARENESS)

Excellent. Very relevant to my work. Police, NHS, Social Services staff present - shared understanding of the law.

# Learning and Development 2017 – 18

Chart 1. Attendance per event/course

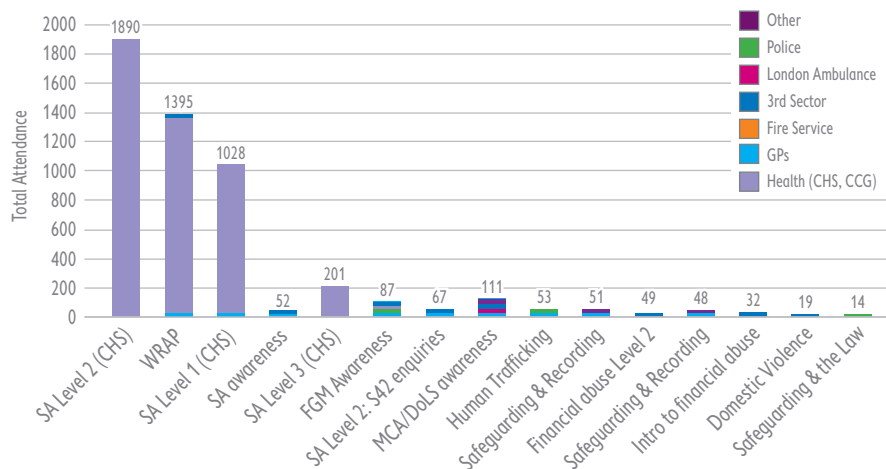
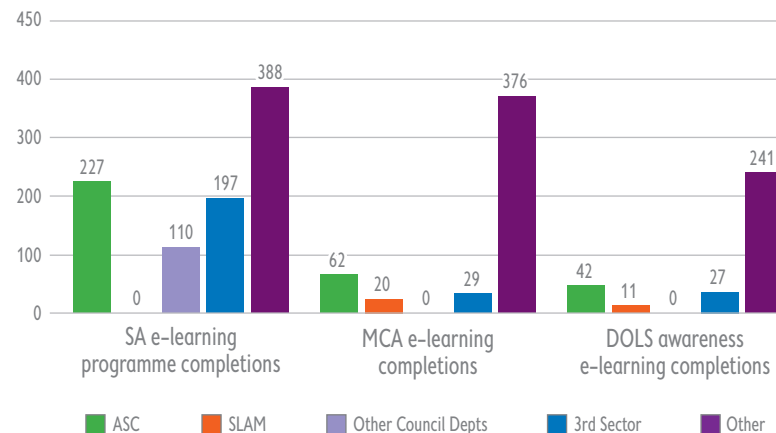


Chart 2. Safeguarding e-learning completions



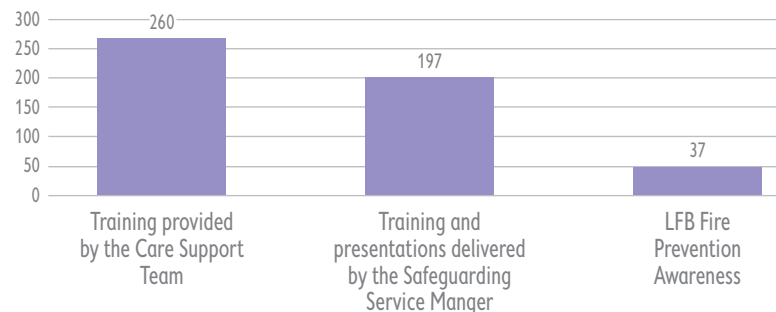
During the year 2017-18 the overall reported attendance at multi-agency training decreased to 5,108, which is 14% lower than the previous year. The difference is attributed to the increase in single agency in-house learning and development interventions and the frequency requirement only to attend refresher sessions on a three yearly cycle.

Chart 1 illustrates the attendance per event/course and shows that Safeguarding Adults Awareness remains the most attended classroom based intervention.

Chart 2 looks at the number of successful Safeguarding themed e-learning completions from the suite of jointly funded courses and Chart 3 gives a breakdown of the overall attendance at specialist bespoke events.

The programme for 2018-19 will focus on reflection of practice, identifying lessons learned and developing strategies for interventions.

Chart 3. Overall attendance - Bespoke events



# CSAB Priorities 2017-2018

# CSAB Priorities 2017-18

In March 2017 the CSAB agreed the priorities the Board would focus on for the coming year:

1. Prevention and early identification of adults at risk of abuse.

2. Commissioning to ensure adults at risk services that protect them from abuse and there is a robust response to market failure.

3. Voice of service users is central to the work of the CSAB and all partners 4. and influences policy and practice.

4. Making Safeguarding Personal is central to the commissioning and delivery of services to adults at risk.

5. The CSAB ensures there is effective communications with Croydon residents, between professionals, agencies and between different Boards and Partnerships



# CSAB Priorities 2017-18

## Prevention and early identification of adults at risk

### What we have done:

- Trading Standards continue to roll out and refresh awareness training to a range of partners and community groups as part of a preventative approach to tackling doorstep crime.
- Identified and protected repeat victims of doorstep crime [Trading Standards]
- Awareness raising events delivered to practitioners on Modern Slavery.
- Hoarding Project completed its first year programme.

### What needs to be done:

- To ensure that everyone is aware of the service and how to access an advocate.
- To collate evidence with regards to advocacy services in order to be aware of why and where is the service not being used.
- Wider partner awareness training and enhance awareness of range of doorstep crimes targeting those at risk [Trading Standards].
- Raising awareness of Modern Slavery and Trafficking with hotels and estate agents via a mail drop and event.
- Hoarding Project taken in its next group of service users.
- Home Office Pilot bid for funding for victims coming out of NRM and resettle with support.

**“I am so grateful to the Hoarding Project – it’s made my life so much calmer and so much richer. My ‘clutter buddy’ empowered me, supported me, celebrated my achievements and I really felt she was in my corner. Well, I can open my curtains now, I don’t refuse to let my friends into my home. I think of my house as a home now, not a hovel and my daughter is ‘allowed’ to bring friends home.”**

**Prosecution of serial  
rogue traders targeting  
vulnerable adults**  
Trading Standards



# CSAB Priorities 2017-18

Commissioning to ensure adults at risk services that protect them from abuse and there is a robust response to market failure

## What we have done:

- Around 15 - 20% of the provider market is in improvement discussions with the Council at any one time.
- In 2017/18 around 5% of the provider market was in the Provider Concerns process across the year. This resulted in agencies completing the process as more robust and safer providers and a reduction in safeguarding incidents.
- The Intelligence Sharing Committee meets monthly to allow colleagues from all aspects of health and social care to share good practice and concerns, to help avoid silo working, set actions and provide support and guidance to providers in a “stitch in time saves nine” type philosophy.
- The tracker used to monitor the activities of the Intelligence Sharing Committee has been refreshed and updated monthly.
- A new Safeguarding Quality Assurance officer post in the Council has been created solely to help manage the market, the quality assurance framework and provider concerns processes.

## What needs to be done:

- Domiciliary care has always been a more difficult aspect of the market to manage. As such closer attention is being placed on complaints and brokerage data to try and ascertain if these matters could be forerunners for poor practice and safeguarding cases.
- To ensure there are officers assigned to populate the list and to continue to maintain the tracker in a monthly fashion.
- Continued cross referencing in each committee meeting with Rapid Response team data and LAS data to ensure that the safeguarding statistics are cross referenced to form a more robust assessment of quality and where concerns lie in the market.

### What does CQC have to say about Croydon’s Provider Market?

Ratings issued by CQC	Amount of Services
Outstanding	2
Good	158
Requires Improvement	31
Inadequate	1



# CSAB Priorities 2017-18

Voice of service users is central to the work of the CSAB and all partners and influences policy and practice.

## What we have done:

- Ensuring that the safeguarding service is reaching all part of the community. The Safeguarding Adults Leaflet and posters have been revised and will be available electronically and in hard copy for distribution.
- E-learning information accessible via the CSAB website.
- Development of a Safeguarding Questionnaire to inform how accurate the system is at recording people's experience of the safeguarding service and help with MSP data feedback

## What needs to be done:

- Voice of the Service User video to be posted on the CSAB website and shared widely.
- Reviewing processes and the CSAB groups in order to strengthen the voice of the service user.
- To increase service user involvement at CSAB level

**“I felt a huge relief in being supported through what could otherwise have been a complicated process”**

**“I am grateful for your support and the feeling of empowerment”**

**“I feel that I am now back in control”**

**“Thank you for taking the time to explain what is happening in a way that I can understand”**

Age UK – Croydon

<https://www.youtube.com/watch?v=R4G4fgoRR5w>

**The East Cheshire Safeguarding Adult Board have agreed for Croydon to use their Service User video: The Spoken Word**

# CSAB Priorities 2017-18

Making Safeguarding Personal is central to the commissioning and delivery of services to adults at risk.

## What we have done:

- Interviews held post safeguarding process and operational teams are made aware that feedback is being sought.
- Council undertook a safeguarding audit that included recommendations on how to improve MSP practice.

## What needs to be done:

- Interview samples are currently small therefore increase size of sample.
- Themed multi agency self neglect audit to be undertaken in November 2018.

### Interviews carried out post safeguarding process:

- All agreed safeguarding was necessary
- All agreed they could say what they wanted as a desired outcome/end goal
- All felt included due to being invited to meetings
- Three said they were well supported
- Best part of the process was being involved, asking questions, achieving outcome, being informed and support from social worker.
- Worse part of the process was being anxious to attend meeting, communication poor, drawn out process and length of safeguarding process.

**I am now de-hoarding my home and my grandchildren can now visit"**

Hoarding Project delivered by Mind in Croydon

**Prevented family members visiting, my back room is now clear and my daughter can visit"**

Hoarding Project delivered by Mind in Croydon



# CSAB Priorities 2017-18

The CSAB ensures there is effective communications with Croydon residents, between professionals, agencies and between different Boards and Partnerships

## What we have done:

- Work underway designing the new CSAB website.
- Revision of the Safeguarding Leaflet with both online access and hard copies being made available.
- Engagement with the BME community.
- CSAB represented at the International Women's Day event.
- Modern Day Slavery conference held in October 2017.
- Annual Report produced in a more visual and accessible way.

## What needs to be done:

- Distribution of the Safeguarding Leaflets via GP surgeries, council, health and all CSAB partners.
- More use made of social media eg twitter, Instagram and Facebook.
- Quarterly Newsletters to help raise awareness of the work of the CSAB.
- Continued enhanced engagement with the BME community.

**Going the extra mile to achieve confidence to a vulnerable community – older people**

Croydon Police

**Partnership work between Trading Standards and Adult Social Services to safeguard adults at risk against scams and mass marketing fraud recognised as area of best practice.**

# Governance & Accountability arrangements



Care Act  
2014

## SAB Membership includes:

Local Statutory & voluntary sector organisation and a Lay Member. Led by an Independent Chair

## Safeguarding Adult Board [SAB]

### Statutory Partners are:

Local Authority, Police, Clinical Commissioning Group being the

### CORE DUTIES OF THE SAB

Publish an Annual Report

Develop and publish an Annual Strategic Plan

Arrange Safeguarding Adult Reviews

### THE SAB WILL EMBED THE REQUIREMENTS OF THE OVERARCHING CARE ACT TO:

Assure that local safeguarding arrangements are in place as defined by the act and working well across all relevant agencies

Prevent abuse and neglect where possible

Provide timely and proportionate responses when abuse or neglect is likely or has occurred

# Funding arrangements for the CSAB

The Safeguarding Board is jointly financed by contributions from partner agencies and it is acknowledged that organisations give their time and resources to support the functioning of the board. The Board has again successfully managed a balanced budget, despite there being no change in member contributions.

## INCOME 2017-18

London Borough of Croydon	£58,660
Clinical Commissioning Group	£21,670
Croydon Health Services	£21,670
South London & Maudsley	£15,000
Met Police	£5,000
London Fire Brigade	£1,000
<b>Total</b>	<b>£123,000</b>

## EXPENDITURE 2017-18

Staffing	£63,382.66
Supplies & Service Recharge	£1,112.08
Website	£640
Conference	£600
Premises Hire	£619.15
Staff Development/Training	£18,000
SAR budget	£30,000
<b>Total</b>	<b>£114,713.89</b>

# CSAB Structure – the role of Committees

A significant amount of the CSAB work is undertaken by the Committee's of the Board, the Committees help progress the programme of work set out in the Strategic Plan

The Executive and Committees are accountable to the Safeguarding Adult Board and this is reflected in the CSAB Governance Framework and Committee Terms of Reference.

The Committee Chairs meet with the Independent Chair of the Board to report and discuss progress with a quarterly report shared with the board members.

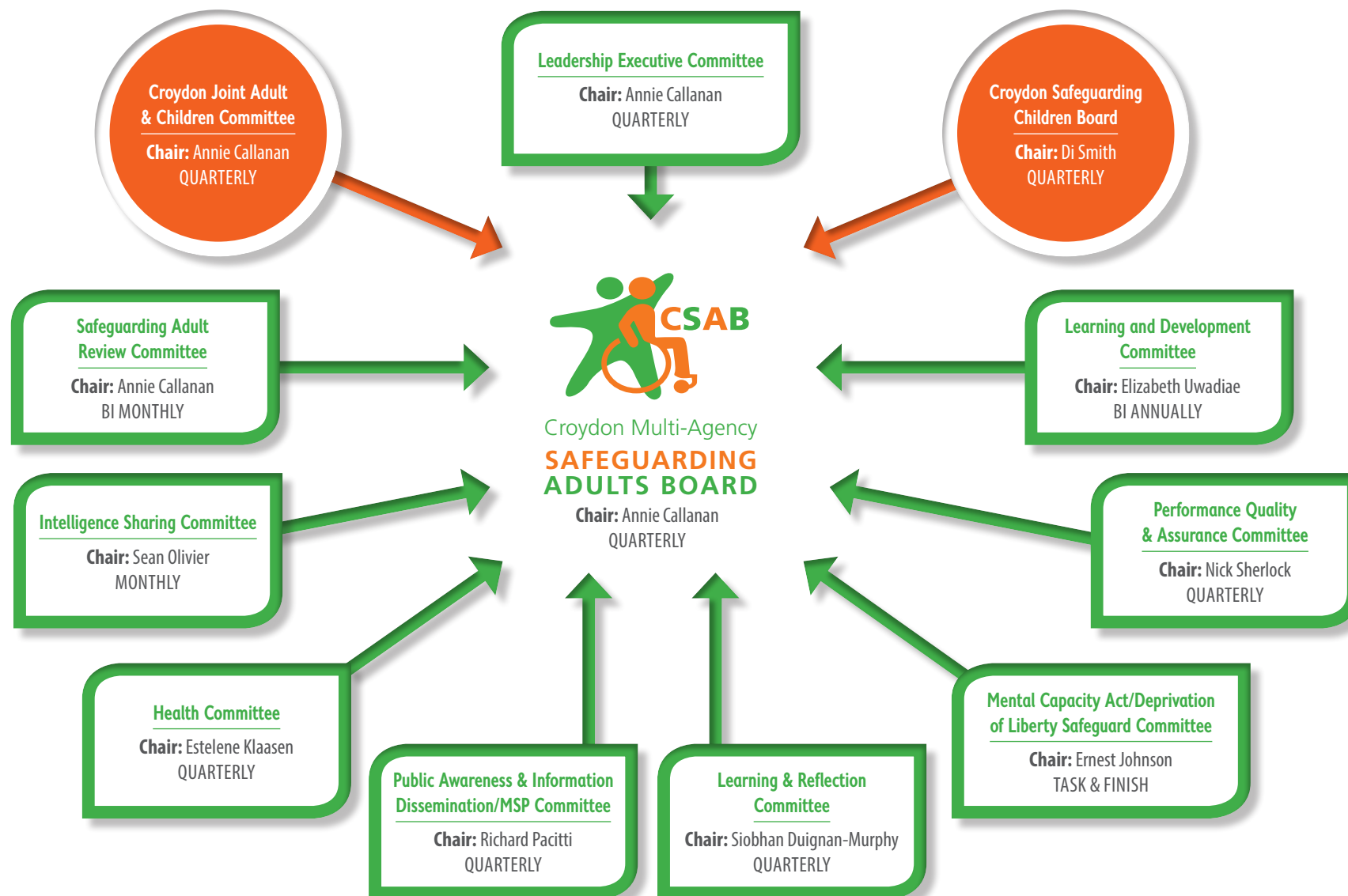
## Membership

Membership in 2017/18 included the following organisations and continues to be reviewed:

- London Borough of Croydon
- Croydon CCG
- Metropolitan Police
- Croydon Health Services
- South London and Maudsley NHS Foundation Trust
- London Ambulance Service
- London Fire Brigade
- Croydon Mind
- Age UK
- Probation
- Community Safety Partnership
- Trading Standards
- Lay Member



# CSAB Governance Structure



# CSAB Membership and Attendance

Independent Chair	100%
Director of Adult Social Services	100%
Lead Member	100%
Lay Member	50%
Croydon Health Service	100%
London Probation	75%
Clinical Commissioning Group	100%
Police	100%
London Ambulance	75%
London Fire Brigade	50%
Trading Standards	50%
South London and Maudsley	75%
Care Quality Commission	25%
Healthwatch	25%

The Board is led by an Independent Chair, Sarah Baker was the Chair until September 2017. An Interim Chair Dr Adi Cooper held the post before handing over to the current Chair Annie Callanan in January 2018.

Board meetings and Committees are well attended across the partnership and attendance is monitored by the board with irregular attendance being challenged by the Chair.

MIND	75%
LB Croydon Contracts Monitoring	75%
LB Croydon MCA/DoLS	75%
Croydon Voluntary Action	25%
BME Forum	0%
Community Safety	25%
Safeguarding Co-ordinator Croydon ASC	100%
LB Croydon Head of Safeguarding	100%
LB Croydon Learning & Development	100%
CASSUP Chair	50%
LB Croydon Performance	50%
Age UK	50%
Children Early Intervention Support Services	25%
LB Croydon Housing/Gateway Services	50%

In June 2018 the Board held a Development Day at which it was agreed to move to a more streamline structure reducing the number of committees and for them to become sub-groups. These sub-groups will be aligned to the board's priorities and specific pieces of work to be delivered using Task & Finish Groups.

# CSAB Priorities 2018-2019

# Priorities 2018/19

At the CSAB Development Day, 5th June 2018 the following objectives for the Board were agreed with underpinning priorities:

Page 60

Prevention	Commissioning	Making Safeguarding Personal	Voice of the Croydon Resident	Communication & Engagement
<ul style="list-style-type: none"> <li>• Early Identification and provider market management</li> <li>• A system which prevents abuse from happening and share lessons for proactive development</li> <li>• Better to take proactive action before harm occurs</li> </ul>	<ul style="list-style-type: none"> <li>• Robust response to market failure [new Provider Market Policy agreed]</li> <li>• Where the abuse occurs we remove or reduce the abuse reoccurring</li> <li>• Commissioned services need to reflect needs of the population</li> </ul>	<ul style="list-style-type: none"> <li>• Where the person is at the centre of an enquiry</li> <li>• People being supported and encouraged to make their own decisions and empowered by advocacy</li> <li>• People's needs to be listened to</li> </ul>	<ul style="list-style-type: none"> <li>• What is important to Croydon's residents and ability to address their needs</li> <li>• Local people have a voice to by way of feedback and arranged interviews</li> <li>• Services meet needs</li> </ul>	<ul style="list-style-type: none"> <li>• A system where people know how to get information and advice.</li> <li>• Easy accessible information being made available both online and in print.</li> <li>• Raising awareness of the CSAB including a refreshed web presence.</li> </ul>



# Glossary

This is not an exhaustive list, but explains some of the key words used in this report.

**ACPO** Association of Chief Police Officers

**ADASS** Association of Directors of Adult Social Services

**ASC** Adult Social Care

**CRU** Central Referral Unit

**CCGs** Clinical Commissioning Groups

**CSAB** Croydon Safeguarding Adult Board

**CSPs** Community Safety Partnerships

**CPS** Crown Prosecution Service

**CQC** Care Quality Commission

**DASH** Domestic Abuse, Stalking and Harassment and ‘Honour’ – Based Violence.

**DASV** Domestic and Sexual Violence

**DBS** Disclosure and Barring Service

**DoLS** Deprivation of Liberty Safeguards

**DHRs** Domestic Homicide Reviews

**FGC** Family Group Conferences

**IDVAs** Independent Domestic Violence Advocates

**ISC** Intelligence Sharing Committee

**LSP** Local Strategic Partnership

**MCA** Mental Capacity Act

**MAPPA** Multi-agency Public Protection Arrangements

**MARAC** Multi-agency Risk Assessment Conference

**MSP** Making Safeguarding Personal

**MASH** Multi-agency Safeguarding Hub

**NHS** National Health Service

**OPG** Office of the Public Guardian

**PALS** Patient Advice and Liaison Service

**SAR** Safeguarding Adult Review

**SI** Serious Incident

**SLaM** South London and Maudsley NHS Foundation Trust

You can read more about the Croydon safeguarding adult board at our website [www.croydonsab.co.uk](http://www.croydonsab.co.uk)

If you have any questions, comments or feedback about the CSAB Annual Report please contact:

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