

Adult Social Services Review Panel

Meeting held on Wednesday, 24 April 2019 at 5.00 pm in F10, Town Hall, Katharine Street,
Croydon CR0 1NX

MINUTES

Present: Councillor Jane Avis (Chair);

Councillors Margaret Bird, Janet Campbell and Yvette Hopley

Also

Present: Councillor Joy Prince
Nick Sherlock (Head of Adult Safeguarding and Quality Assurance)
Brian Dickens (Croydon Social Prescribing Community Engagement Team)
Les Persaud (Croydon Social Prescribing Community Engagement Team)
Annette McPartland (Head of Adult Day Operations)
Stephen Warren (Director of Commissioning, Croydon CCG)
Paul Connolly (Service Manager, Older People Commissioning and Brokerage)
Sarah Warman (Director of Commissioning and Procurement)
Rachel Soni (Director of Alliance Programme)
Kirsteen Roe (Director of District Centres and Regeneration)

PART A

11/19 **Apologies for Absence**

There were none.

12/19 **Minutes of the Previous Meeting**

The minutes of the meeting held on 30 January 2019 were agreed as an accurate record.

13/19 **Disclosure of Interests**

There were none.

14/19 **Urgent Business (if any)**

There were no items of urgent business.

Special Sheltered Housing

The Head of Adult Day Operations introduced the item by informing the Panel that a review would be undertaken of all special sheltered housing sites, of which there were seven, with all having been inspected by the Care Quality Commission (CQC). The Panel heard that six of these sites were run by Care UK, who had subcontracted to London Care.

Members heard that the council was looking to bring care delivery of these sites back in house, and that a report would be going to Cabinet in July 2019; an insourced team would fall under the Social Care division, meaning the council would have direct oversight of staff, and that the team would have broad access to the resources of the council.

The Panel learned that many issues had been raised across the sites, but that each had been or were being addressed, but more were being raised as progress was made. A Resident Involvement Officer had been hired to liaise with tenants and ensure that residents were involved and engaged around all updates and renovations to the sites. Members raised the importance of having the Resident Involvement Officer as a main point of contact as there had been reports of residents raising issues and nothing having been done; the need to have someone the site who could identify issues was also raised, as many residents were unwell and unable to do so.

Members were told that the service aimed to provide a home for life for residents that needed or wanted it, with the ability to move to other services if required, pooling the combined resources of the council and aiming to move all sites from 'Good' CQC ratings to 'Outstanding'. The aim to move all sites to an 'Outstanding' rating was stressed and supported by the Chair.

Members explained that there had been a number of different issues with the sites which fell into distinct strands, and sighted the care element, the maintenance of the properties, disabled access to gardens, maintenance of the kitchens and heating, and the overarching audit of related contracts and responsibilities. Members queried why the report had not separated the issues in this way, and how issues would be monitored going forward. It was also asked what would be done before Summer 2019 to make residents of the sites safer and more secure.

The Head of Adult Day Operations responded that the council would be taking a coordinated approach to these issues and that the care needs of each resident would be reviewed. There were a list of jobs on the improvement plan which were being worked through; some of these were quick (improving the gardens, fixing or replacing furnishings, urgent works), but some were planned works and would take longer (such as fixing issues with the heating). Members heard that the Resident Involvement Officer had been visiting the sites and that the kitchens were being looked into. The Executive Director for Health, Wellbeing and Adults and Director of Commissioning and

Procurement had chaired meetings to go through the lists of works and track progress made.

The Director of District Centres and Regeneration offered to provide Members with a detailed list of the completed and planned works. The Panel were told that all faulty washers and dryers at the sites had been replaced, and some functional but outdated models were being looked at; kitchens had been deep cleaned, and commercial cooking appliances had been replaced with consumer equipment to facilitate resident usage. Décor and furniture was being replaced, and this would be tied in to ongoing fire safety works to minimise the disruption to residents as part of the planned works programme, along with external pathways. A full audit of heating systems was being undertaken, and interim options were being considered for the meantime. A handyman role was being developed, and the successful candidate would need to have the relevant skills to engage with residents to catch smaller maintenance issues before they developed; the role would also involve works such as putting up shelves and fitting draft excluders.

Members queried as to when there would be disabled access to the gardens at Freemans Court, and the Director of District Centres and Regeneration agreed to look into it and provide a specific date. The Chair reminded the Panel that the works being considered were broadly for the communal areas of the sites, and that the flats themselves were in a good condition, with the exception of some issues with vacant units.

The Director of Commissioning and Procurement informed the Panel that historically the responsibility for the sites had been split across four directors and there had not been sufficient coordination or delineation of responsibilities. A Task and Finish Group had been assembled to collate all the contracts relating to these sites and oversee the improvement plan and track its progress, with the group meeting fortnightly. There would be an earlier intervention when repairs were required, and greater engagement with residents over their concerns. The goal for the future of these sites would be to be both more ambitious and more inclusive.

Members raised concerns about reports of some residents having had water meters fitted at their flats, which may have been unnecessary or provided to residents with diminished capacity to understand what was being done. The Head of Adult Day Operations stated that this was being looked into as residents who predominately used communal facilities should not have had these fitted.

In response to queries over whether sites received notice of inspections by the CQC, the Panel learned that often notice was given, but that the inspection also involved speaking with the residents and their families, as well as the site leadership, to get a full picture.

Members questioned why Frylands Court had received a 'Good' rating by the CQC despite key findings of provisions having been identified as lacking. The Service Manager responded that as the CQC only inspected on the basis of

care provision, and that the inspections were not as thorough as those done by the council; as such, these can be limited to findings on the day of the inspection and the failure to observe broader issues. Concerns held by the council had been raised with the CQC inspector, and had been found before the inspection occurred.

The Chair highlighted that there was a robust safeguarding presence on these sites, and that almost all issues were noticed before CQC inspections. The Service Manager added that the council looked at medication MAR charts, which aided and assisted investigations leading on from inspections. Members queried whether stoma bags were checked, and learned that these were only noted on the daily records and could only be picked up upon on the day of an inspection.

Members questioned why problems with the communal cleaning had been attributed to London Care when this had been the responsibility of the council. Questions were raised as to how cleaning would be monitored and carried out when the service was brought in-house. The Director of Commissioning and Procurement informed the Panel that a cleaning schedule was in place for all sites, and that this included kitchens, but inspections needed to be carried out to insure these were now fit for use.

In response to questions about whether nursing care could be provided within the sites, the Panel learned that residents were entitled to the same provisions as other residents, and that on site care could be provided through district nurses and St. Christopher's.

Queries were raised about the opportunities for residents to access communal meals and were told that London Care had previously stopped providing this in some homes. Work was being done to ensure London Care informed the council of small issues which would prevent these provisions (such as broken dishwashers) so that they could be fixed. Members stressed the importance of communal spaces and activities in preventing isolation.

16/19

Croydon Mental Health Update (including the Community & Crisis Pathways Transformation)

The Director of Commissioning for the Croydon CCG introduced the item and went through the slides included in the agenda which covered 'Crisis Care Delivery' and 'Places of Safety', local engagement, the Croydon 'Community and Crisis Pathway Transformation Programme', Thrive LDN and 'Good Thinking'.

The 'Places of Safety' which had been identified locally were Maudsley Hospital and St George's Hospital. The Chair queried why these locations had been chosen as they were not the most local for Croydon residents, and enquired how easy they were to access for people in crisis. The Director of Commissioning answered that the sites had been selected after engagement across South East London, and that the decision to have two large main sites

had been evaluated to be better than the former offer of inconsistent offers over many smaller sites. Whilst the sites were not in Croydon, they were close enough that transfers would be easy.

In response to queries about why New Addington and Thornton Heath had been shortlisted as sites for locality hubs, the Panel learned that the business case identified greatest levels of need in the North of the borough and in New Addington, but that this would be mapped in future. Members asked why there were no locations planned for the South of the borough and suggested a site in Purley may be a good point of access for residents; further questions were raised over how closely the council had been worked with, in respect of data sharing on current provisions, as there were concerns about duplications of services and information. The Director of Commissioning informed the Panel that the sites were not yet finalised, and that work was being done with social care teams to improve the joining up of services. Some of the sites had been identified as there were existing council proposals there. Members informed the Director of Commissioning that there had been reports that Purley Hospital was being underutilised and could be a good potential site; the Director of Commissioning agreed to look into this.

The Director of Commissioning responded to queries about Croydon's historical record on mental health by explaining that Croydon had started from a low baseline. An example of this had been the talking therapy service, which had started small, but which had reached its access target; this target would increase at the end of 2019, but there was extra funding in this contract to ensure the higher target would be met. Members heard that the mental health investment target was being met, and that for 2019 there was a target of 6% reinvestment. The Director of Commissioning stressed that partnerships with Housing, Social Services and the voluntary sector had been key, and there would be a focus on cementing this alliance of partners in the future.

The Chair requested that in the future the reports should contain simple explanations of what the patient experience would actually be like. The Director of Commissioning responded that there were case studies comparing the customer experience before and after the changes in the business case, and that these could be included in future reports as well.

The Panel asked whether there were plans for a Croydon specific Thrive campaign and were told there would be greater promotion of the current Thrive LDN campaign and mental health first aiding. The Director of Commissioning agreed that there needed to be a more comprehensive programme for this area of implementation.

The Chair thanked the Director of Commissioning for reporting to the Panel and praised the work being done.

Presentation on Social Prescribing

The Croydon Social Prescribing Community Engagement Team representatives introduced the item by explaining that the Croydon SocialP had been built on creating engagement opportunities, providing support with the aim of affecting long term behavioural change and developing local opportunities to assist in health self-management. The Panel heard that referrals to these programmes could come from General Practitioners (GPs) or self-referrals from organisations or individuals, with sustainability and community development at the heart of the programme.

The Croydon Social Prescribing Community Engagement Team representatives explained that patient lists for GP practices were increasing and becoming unmanageable, and that 20% of consultations that took place at GPs did not require clinical intervention. There were a minority of patients taking up a majority of time at these practices, and this combined with a shortage of GPs and reduced NHS budgets had created a strain on these services. The Social Prescribing model would seek to reduce this by moving to a model of health self-management and modifying patient and community behaviours.

The Panel were informed of some of the prominent local health issues for Croydon, with some of these being obesity, poverty and lack of exercise. Life expectancy in Croydon was 9.1 years lower for men and 7.7 years lower for women than the national average. There were also significant social issues including high unemployment, social isolation, diet, community cohesion and mental health (among others).

There were plans to build local providers and community hubs which could be referred to from GPs and eventually from patient self-referrals. The overall aim was to improve the patient experience while connecting and joining up services with a multi-agency approach, and to develop more holistic community interventions. The Croydon Social Prescribing Community Engagement Team representatives informed Members that over 60 partnerships had been developed, and these included the council, local councillors, MPs, corporations and others. The Croydon Social Prescribing Community Engagement Team representatives informed the Panel that one of the projects had been started with £1000 funding from a ward budget, and now had attendances of up to 100 people per week. It was stressed that no money had been taken from the corporations who the programme were in partnership with, but other forms of support had been provided in the form of equipment and marketing, etc.

The Croydon Social Prescribing Community Engagement Team representatives talked in more detail about some of these partnerships, including NHS England, who had been vital in providing access to a control group. Nuffield Health in Croydon had agreed to start a cinema club for isolated people, and were also providing swimming time to patients. Palace for Life were running seven local programmes, and the Parchmore Church

had been running a Food Stop project which aimed to provide cheaper food for 200 families.

The Panel were informed that the programme had won the NHS Parliamentary Award for excellence in Primary Care, and had received national media coverage. There were 32 community hubs signed up to participate in the programme, and 42 GP practises; in addition to this there had been over 40,000 attendances in the 12 months leading up to the Panel.

Members learned that the programme would seek to develop additional partners whilst building on existing resources to help avoid duplications. Additional work would be done to identify local gaps in provision and develop interventions to these. The programme had been impactful but cost effective, with less than 20% of the budget having been spent over a 16 month period. The programme was compiling data and case studies to gauge how effective it had been, but at the time of the Panel there were around 2000 attendees per week and there had been a 19% reduction in avoidable visits to A&E.

The next steps for the programme were to assist in the Local Voluntary Partnership and to extend the programme into providers of secondary care as well as pharmacists, dentists and opticians. There were also plans to increase the GPs in the community programme and to develop greater youth engagement. Relationships with corporate partners would be cemented in addition to other vital relationships of the programme.

The Chair thanked the Croydon Social Prescribing Community Engagement Team representatives for their presentation, but raised concerns about some of the corporate partners with regard to whether they paid the living wage and had ethical investments, but expressed hope that the programme might influence them to do the right thing. With the large number of attendees to the programme and limited funding from the CCG, the Chair queried how partnered voluntary associations would be supported given that their funding had likely been tight and their workloads increased. The Croydon Social Prescribing Community Engagement Team representatives agreed that it was important to support these organisations and informed Members that members of these organisations were deliberately on boards the programme had set up so that this could be managed. Funding and supporting these organisations had been a focus of the programme to ensure local delivery. The Director of Alliance Programme agreed that there would likely be an increase in pressure on the voluntary sector, and that it would be a good idea for the council to look into this to see where it could pick up capacity or increase efficiency; it was stated that this could be achieved through joint commissioning with the CCG.

Members stated that they were glad that this programme was being delivered and seemed to be having an immediate impact. They were not aware of any voluntary organisations that had said they would not be able to deliver this because of funding, but that some were unable to find spaces to deliver services; this had been solved in part as many organisations (such as churches) were letting halls for reduced rates, or for free, to these

organisations. Members were aware of some organisations with a social prescribing agenda built into them, who could be approached to fund projects.

Members enquired as to whether a lack of English speaking had exasperated any of the issues which the programme looked to address and were told this had potentially had an effect. The Croydon Social Prescribing Community Engagement Team representatives stressed that they wanted to look at ways to address this which were not overly prescriptive, and that they wanted to bring people together to develop solutions, instead of simply sending them to English lessons.

18/19 Exclusion of the Press and Public

The following motion was moved by Councillor Hopley 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.

19/19 Minutes of the Previous Meeting

The Part B minutes of the meeting held on 30 January 2019 were agreed as an accurate record.

20/19 Adult Safeguarding in Croydon

The Panel received an update on Adult Safeguarding in Croydon.

The meeting ended at 7.35 pm

Signed:

Date:

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