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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, 24 April 2019** at **5.00 pm** in **F10 - Town Hall**

JACQUELINE HARRIS BAKER
Council Solicitor and Monitoring Officer
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www.croydon.gov.uk/meetings
Friday, 12 April 2019

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

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 - 16)

To approve the minutes of the meeting held on 30 January 2019 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. Special Sheltered Housing (Pages 17 - 26)

The purpose of the report is to provide the Adult Social Services Review Panel with an overview of the Special Sheltered housing offer within Croydon.

6. Croydon Mental Health Update (including the Community & Crisis Pathways Transformation) (Pages 27 - 54)

The purpose of this report is to update the Panel on the scope of ambitions for the Community & Crisis Pathways Transformation, and on the work being planned and in progress around Mental Health in Croydon.

7. Presentation on Social Prescribing

Presentation from Brian Dickens and Les Persaud, from the Croydon Social Prescribing Community Engagement Team.

8. 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

9. Minutes of the Previous Meeting (Pages 55 - 58)

To approve the Part B minutes of the meeting held on 30 January 2019 as an accurate record.

10. Adult Safeguarding in Croydon (Pages 59 - 68)

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 held on Wednesday, 30 January 2019 at 5.00 pm in F10 - Town Hall

MINUTES

Present: Councillor Jane Avis (Chair);

Councillors Margaret Bird, Pat Clouder and Yvette Hopley

Also Present: Anne Flanagan (Adult Care and 0-65 Disability Service Team)
Nick Sherlock (Head of Adult Safeguarding and Quality Assurance)
Sean Olivier (Service Manager)
Paul Richards (Principal Social Worker and Head of Mental Health)
Catherine Ashforth (Social Worker)
Fatmata Kamara (Experienced Social Worker)
Joyce Nato (Social Worker)

Apologies: Councillor Janet Campbell

PART A

1/19 **Apologies for Absence**

Apologies were received for Councillor Janet Campbell.

Apologies were also received for Annette McPartland (Head of Adult Day Operations) and Guy Van Dichele (Executive Director for Health, Wellbeing and Adults).

2/19 **Minutes of the Previous Meeting**

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

3/19 **Disclosure of Interests**

There were none.

4/19 **Urgent Business (if any)**

Members raised concerns over issues of safeguarding and the state of buildings and equipment at Toldene and Freemans Extra Care Sheltered

Housing Complexes. Members listed specific concerns with Freemans Court following a recent visit, and these included: a lack of working heating in communal areas (with many residents in jackets to stay warm), problems with communal disabled bathrooms, a lack of disabled garden access, unkempt communal gardens, reports of resident's medication being locked in offices over Christmas, limited disabled access to lifts, lack of access to kitchens for residents, plant pots being used for cigarette ends and balconies full of broken furniture.

In regard to the disabled baths at the properties, one of which had been out of order for eight months and the other a year, Members queried who had responsibility for this, and who had monitored the equipment; Members also asked if there were issues with compliance with the Disability Discrimination Act. Members stated that vulnerable people at Freemans Court had been left without heating and hot water for over eight weeks, with the electric heaters provided in the entrance turned off and some broken. Further issues had been identified with bugs in ceiling light fixtures and the strong smell of urine in the property. Members informed the Panel that the kitchens had at one point been reopened, but then again closed as they had become too dirty; Members expressed confusion over this, as no food was prepared on site.

The Head of Adult Safeguarding and Quality Assurance informed the Panel that a new Service Manager for Older People Commissioning and Brokerage had begun to write an improved process for commissioning in these schemes. The Chair added that a Public Question had been asked about some of these issues at January Council (PQ103-19) and the response had detailed that an agreed improvement plan for the gardens had been delayed, as resources had been diverted to fire safety related works in the wake of the Grenfell Tower fire tragedy. Members also learned that AXIS were responsible for maintaining the heating system, and that as soon as the heating and water system had failed in winter 2018, 130 heaters had been delivered to residents. The Panel heard that maintenance work had begun immediately and that a new boiler system was being installed.

The Chair agreed that there were some serious problems in communal areas at both of these complexes, and that these had been identified at the end of 2018. This had prompted an urgent review of all special sheltered housing, and improvement work had begun. Since 2018, the Head of Adult Day Operations, the Executive Director for Health, Wellbeing and Adults and the Chair had been in direct contact with the management of both complexes, as well as the residents.

The Panel agreed that further discussion of Toldene and Freemans Court would be required in Part B of the meeting.

5/19 **Perspectives from the front line in Social Work**

The Principal Social Worker and Head of Mental Health introduced this item by reminding Panel Members that this was an update to a report given at a

previous meeting in June 2018. The Panel heard that that Principal Social Worker role had core values of promoting social change, social development, social cohesion, and the empowerment and liberation of people. The Assessed and Supported Year in Employment (ASYE) had been brought in following the Munro Report (2011) which had identified problems with overburdening of new social workers. The programme was structured with a varied portfolio to support the new social workers, and this included two dedicated supervisors and assistance from the Learning and Development Team. The scheme supported around 30 social workers in 2018, and Croydon had achieved an 85% retention rate of staff who had completed the ASYE. The implementation of the ASYE had also helped with the recruitment of new social workers to Croydon.

The Social Worker from the Older People South Team explained that their role supported residents over 65 in the south of the borough, by going out into the community, and to people's homes and hospitals, to complete assessments for clients and carers; this helped to join them up to services which could support their health and wellbeing. The Social Worker gave the example of people living at home with reduced mobility, increased fragility or who were prone to falling, and described some of the services that might be appropriate in these cases; these included regular visits from carers, occupational therapy, new equipment, being linked up to befriending services, carer breaks (especially where the primary carer was a family member), or temporary residential placements. The Panel heard that residential care was sometimes necessary, but only in cases where risks were no longer manageable. The Social Worker went on to describe some of the pressures that had faced the service, with the first being waiting lists due to the complex needs of some users (both physical and mental, e.g. dementia) and long term health issues (including addiction, mental health and difficult family dynamics).

Members heard that the Social Worker had completed their ASYE two years ago, and had found it initially daunting, but that the programme had been good and that the restricted case load with strong supervision had worked well. The Panel learned that the transition from the ASYE had been smooth and the Social Worker was still in the same team with which they had started, which they had found very supportive, and that they were still enjoying their work with plans to remain in Croydon. Their main reasons for wanting to remain in Croydon were to follow their current cases and to continue working with community networks (including Huddles), as well as the strong training opportunities available.

The Social Worker based with the Hospital Discharge Team described their role as very fast paced and busy, dealing with a large volume of referrals. Many of the clients seen had been in crisis, had come in to hospital due to falls at home (which had resulted in loss of confidence) or had been acutely unwell. The Panel heard the process that brought the Social Worker into contact with users, which began with a 'Notification of Assessment' from hospital staff, progressing to a 'Notification of Discharge' once the user was medically fit. This then gave 48 hours for a care package to be organised for the user (or 5 days if the request was for a residential or nursing placement).

The Panel heard that arranging support in this time frame was difficult as there were often very complex needs and family dynamics involved, although the discharge to assess model had helped, however, this pathway was only for service users with reablement potential. These factors combined with capacity issues and the need for users to agree these care plans (with users often needing to undergo a Capacity Assessment) made creating these packages challenging. Members were told that being based in the Hospital Discharge Team necessitated taking a holistic perspective of users' needs and working collaboratively with members of the multidisciplinary team, despite challenges, to ensure the best outcomes for service users. The Social Worker informed the Panel that the social perspective (presented by their team) was often at odds with the medical perspective, and that careful thinking was necessary to determine what was best for the user; the Panel also learned that a great deal of advocacy work had been undertaken. This included consideration of the Mental Capacity Act and the Care Act, consideration of whether the user could be supported at home with additional equipment and the opinions of family in regard to residential support. In addition to this, there was often use of the Decision Support Tool (DST) to acquire funding from health budgets over social budgets to support service users with primary health needs. The team also supported service users and their families in disputing continuing healthcare outcomes and advocating for other community recourses that service users may benefit from, to enable as much independence as possible for these users.

The Social Worker based with the Hospital Discharge Team described feeling nervous and overwhelmed before beginning their ASYE, mainly due to the idea of working with a lot of health professionals. On starting they had found their team very supportive, with two helpful supervisors (one based in the hospital and one based in Bernard Weatherill House). The Panel heard they had moved from Wiltshire to Croydon to join the ASYE programme, and that they were not looking to leave Croydon anytime soon, due also to the large number of training opportunities and chances to progress in the service.

Members sympathised with the complexity of the job done in the Hospital Discharge Team, and praised the work done. The Panel queried what could be done to assist social workers in the Hospital Discharge Team, and how efficiency could be improved. The Social Worker highlighted the 48 hour time limit on creating a care package, which often did not feel long enough when dealing with complex needs, and suggested the possibility of assessments being carried out off hospital grounds, to give the service user more time to talk with social workers. They suggested that the change from inpatient care to living at home was too substantial, and that implementing this could decrease the revolving door effect. The Social Worker from the Older People South Team highlighted that the work being done on reducing bureaucracy and improving IT systems would help, but suggested that additional commissioning around placements would also lead to improvements in the service.

The Chair asked what additions could be made to the current offer in a 'perfect world'. The Social Worker from the Older People South Team

informed the Panel that they would like to see small placements with specialist staff for people with varied behavioural needs, as nursing and care homes often failed to settle service users, and led to them being moved around too often. The Social Worker from the Hospital Discharge Team added that services from the telecare team could often take longer than others, with it sometimes taking up to a week for users to be seen, which could delay discharges and frustrate health staff. The Panel heard that the team was very good, but also small, and the time needed to undertake visits and assessments caused these delays, and that additional staffing could help.

Members asked about provisions for those suffering from dementia in the borough, commenting that they were aware of specialist wards being built in Croydon, but were not sure on the council's ability to access these. The social workers praised the work being done by the care and dementia teams in Croydon, but lamented the lack of available specialists, and the number of users who did not qualify for funding for this kind of help. The Panel queried whether this was an issue that could be dealt with using Shared Lives, explaining that they had personal experience of the service with a local family who had taken in an alcohol user with good results. The Social Worker from the Older People South Team agreed that this could be looked into; stating that Shared Lives was an excellent project for some service users, but had limited success for some groups, such as older people. The Social Worker went on to express their support of the work done by Shared Lives to date, and the family style of support it provided users, along with the ability to build new relationships and community bonds. The Adults Health and Wellbeing Project Manager noted this idea, and the Principal Social Worker (PSW) agreed that the idea of expanding Shared Lives to accommodate over 65s and dementia sufferers was good.

In response to questions from Members about the number of social admissions to hospital, the Social Worker from the Hospital Discharge Team stated that these had reduced, but that there were still a number of cases, especially resulting from the illness of carers. They went on to suggest that more carer support should be implemented to reduce social admissions, as carers provide large savings to the council.

The Social Worker from the Centralised Duty Team (CDT) described their role as being very fast paced, as their team received all referrals and delegated them to relevant teams. The case load was diverse and dealt with a wide array of issues which had provided a lot of experience. The Panel heard that the Social Worker felt they had good managers and a supportive team, and that they were not made to feel less than the experienced social workers. The CDT Social Worker had joined Croydon after encouragement from previous peers at university who were still in employment in Croydon.

The CDT Social Worker went on to praise the accommodation of study and learning days during the ASYE, as well as the action and peer to peer learning. The peer to peer learning had been helpful in creating a safe environment to discuss issues that social workers may not have wanted to raise with a manager, as well as increasing confidence and sensitivity to

service users. The Panel heard that reflective supervision had been useful to consolidate knowledge, and that practise supervision had also been good, but that there was potential for this to be upscaled. The PSW agreed with this, and stated that new training for practise supervisors would be developed and rolled out soon. Members were pleased that staff retention was good, and noted that this was a change from previous years.

The CDT Social Worker praised the access to training, but informed Members that this could be tougher to complete in the CDT as the needs of the service often restricted the time available, and also made flexible working that was available to other teams difficult to access.

The Chair informed the Panel that they had recently completed a 'day in the life of a social worker' and had found it to be very tough, and required a lot of hard work. The Chair praised the work being done and the success of the ASYE, then enquired about 'discharge to assess'. The Social Worker based in the Hospital Discharge Team informed the Panel that 'discharge to assess' focused on service users with reablement goals, but that users with other care needs had to look to other options. The programme consisted of a six week care package for users in their homes, including a visit within 24 hours from either an occupational therapist, a social worker or a physiotherapist to do a more detailed assessment. Members asked if Personal Independent Care Co-ordinators (PICC) may also visit these users, and learnt they could, if the initial assessor thought it would be appropriate; the Head of Adult Safeguarding and Quality Assurance added that this was because the service was built around individual user's needs. Members also learned that there had been some initial problems for the occupational and physiotherapists when the programme began, but these had largely been worked out with both now visiting users within the 24 hour window.

The Chair asked about the state of recruitment in the CDT, and the current size of the team; the Head of Adult Safeguarding and Quality Assurance stated that the team currently consisted of 17 officers, but that the team would be integrating with the new model in March 2019, with other teams, around the new 'front door'. The Chair asked the social workers how they felt about the coming changes to the department, and the Panel heard that there was no anxiety among social workers about the coming changes, and that most were accepting, with interest about the learning and development opportunities it would present. The CDT Social Worker suggested that there could be increased support around the 'front door' to better enable social workers to manage triage and generic task lists, with the possibility of utilising the s.42 team. The Head of Adult Safeguarding and Quality Assurance stated that most of the changes were born out of 'bottom up' ideas, and the frustration of social workers with the number of cases being handed off between teams; the Chair added that they had heard many good ideas from social workers during the Social Workers Conference, and was glad that they were being listened too.

The Social Worker from the Hospital Discharge Team informed the Panel that there were issues with residential homes who did not accept the Croydon

rates to accommodate users, often because the rates offered by local private funds were significantly higher. This could lead to the placement not being available to social workers, or extra time needed in acquiring the placement, with approval from the Head of Service needed to approve the extra spend. Members queried whether this was adding to the issue of 'bed blocking' and inflating costs, and learned from the Head of Adult Safeguarding and Quality Assurance that the decreased capacity in the care market had inflated prices more than anything else. The Chair responded that the new models being adopted by the service should help with this, keeping users at the heart of the service and keeping them at home when possible; Members heard that the One Alliance figures had been very positive, and that these were on a good trajectory. The Panel also heard that the Executive Director of Health, Wellbeing and Adults planned to prepare a report on the 'true cost of care'.

The Social Worker from the Hospital Discharge Team stated that they felt in some cases waiting lists were contributing to increased hospital visits, and that the opportunity for home care had been missed. Members suggested that huddles could help with this, and the Social Worker for the Older People South Team agreed that that the huddles supported preventative work, but some service users would still require care needs assessments from Social Workers. The Head of Adult Safeguarding and Quality Assurance added that this was partly due to increased demand, and that new initiatives were being looked into to help with this, including efforts to engage those under 65; the Chair added that some huddles already made efforts to include those just under 65.

In response to questions from Members about caseloads, the Social Worker for the Older People South Team informed the Panel that their caseload was 25, and the Social Worker from the Hospital Discharge Team explained that theirs was variable. The Panel also learned that the caseload limit for those during the ASYE was 17 or under. The PSW informed Members that they were on the national moderation programme to improve ASYE schemes nationally, and that they were looking at a programme to taper support for the second year to ease the transition for social workers.

The Chair and Panel thanked the social workers for giving up their time to attend the meeting, and expressed gratitude for their hard work.

6/19 **Update on Community Led Support**

The Adults Health and Wellbeing Project Manager introduced the item by explaining that this would be an update on the initial report provided to the Panel in October 2018. Members heard that the National Development Team for Inclusion (NDTi) had completed a two day 'readiness visit' in December 2018, where they had met 60 people across various council teams and the One Croydon Alliance. NDTi believed that Croydon was extremely ready to begin implementing the new Community Led Support (CLS) programme due to the commitment of leadership, the locality focus and the gateway approach.

NDTi believed that Croydon would move fast, and had asked if Croydon could be used as an exemplar for future readiness visits to other local authorities.

NDTi had recommended that a geographic innovation area be identified, where the implementation could be started small and lessons learned, before scaling up began. Gateway North Croydon had been identified for this in particular, as many services were already in place that could assist with learning. It had also been recommended that work begin with the CDT and 'front door' teams from the outset, and this had started with a workshop in early January 2019. Further 'Good Conversations', customer journey and evidence & learning workshops would be set up for March 2019 with council and health staff, people with lived experience, local community organisations and the Croydon Adult Social Services User Panel (CASSUP). These workshops would decide what the key measures of success for the implementation of CLS would be, in addition to waiting list and waiting time information. Evidence from other areas that had adopted CLS suggested these would both be improved.

In response to queries from Members about how this would reduce waiting lists and times, the Panel heard that improved IT systems and reduced bureaucracy both contributed to these improvements. A secondment role would be created to oversee performance evidence and learning, as the data work would be crucial to the success of CLS. The Adults Health and Wellbeing Project Manager explained that in the future this work would help to inform commissioning decisions and identify gaps in services. The Panel also learned that CLS aimed to reduce the number of home visits, as a lot of time could be wasted, with people not home and people who could have received the same information through different routes; there would be additional focus on multi-disciplinary teams in community hubs as this would be more effective in supporting people.

The Adults Health and Wellbeing Project Manager informed the Panel that they would soon go to the All Age Disability and Adult Social Care Transformation (ADAPT) Board to agree the innovation area, and that the governance would also be done through here. There would be additional steering groups as well as 'Good Conversation' workshops with all frontline staff to provide tools and guidance on strength and asset based assessments and to have all staff using the same language.. The Adults Health and Wellbeing Project Manager stressed that there should be 'bottom up' measures of success, and that existing services will be enhanced by CLS.

Members asked about the timeframe of implementation, and learned that NDTi would be working with the council for 18 months, and that it was hoped CLS would be across the whole borough by then. Conversations with other boroughs had revealed that often the process sped up exponentially after the first innovation site had started. Members stated that need and resources in the south of the borough were quite different to the north, and that lessons learned in one may not help to inform the other; the Adults Health and Wellbeing Project Manager agreed, but stated that using the 'bottom up' approach would assist with this.

Members questioned the best ways for them to feed in to this process and were told that the local steering groups would probably be the best forum, but that CASSUP, ADAPT and this Panel were also options. The Chair thanked the Adults Health and Wellbeing Project Manager for attending, and expressed their excitement at the progress of CLS.

7/19 **Breakthrough Counselling Group Project**

The Service Manager informed Members that the Breakthrough Borders counselling project had begun in 2017 in conjunction with the charity Mind, and consisted of psycho-social support alongside decluttering activities. The project involved providing clients with a "declutter buddy" and counsellor over 12 weeks, consisting of group sessions and individual visitations. There had been success for all six of the 2017 participants, with large scale decluttering, and all sessions having been attended.

The 2018 project involved nine clients, many of whom were also dealing with past traumas, as well as active psychiatric and mental health disorders; joint work and referrals with partners had been implemented to assist clients, with contributions from the London Fire Brigade and South London and Maudsley NHS Foundation Trust. Seven of the nine participants had completed the project, with two having dropping out very close to the start, and one of these going on to individual counselling instead.

Black bags had been used as a measure of decluttering, as it was hoped that this could be used as an indication of success year on year. On average, 30 bags had been removed per client, with one having cleared 50. This had led to a large reduction in fire risks, fall hazards and vermin; clients had also experienced a significant increase in quality of life and social interactions. With two years of data, officers had now begun to look at the efficacy of the project, and had used telephone interviews with past participants to see to what extent hoarding had ceased. The Panel heard that anecdotal evidence indicated that some clients had stopped hoarding, and some were merely not increasing the clutter already accumulated. The Service Manager stated that the joint work with Mind had been very successful, and had generated some positive press, with one participant and Mind councillor being interviewed in the Croydon Advertiser.

Members heard that there were 23 people on the waiting list for the 2019 project; in response to queries on how people were able to be placed on the list, the Panel learned that participants had to be willing to engage in decluttering and reducing hoarding. Those who did not see this as a problem in their lives were not eligible, but could be referred to Mind for one to one counselling. Members queried the scope of hoarding in Croydon, and learned that the council and London Fire Brigade had identified 135 potential addresses in 2016. The Panel commented on the prevalence of these problems in smaller properties, without access to external storage space, and those with mental health issues. The Chair informed the Panel of a personal

experience with a women who had only agreed to declutter after their telecom provider had refused to fix their internet until their home became accessible.

The Head of Safeguarding and Quality Assurance expressed their desire for the project to become mainstream to avoid having to apply for and secure funding each year. The Panel heard that the project cost around £15,000 per year, and with some evictions costing in excess of £8,000, the project only needed to prevent two evictions to deliver savings to the council.

Members discussed personal accounts of homes they had seen in unliveable conditions, with people living on packet food and rain water. The Head of Safeguarding and Quality Assurance commented on the difficulty of identifying these issues, as they could remain largely hidden until reported or witnessed.

The Chair praised the work done on the project so far, and expressed hope that funding would be secured for the 2019 period.

8/19 **Exclusion of the Press and Public**

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

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

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

9/19 **Minutes of the Previous Meeting**

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

10/19 **Adult Safeguarding in Croydon**

The Panel received an update on Adult Safeguarding in Croydon, and had a more in depth discussion pertaining to Toldene and Freemans Court.

The meeting ended at 8.14 pm

Signed: .....

Date: .....

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Croydon Council

For General Release

REPORT TO:	**Adults Social Care Review Panel** **24 April 2019**
SUBJECT:	Special Sheltered Housing
LEAD OFFICER:	Guy Van Dichele, Executive Director Health Wellbeing and Adults & Sarah Warman, Director Commissioning and Procurement
CABINET MEMBER:	Councillor Jane Avis, Cabinet Member for Families, Health and Social care
WARDS:	New Addington South, Old Coulsdon, Addiscombe East, Broad Green, South Norwood, Norbury & Pollards Hill

CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON:

The Special Sheltered Housing plays a critical part of the accommodation and care offer for residents in Croydon. It support the delivery of Croydon's Corporate Plan 2018-22, specifically supporting people to live long, healthy, happy and independent lives, which is one of the outcomes in the plan.

FINANCIAL IMPACT

The financial impact of the ongoing improvements outlined in this report need to be costed and compared to existing budgets.

This work can be funded as part of the transformation programme.

Any ongoing financial increases to service delivery will need to be funded from the revenue budget as a growth item.

1. RECOMMENDATIONS

1.1 The Adult Social Services Review Panel (ASSRP) is asked to note the improvement programme taking placing across the Special Sheltered Housing sites and the future plans for insourcing and transforming this provision.

2. EXECUTIVE SUMMARY

2.1 The purpose of the report is to provide the Adult Social Services Review Panel with an overview of the Special Sheltered housing offer within Croydon. The report will provide and update on:

- The current management arrangements;
- The improvement programme underway; and
- The direction of travel for the special sheltered housing within Croydon.

3. BACKGROUND

3.1 Special Sheltered Housing offers an important housing option for the care and support of older people. Typically an older person will move into special sheltered housing from an ordinary house or flat in order to be somewhere that can offer greater security and higher levels of care.

3.2 Special Sheltered housing provides a secure tenancy in a self-contained flat with access to communal facilities. People who live in Extra Care or Special Sheltered Housing have their own self-contained homes, their own front doors and a legal right to occupy the property. In addition, this provision includes personal care and domestic support provided by the on-site staff.

3.3 Special Sheltered Housing can be seen as sitting in the middle of a continuum of accommodation solutions and is generally regarded as offering levels of care in between sheltered housing and up to residential care. There are examples in other authorities, where special sheltered housing has been successfully developed to act as a real alternative to residential care with the additional use of support, care and telecare being successfully deployed to prevent the need for admission of some residents to residential care homes.

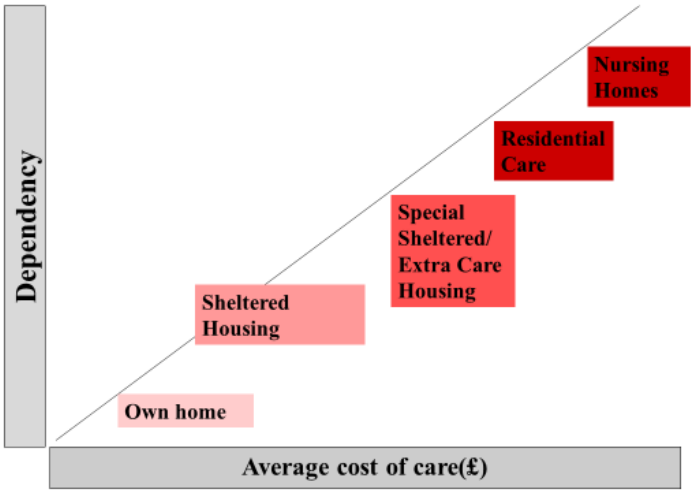

Diagram 1: showing a continuum of accommodation solutions

4. CURRENT POSITION AND OVERVIEW OF SSH PROVISION

4.1 Croydon Council has the largest and most competitive care market within London and has one of the largest markets in the country. Within Croydon Council there are currently:

- 100 domiciliary care agencies;
- 39 nursing care homes (2 of which are council owned);
- 95 residential care homes (1 of which are council owned);
- 13 supported living facilities;
- 6 special sheltered schemes (all council owned); and
- 3 extra care sheltered scheme (1 of which council owned).

4.2 A summary of the Special Sheltered housing covered within this report is described in the following table:

SSH provision	Ward	No of Flats	care hours/week
1.Frylands Court	New Addington South	40	338
2.Southsea Court	Broad Green	40	187
3.Toldene Court	Old Coulsdon	50	394
4.Brookhurst Court	South Norwood	30	169
5.Freeman Court	Norbury & Pollards Hill	60	523
6.Truscott House	Fairfield	40	460
Total =		**260**	**2071**

4.3 There are currently 237 residents living across the 6 SSH's with over 2000 hours of care provided each week.

5 OVERVIEW OF CURRENT MANAGEMENT ARRANGEMENTS

5.1 The six special sheltered sites, listed above, have a number of different contractual arrangements in place to manage the care provision as well as the buildings. An overview on the arrangements is provided below.

Care

5.2 The provision of care in the 6 SSH sites is provided by Care UK. In 2011, the Council entered into a 10 year care contract with the provider which expires in June 2021 which is also linked to provision of care in the PFI residential care homes.

5.3 Care UK subsequently sub-contract with London Care who provide the care at the SSH's. London Care have been the provider since May 2018, prior to this, the care was provided by Mears. The Council also directly contracts with London Care for the provision of care at Fellows Court an Extra Care Scheme.

5.4 The transition from Mears to London Care, happened quickly, as Mears provided very short notice to ending their contract with Care UK. During this transition, improvements and remedial action were identified which needed to be addressed, including identifying some long standing historical issues and investigating outstanding safeguarding's. In the autumn of 2018, as progress was not being made at the appropriate pace and scale, London Care along with Care UK were placed into the provider concerns process. Initially this was for the 6 special sheltered sites however Fellows court was added to this by December 2018. Led by safeguarding and supported by Commissioning, the process has involved

working with the providers to improve, as well as holding Care UK and London Care accountable for the safety and quality of the care provision across the board. The provider concerns process has challenged and demanded improvement and over a relatively short period of time we have seen a significant improvement in most sites. In January, the Council removed 5 of the sites from provider concerns with only Fellows Court and Toldene Court remaining in the concerns process, with steady improvement continuing to be made.

5.5 The current position across both Fellows and Toldene Court, as it currently stands within the provider concerns process is the Council is working with Care UK and London Care to improve the areas of:

- Medication delivery, management and recording;
- General record keeping;
- Social Isolation and service engagement; and
- Staffing levels and management.

5.6 Currently all seven sheltered sites are registered with CQC for the regulated activity for Personal Care. The Current CQC ratings and the dates of the last inspections (as published by CQC) can be seen in the below table.

SSH	**Current CQC Rating**	**Date of Last Inspection**
Fellows (Extra Care)	Good (but requires improvement on Safe)	16th November 2016
Toldene	Good (but requires improvement on safe)	7 February 2019
Truscott	Awaiting publication of Inspection report	1st March 2019
Frylands	Awaiting Inspection	Reg: 24th May 2018
Brookhurst	Awaiting Outcome from inspection	4th April 2019
Southsea	Awaiting Outcome from inspection	21st March 2019
Freeman	Awaiting Outcome from inspection	7th March 2019

5.7 There continues to be close monitoring and scrutiny of all care related activities within all of the sites, which includes robust contract management arrangements with Care UK.

Estates Management

5.8 The Council owns and operates the buildings for the special sheltered facilities. The roles and responsibilities are set out below:

Responsive repairs

5.9 The Repairs and Maintenance service are responsible for repairs to components in individual flats, repairs to components on the exterior parts of the building and repairs to components within internal communal parts of the building;

Planned works

5.10 The assets and involvement service are responsible for setting the programme for planned works with capital delivery for homes and schools service responsible for delivery of this programme;

Communal Cleaning

5.11 The cleaning of the communal areas is undertaken through the councils cleaning contract managed by Facilities Management with specific cleaning projects being sourced on a case by case basis;

Grounds Maintenance

5.12 The maintenance of the outdoor areas is provided through the Councils in-house grounds maintenance service.

5.13 There was not previously a single point of contact in the Council for concerns on the estate for residents or the Care staff. The roles and responsibilities for SSH sit across a number of different services in the Council, and there has not been sufficient join up and clarity on roles. This has resulted in the management of the estate and the current condition of the buildings needing improvement.

6 IMPROVEMENT PROGRAMME

6.1 A review of the SSH provision has been undertaken since the beginning of the calendar year, in order to take stock and reflect on the current provision and offer. There has been increased monitoring and visits to the schemes, including a visit to the schemes by the Cabinet Member for Families, Health and Social care and Finance and Resources in February.

6.2 Key findings from these visits are included below:

- Continued improvement needed to the quality of care from the provider, including a focus on:
  - medication management & recording;
  - service user engagement in meaningful activities & socialisation; and
  - Staffing levels and leadership.
- Insufficient social interaction - residents reported a lack of social activities and the provider had made recent changes to the serving of meals in communal areas which has impacted residents;
- The condition and repair of the buildings needed improvements:
  - Roles and responsibilities were unclear
  - Some repairs had been pending for some time

    - The management of the estate was not joined up and there was limited pro-active work to help maintain the buildings
    - The decoration, carpets soft furnishings need updating,
    - Cleaning and maintenance of white goods needed across all SSH's;
    - There was not always understanding from the different contractors of the nature of the provision and needs of residents
- There was a need for improved coordination across the Council and contractors
- Improvement was needed to the communication and involvement with residents

Improvements to date

6.3 A task and finish group bringing together the respective directors has now been set up to oversee an improvement programme for the SSH's, which meets on a fortnightly basis to ensure progress and momentum in this area.

6.4 Through this focused effort, there have already been a number of improvements that have taken effect that have enhanced service users experience within the facilities. These improvements include:

- The concerns on contractual matters including social activities and serving of meals has been raised as a priority with the provider. To which, tenants can now choose to have their meals in communal areas or in their own flats and managers have started facilitating social activities, which will continue to grow in the coming months;
- A review by ASC of residents needs and their care packages is underway;
- All known works / concerns have been collated and logged with the Repairs and Maintenance team and a schedule has been produced for each SSH, to confirm pending works and a projected date for completion;
- Good progress has been made on completing outstanding works;
- A series of cleans have taken place to the communal areas and a review of the cleaning schedules is underway and will be changed as required;
- A 'tidy up' of the outdoor spaces for all the special sheltered sites is being progressed;
- Work is underway with the Local Voluntary Partnership programme to engage the third sector in order to increase service user activities and socialisation
- The tenancy sustainment officers in the Housing Assessment & Solutions service, will in the future be the single point of contact for residents on any concerns re: the building / estate to ensure this is clearer and easier in the future;
- Tenants meetings are currently being held quarterly by the care provider, but a council presence to discuss care and the buildings will be introduced;
- An officer has been released from Council homes, District and regeneration to work full time to support this project, including resident communication and involvement;
- Care taking service will be put in place to support the SSH's to support with simple / minor repairs and works needed, which will ensure a more pro-active approach to the management of these buildings;

6.5 Over the coming months, there should continue to be visible improvement to the SSH, improved satisfaction with residents and improved oversight across the Council with clear improvement and transformation programme in place.

7. FUTURE DIRECTION OF THE SERVICE

7.1 In line with the Administrations manifesto commitment, the Council has started a project to begin develop a new model for the SSH, which will include insourcing of the care provision. A project lead has recently been appointed and is currently scoping the project. This will include looking at potential management options not only for the care but also the management of the estate. This will run alongside the improvement programme set out above. A report setting out the approach will be going to Cabinet in July.

8. CONSULTATION

8.1 Resident engagement

As the roles and responsibilities have sat across a number of teams / providers, there has not been an agreed and clear framework in place for engaging with residents. It has been agreed that:

- The tenancy sustainment officers in the Housing Assessment & Solutions service, will in the future be the single point of contact for residents on any concerns re: the building / estate;
- Quarterly meetings with residents will take place including the Council and the care provider;
- An officer has been released from Council homes, District and regeneration to work full time for 6 months on engaging tenants.

9. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

9.1 Revenue and Capital consequences of report recommendations

The current costs of the care service provided at the 6 Special Sheltered Housing units is £2,155m per year. Work is being undertaken to model the cost of the proposed service. Once we know the future cost funding sources will need to be identified if the costs are greater.

9.2 The effect of the decision

As the programme to bring the services in-house is only within its scoping phase, the effects of the decision to in-source are currently being determined and will be considered as the programme moves forward.

9.3 **Risks**

Risk	Mitigation
Residents are socially isolated which effect their health and well being	Option for eating meals in communal areas has been reinstated and programme of social activities underway. In addition, the LVP programme will providing additional activities and aiming to support residents to access their local provision
Unsafe environment leading to harm for service users and care staff	All repairs logged and plan and programme in place. Series of other actions taken to improve the quality and living environment of the SSH's. No urgent works pending
Quality of care	Robust monitoring and contract management in place. Improvement plan for each SSH which is being monitored.
Residents don't feel informed and involved in their SSH	Plan for improving the resident engagement in place – see section 8.1

10. HR IMPLICATIONS

10.1 Consideration of the future service provision outlined in section 7 will include the option of an in house service, this option is likely to invoke the effects of the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE). However, where the activities are "fundamentally not the same", TUPE may not apply, as provided for by the 2014 amendments to the Transfer of Undertakings (Protection of Employment) 2006 Legislation.

In this case, if an in house service is the preferred option it is expected that the care staff currently working for London Care would transfer to the Council under TUPE, where it applies. In this instance if a formal decision is made, the Council will engage with the Transferor (the current employer) to assess the full implications of TUPE. The Council will ensure that the appropriate TUPE protocols are applied; particularly the duty to consult with the recognised trade unions and affected staff groups.

(Approved by: Debbie Calliste, Head of HR for Health Wellbeing, and Adults, on behalf of the Director of Human Resources)

11. EQUALITIES IMPACT

11.1 As part of its public sector duty the council is required to advance or promote equality of opportunity between people who belong to protected groups and foster good relations with those without protected characteristics.

The proposals contained within this report seek to improve the outcomes and environment for 300 people who are tenants of the special sheltered housing it is

therefore expected this work will have a positive impact. As and when the council seeks to implement the proposals in this report, the service will need to review the Equality Analysis to ensure that individual needs are taken into account and equality and inclusion remains a key feature of any final implementation plan.

(Approved by: Barbara Grant on behalf of Yvonne Okiyo, Equalities Manager)

12. ENVIRONMENTAL IMPACT

12.1 The proposals seek to improve all of the 6 special sheltered housing units and a positive impact is expected

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CONTACT OFFICER: Sarah Warman, Director of Commissioning and Procurement

APPENDICES TO THIS REPORT: None

BACKGROUND PAPERS - LOCAL GOVERNMENT ACT 1972: None

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For General Release

REPORT TO:	**Adult Social Services Review Panel** **24 April 2019**
SUBJECT:	**Croydon Mental Health Update (inc. the Community & Crisis Pathways Transformation)**
LEAD OFFICER:	**Guy Van Dichele, Director of Adult Social Services; Stephen Warren, Director of Commissioning Croydon CCG**
CABINET MEMBER:	**Councillor Jane Avis**

CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON:

Corporate Plan for Croydon 2018-2022

People live long, healthy, happy and independent lives

What we will do:

- Invest in the voluntary and community sector to reduce inequality and increase the resilience of communities and individuals
- Expand the One Croydon Alliance from older people to the whole population where appropriate
- Revise Croydon's joint mental health strategy to prevent mental health problems and ensure early intervention
- Support the development of a culture of healthy living
- Improve and reduce differences in life expectancy between communities
- Build upon the support and assistance given to carers

FINANCIAL IMPACT

None at this stage

RECOMMENDATIONS

For the Panel to note the work being planned and in progress, and to provide views on the scope of ambitions for the Community & Crisis Pathways Transformation.

1. EXECUTIVE SUMMARY

The Case for Change

1.1 The Woodley review of mental health services was launched in late 2016 to assess progress against Croydon's mental health strategy (2014-19) and identify trends in inequalities. The Woodley review illustrated a number of issues with Croydon's mental health services:

a. Long waiting times;
b. Delays in hospital admission;
c. The voluntary sector disenfranchised from decision making and strategic

thinking;

d. Commissioners working in silos;

e. And, highlighted a 'fatigue with consultation' and called for 'action'

Crisis Care Delivery and Places of Safety

1.2 The Policing and Crime Act 2017 initiated new requirements for the detention of people under the Mental Health Act Section 136; an opportunity was taken to rationalise London's Places of Safety in one pan-London business case.

Local Engagement and Local Implementation of pan-London Support

1.3 Engagement with service users and voluntary sector organisations such as MIND, has highlighted the following (amongst other things):

f. Over medicalisation of mental health support;

g. The personalisation of support;

h. The importance of social issues for mental health and the importance of support around benefits, employment and housing in averting mental health crises;

i. The need for alternatives to A&E and inpatient care, such as support on social issues in community settings.

1.4 Croydon located in South Central London, mainly faces towards the south east for commissioning mental health hospital services; and also is part of the South West London STP. Engagement to inform mental health strategy and plans has involved multiple agencies and Health Overview & Scrutiny Committees.

1.5 Examples from other, comparable, boroughs, such as Lambeth, which has a mature and advanced mental health transformation programme – including the establishment of the 'Living Well Network' or 'Hubs' – has revealed the following:

j. Community Mental Health Teams in South London and Maudsley (SLaM) require consolidating and a change of culture;

k. 'Hubs' divert people from secondary care and A&E;

l. A 'change of culture' amongst providers and service users is required to emphasise 'self-care' and responsibility for 'own health' for those patients who are able to;

m. The Integrated Personalised Support Alliance (IPSA) in Lambeth helps people with long-term mental health needs to live in the community;

n. The result of improvements in community support for long-term mental health needs has not only resulted in reductions in admissions, length of stay in hospital, and A&E attendance, but has also reduced stays in residential care and increased the need for domiciliary care, which demonstrates well thought-out community support enables people with serious and chronic mental health problems to live independently;

o. The above, however, requires a change to risk assessment, clinical thresholds, management of medicines, physical health checks, as well as adequate community support;

p. The outcome of these improvements and transformation is an increase in the acuity and complexity of patients in secondary care, which impacts upon the structure and staffing of acute mental health services;

q. This precedes a programme of 'shifting settings of care' which will allow a transfer of resource from secondary care to primary and community care;
r. Finally, the experience of other boroughs, particularly Lambeth, has not only provided examples of 'good practices' but has highlighted the need to pilot and evaluate initiatives particularly where there is a paucity of good local data.

The Croydon 'Community and Crisis Pathway Transformation Programme'

1.6 The Croydon 'Community and Crisis Pathway Transformation Programme' (CCPTP) is our response to these issues and influences the development of a Model of Care which is the basis of a business case currently being developed to address these issues; this report is to update the Health and Wellbeing Board on progress towards finalising this business case. No decisions are required from members at this moment, but guidance and observations are welcomed to help shape the business case. We hope to finalise the business by the end of April; and we have co-produced this work with One Croydon, with special input from Public Health who attend the CCPTP Delivery Group. The accompanying slides and 'detail' in this report will appraise you of our current thinking.

Thrive LDN & 'Good Thinking'

1.7 Thrive LDN is a city-wide movement to improve the mental health and wellbeing of all Londoners, based on mental health risks related to 28 indicators of inequality and social determinants. A series of workshops (including one in Croydon) identified recommendations to tackle health inequalities and improve the mental health of Londoners. Croydon is urged to develop its own localised Thrive LDN campaign and host 'community conversations' with a local 'champion'.

'Good Thinking'

1.8 Launched in November 2017, London's unique digital mental wellbeing service to support Londoners who are looking for personalised new ways to improve mental health wellbeing. Over 180,000 new users have visited since its launch.

2. DETAIL

2.1 A high-level of mental illness and need exists in Croydon.

2.2 The prevalence of long-term, complex mental health needs higher in Croydon than the national average, with an NHSE mental health needs index of 1.21 (where 1.0 is the national average), making it comparable to many inner-London, high-prevalence Boroughs such as Westminster and Kensington.

2.3 The CCG has a registered Serious Mental Illness Population of 4,610 people, or 1.11% of the adult population (QOF 2017/18).

2.4 In addition, whilst no formal GP register exists, there is a significant group of people - numbering c16,000 - with complex non-psychotic conditions such as severe anxiety, depression and personality disorders who, due to their presenting behaviours and relative paucity of service responses, can pose a greater management challenge than those with a stable long-term SMI.

2.5 Need profiles vary across the Borough, from more affluent areas to more deprived, each presenting mental health and well-being support needs. Any service developments need therefore to be locally sensitive and able to respond to such variance through being locality and community-embedded.

2.6 Primary care support for people with Serious Mental Illness (SMI) is poor when compared with the national picture: 5.5% achievement (of SMI population) compared to national averages of 24.2% (top achievers > 45%).

2.7 Engagement with service users has illuminated significant 'unmet need', particularly out-of-hours, in non-clinical community settings and involving non-medical social interventions and support, such as social prescribing and assistance with housing, benefits inter alia.

2.8 The needs of service users are complex, numerous and varied: there is a strong case for combining physical, mental and social health services in a single 'wellbeing offer'.

2.9 Based on the authorities and 'lessons learned' described above (including those described in 'Priority/Policy Context'), a Model of Care has been developed which addresses the issues highlighted above and has led to the following recommendations for 'action' (as requested in the Woodley Review):

a. Shifting resources towards earlier intervention and prevention with an emphasis on:
b. Developing wellbeing & primary care 'community hubs';
c. Creating mentally healthy communities with a prioritisation on prevention and support for 'self-care';
d. Emphasising the importance of good physical health, and recognising the role of ill physical health in creating mental health crises;
e. Highlighting the importance of suicide prevention initiatives;
f. Refocus to concentrate on high risk factors: loneliness, schools, debt / financial challenge, and develop appropriate social interventions and support;
g. Co-production in service design, help build community capacity & ensure adequate focus on BAME communities;
h. Better partnership working through improved governance oversight of the MH strategy & improve contract monitoring processes;
i. Use existing service user & stakeholder forums to inform the development of the Community and Crisis Pathways Transformation Model of Care;
j. And finally explore opportunities to use technology, such as the development of a GP Advice Line.

2.10 The attached slide pack provides a summary of the engagement work that was undertaken to develop the above recommendations. Below is provided an overview of engagement work and outcomes:

a. Recurring themes: services feel fragmented, hard to access, poorly-tailored to different BAME communities, too focused on crisis and reactive treatment not well-being and prevention; a need to rebalance this and ensure a greater role for 'Navigators' to support people, for 'champions' embedded in community groups, third sector and peer support, self-care and opportunities to improve well-being through work, social activities and exercise.

b. Our Co-Production Commitment. A strong theme of co-production (of system, service and individuals' care plans) runs throughout both Woodley & Grassroots. Co-production is an on-going way of working, not an 'event' or process to support service change. It recognizes and values the different but equal assets brought to service co-design and co-delivery by those with lived experience, those who deliver, manage or commission them, and those who rely on them professionally.

2.11 The proposed model of care is based on similar initiatives in Lambeth, North West and West London and crisis response elements taken from the Bradford First Response model. The Crisis Care Delivery Plan, the Places of Safety Business Case, Thrive LDN and 'Good Thinking' are all pan-London initiatives.

2.12 The Croydon Community and Crisis Pathways model of care is predicated on the creation of a population-based, stepped, integrated care service where statutory and third sector providers work within an alliance/ACP model, delivered through locality Hubs

2.13 The following principles and aims underpin the model:

a. To integrate assessment, support and care delivery across existing providers and General Practice, delivering a whole system/'one Croydon' approach to mental well-being.
b. To underpin the new model with a new enhanced GP service: paid extra time for an annual 'Well-Being plan', in year reviews and a single care record on EMIS.
c. To co-locate and deliver services across a number of locality -based 'Hubs' and 'Spokes', ensuring maximum accessibility and joint-working with existing community groups.
d. To attend, with equal weight, to the social, physical and mental health needs as defined by the service user, carer and their GP.
e. To act as a single, timely point of entry to the whole MH pathway, reducing duplication.
f. To provide a broad range of accessible services supporting recovery, resilience and hope.
g. To reduce mental health crisis escalations and reliance on urgent & acute care as 'default'.
h. To provide a proactive, valued resource for its users that encourages them to use the service proactively, supporting their self-efficacy to manage their continued recovery and avoid crises.
i. To provide 24/7 responsive crisis care services which are dynamic and able to pre-empt the onset of a crisis and avert the crisis.
j. To provide community-based non-clinical professional support for a variety of 'wrap-around' services such as advice and assistance with housing, benefits and employment.
k. To provide a community-based 'sanctuary' or 'Crisis Café' that will enable service users to self-refer and act as an informal drop-in centre which offers advice and support, albeit one which has clinical support and links with health services

2.14 Next stages for the Croydon Transformation Work:

a. We plan to develop the Transformation Business Case over the next few weeks.
b. We are mapping the governance processes which the business case will need to pass through and timetabling meetings.
c. We are in conversation with all stakeholders regarding the co-production and finalisation of the business case.
d. We are discussing potential investment within the appropriate forums.
e. We plan to provide the Health and Wellbeing Board with an update on this work at the next meeting in May.

2.15 Next Stages for Thrive LDN and 'Good Thinking':

a. Thrive LDN: initiate a local plan of action, a local champion, local community conversations and a local campaign.
b. 'Good Thinking': work with online communities, e.g. Mumsnet, to seek feedback and improve the service.

3. RISKS

3.1 The primary risk to delivery and further definition of Croydon's plans for mental health is one of finance – we are mitigating this risk through 'mental health budget prioritization' meetings with clinical leads and providers; the council and public health are involved through the Mental Health Delivery Board.

3.2 A secondary risk is one of recruitment and retention of staff – we are mitigating against through the nature of the transformation work, which priorities non-clinical professions in community settings.

3.3 A further risk concerns Croydon's partnership working and multi-disciplinary / multi-agency stakeholders, often with conflicting and competing priorities – we are mitigating this risk both through a process of co-production and through our governance and assurance systems which all include service user representation.

4. OPTIONS

4.1 No options are given at this stage whilst the business case is in development.

5. FUTURE SAVINGS/ EFFICIENCIES

5.1 To be determined during the development of the Transformation business case and a quality, innovation, productivity and prevention (QIPP) scheme to save money from the SLAM contract through a reduction of occupied bed-days; this has yet to be developed, but the nominal amount attached to this QIPP is c£585k.

6. HUMAN RESOURCES IMPACT

6.1 Not applicable at this stage.

7. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

7.1 There are no direct financial implications arising from this report.

8. EQUALITIES IMPACT

8.1 An Equalities Impact Assessment will be completed with the development of the full business case. We expect the Community and Crisis Pathways Transformation work will impact on different BAME groups, owing to cultural stigmas, and will also have an impact upon age, sex and deprivation.

9. ENVIRONMENTAL IMPACT

9.1 Not applicable at this stage.

10. CRIME AND DISORDER REDUCTION IMPACT

10.1 Not applicable at this stage.

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APPENDICES TO THIS REPORT: Appendix A - Slide Pack 'Mental Health Update'

BACKGROUND DOCUMENTS: None

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Mental Health Report

5th April 2019
Version 1

Guy Van Dichele, Director ASC
Stephen Warren, Director of Commissioning, CCCG

Overview of areas covered

- London's Mental Health Crisis Care programme
- Croydon's Community & Crisis Pathway Transformation programme
- Thrive LDN, Londoners Said report
- Good Thinking – London's Digital Mental Wellbeing Service

London's Mental Health Crisis Care programme overview

2016: Case for change and collectively agreeing the standards

✓ **Strong case for change led by service users,** carers, acute and mental health trusts, the police, LAS and local authorities within London's crisis care system

- *Only 14% of Londoners feel supported in a mental health crisis*
- *Care does not meet basic expectations of dignity, respect and high quality compassionate care.*
- *Over 75% of s136 occur out of hours, but most HBPoS don't have 24/7 staffing.*
- *EDs used as a default when HBPoS have no capacity.*
- *LAS average 2.5 hours from arrival to being accepted into site.*

✓ Multi-agency group to lead the development of the **pan-London s136 pathway and specification for Health Based Place of Safety sites**. Launched by the Mayor of London in Dec 2016.

2017: Crisis care delivery plan & HBPoS options appraisal

✓ London's Crisis Care Implementation Steering Group established with oversight of London's crisis care delivery plan

✓ As part of the delivery plan a place of safety options appraisal commenced which identified the optimal **pan-London place of safety configuration to meet the specification, particularly dedicated 24/7 staffing**

✓ **Evaluation of SLaM's centralised HBPoS site (which piloted the London guidance) showed positive results**:

- *Only one closure; previous 4 sites closed 279 times in 2016.*
- *Inpatient admissions decreased by 18%;*
- *5% reduction in patients attending ED prior to the place of safety*
- *29% reduction in patient time patients spent at HBPoS*

Late 2017/18: Local engagement & finalising pan-London business case

✓ The short-list of configuration options was tested locally by STP programme leads

✓ **The final preferred configuration proposed a 9-site model across London and a dedicated all-age site in each STP taking those under 18**.

✓ The finalised business case focussed on the 9 site model and outlined the anticipated benefits which include:

- *Improved access to care, approximately 45% and 23% reduction in police and ambulance conveyance times*
- *12,744 extra hours of patient care in EDs available to treat other patients due to reductions in ED attendances*
- *Decreasing admissions and s136 readmissions, 20% and 48% respectively.*
- *Reduction in LAS handover time, estimated a 9 minute improvement*

2018/19 Local implementation and pan-London support

✓ Pan-London business case with place of safety proposals taken through STP Boards with local proposals

✓ Local engagement with service users, front-line staff at Trusts, AMHPs, the Police and paramedics from LAS to develop local proposals. This has included engagement with HOSCs in some STP footprints

✓ Secured capital funding to support implementation & increase capacity at sites

✓ Workforce modelling by STPs for 24/7 centralised sites as well as AMHP models

Pan-London work streams:

✓ Evaluation of the new model of care including baseline data collection & embedding s136 success measures across the system

✓ Reviewing commissioning arrangements and out-of-area patient activity to propose a pan-London approach.

Section 136 pathway implementation

Progress towards s136 pan-London implementation

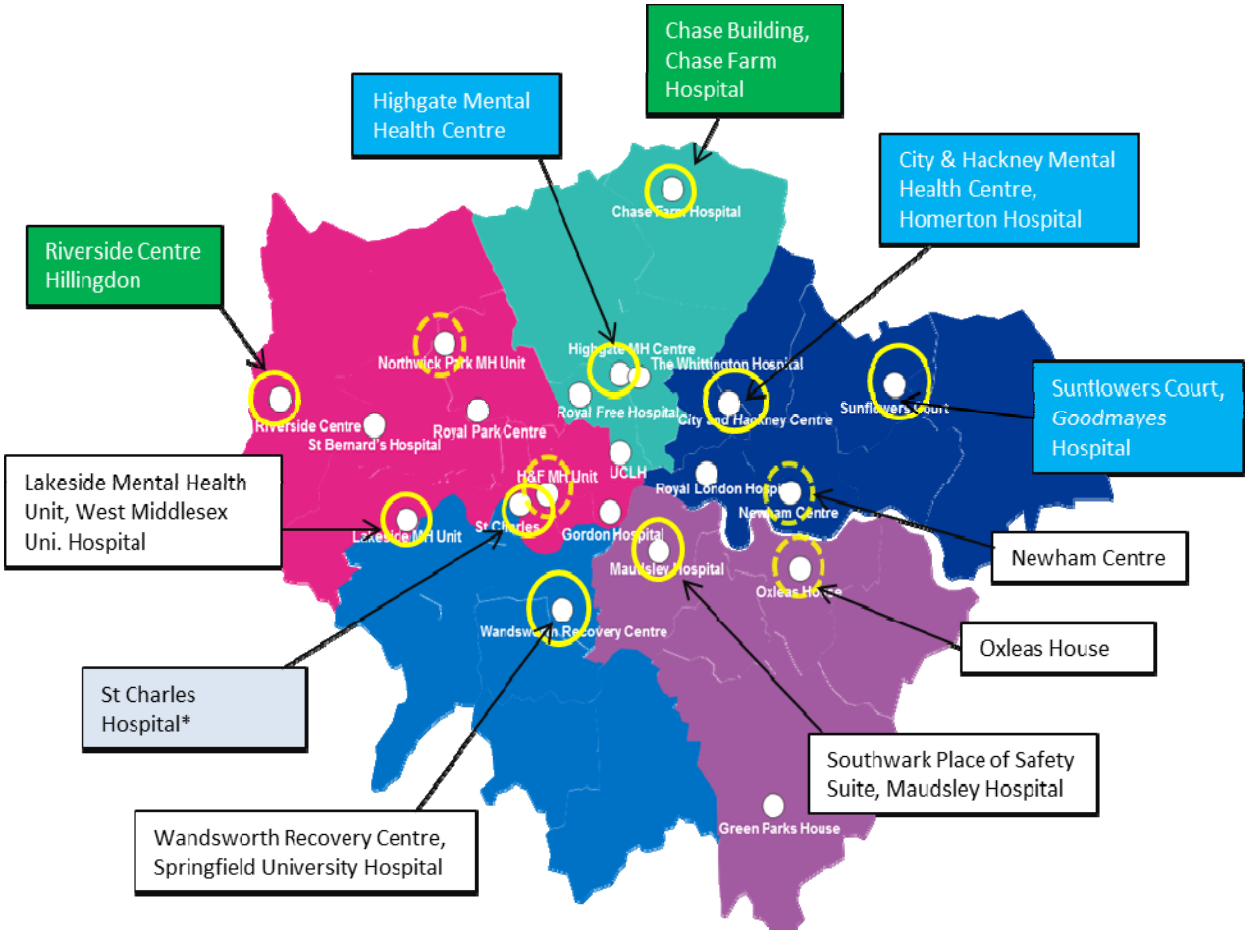
London's s136 / place of safety business case has now been considered by all five STP boards and included local implementation proposals. Local plans are progressing which have been informed by local engagement from service users, staff from all agencies and health and overview scrutiny committees. Detail for each STP is outlined below:

NWL	NWL have completed more detailed analysis and modelling to inform an options appraisal paper that is going to their STP leadership team this month. The options included in the paper include 5, 4 and 3 site models. Communications regarding the upcoming work programme and potential changes have gone out to local authority leaders, DASS' and councillors. Joint Health Overview Scrutiny Committee (JHOSC) meetings have taken place with representatives from LAS and the Police attending
NEL	Capital funding was received to develop the City and Hackney MH Centre at the Homerton. NEL plan to implement a transitional phase initially, which includes closing the Royal London but with 24/7 staffing at Newham General, Homerton and Sunflower Court. NEL will then monitor the flows of patients and decide whether to close Newham. Joint Health Overview Scrutiny Committee (JHOSC) meetings have taken place with representatives from LAS and the Police attending.
SWL	SWL are continuing with the one site at Springfield but consideration is needed over future CYP provision, currently if a child is accepted into the site this restricts availability for adult patients. Joint Health Overview Scrutiny Committee (JHOSC) meetings have taken place with representatives from LAS and the Police attending.
NCL	Capital funding was received to develop the Highgate MH centre taking provision out of the three EDs in NCL however funding was only received for the adults bid, further discussions are required to sort out the CYP service. Following implementation the number of sites in NCL will align with the London proposal (2 sites).
SEL	SEL are committed to two sites, continuing provision at SLaM and one at the Greenwich site in Oxleas. Oxleas Trust did not receive capital funding from DH but have outlined they will progress with their own capital funds, however before they progress confirmation from CCGs is needed on the revenue commitment.

Proposals in the pan-London business case

Preferred option of pan-London HBPoS model of care as reflected in the pan-London business case *(the preferred 9 site model is outlined by the bold circles, 13 site model includes sites with dash circles)*

***STPs are working towards the configurations below and capacity requirements at sites, future provision in NWL is still subject to a decision following their local options appraisal process.**



- Capacity at the site already reflects the capacity proposed in both the 9 and 13 site pan-London model
- HBPoS sites successful in the recent DH 'Beyond Places of Safety' capital funding to increase assessment suite capacity at sites.
- St. Charles site received 'Beyond Places of Safety' funding for a crisis care assessment suite.

Croydon Transformation
Woodley Review

- The Woodley Review echoed the issues on the preceding slides, emphasising:
  - Long waiting times
  - Delays in hospital admission.
  - Voluntary sector disenfranchised from decision making & strategic thinking
  - Commissioners working in silos
- Made the following recommendations which are picked up in the Transformation work:
  - Shifting resources towards earlier intervention and prevention with an emphasis on:
  - Well-being & primary care,
  - Mentally healthy communities,
  - Importance of good physical health,
  - Suicide prevention,
  - Concentrate on high risk factors: loneliness, schools, debt / financial challenge
  - Co-production in service design, help build community capacity & ensure adequate focus on BAME communities.
  - Better partnership working through improved governance oversight of the MH strategy & improve contract monitoring processes.
  - Use existing service user & stakeholder forums.
  - Explore opportunities to use technology.

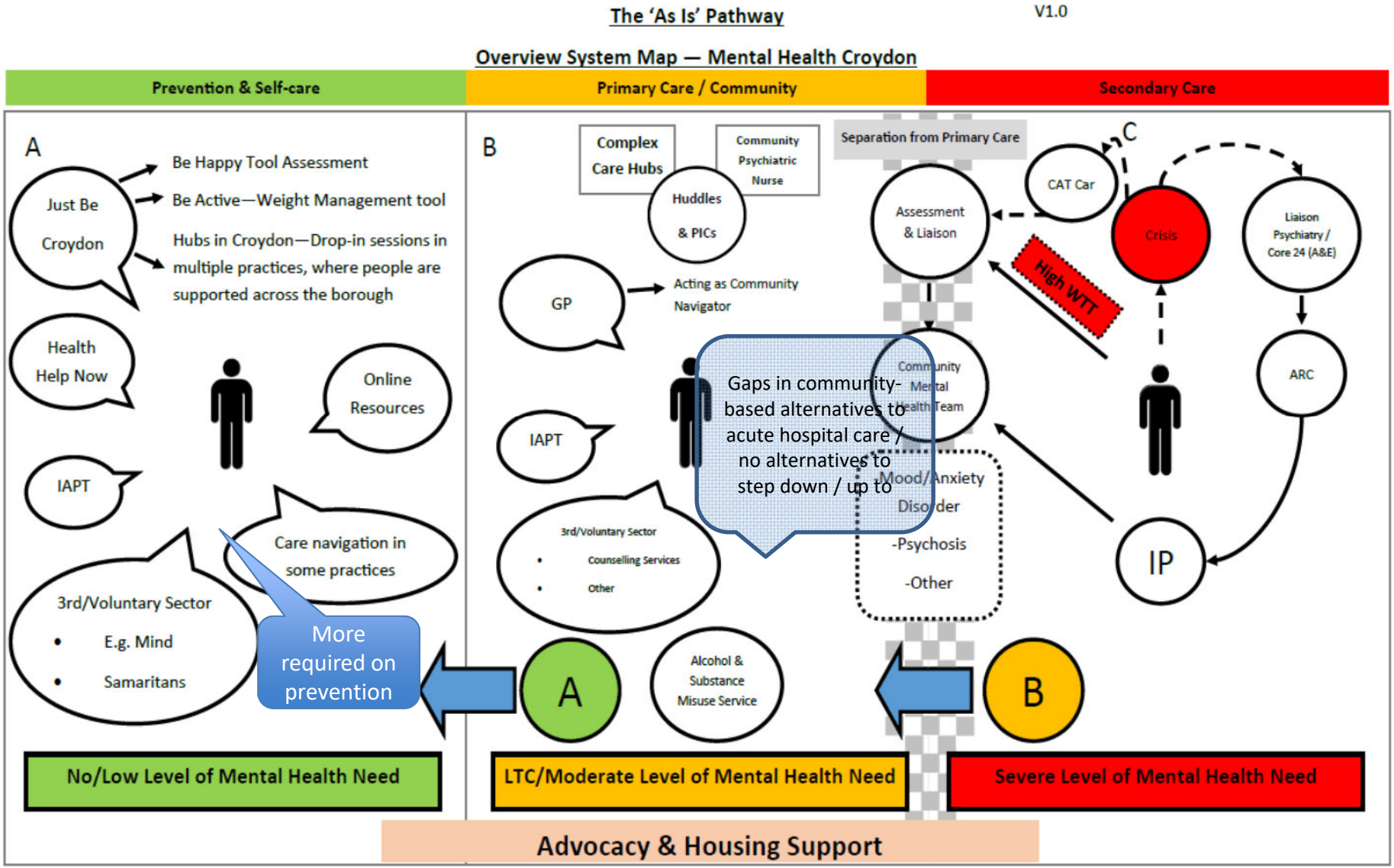
Croydon Transformation
Background: Engagement & Co-Production

- Transformation Workshop (MHPB) – June 2018
- All MHPBs transformation is a standing item – monthly 2018
- Grassroots events – July 18 & November 18
- Community Hub Delivery Group 17 September 18
- Enhanced Primary Care Delivery Group 14 September 18
- Community Hub Delivery Group 1 October
- Croydon MH Forum (Hear Us) - February 2019
- Healthwatch Croydon. Meet the Changemakers Mental Health - July 2018
- With Public Health - Thrive London Borough wide event - July 2018
  - **Other Grass roots events**
- with South-west London Association for Pastoral Care in Mental Health -Sept 2018
- With AGE UK & ASKI BME Elders - MH prevention - March 2017 & May 2018
- Croydon College - LGBT group - June 2018
- Engagement will continue with design and development based on principles of co-production

Recurring themes: services feel fragmented, hard to access, poorly-tailored to different BAME communities, too focused on crisis and reactive treatment not well-being and prevention; a need to rebalance this and ensure a greater role for 'Navigators' to support people, for 'champions' embedded in community groups, third sector and peer support, self-care and opportunities to improve well-being through work, social activities and exercise.

Croydon Transformation
As-is Pathway for Mental Health Services

Mental Health offer, identifying issues, gaps and potential solutions



Croydon Transformation
Specific Issues

1 PRIMARY CARE

- Primary care services do not meet the physical health or mental health needs of people with SMI or other mental health patient cohorts, meaning it is very difficult to discharge patients into the care of their GP.
- Increased physical health checks, increased availability of talking therapies and other 'wrap-around' social support, and longer appointment times are required to meet the needs of people with mental illness.
- GPs currently do not have access to consultant psychiatrist advice and support.
- We need more proactive population-based approach: enabling GPs and the community to promote and retain well-being: social, mental & physical 'living well' and 'managing well'
- GPs need more time to go 'above and beyond' for complex MH needs patients: bio-psycho-social care planning with follow up time, in-year review, measuring impact. A dedicated GP advice line could support more people to 'manage well'.

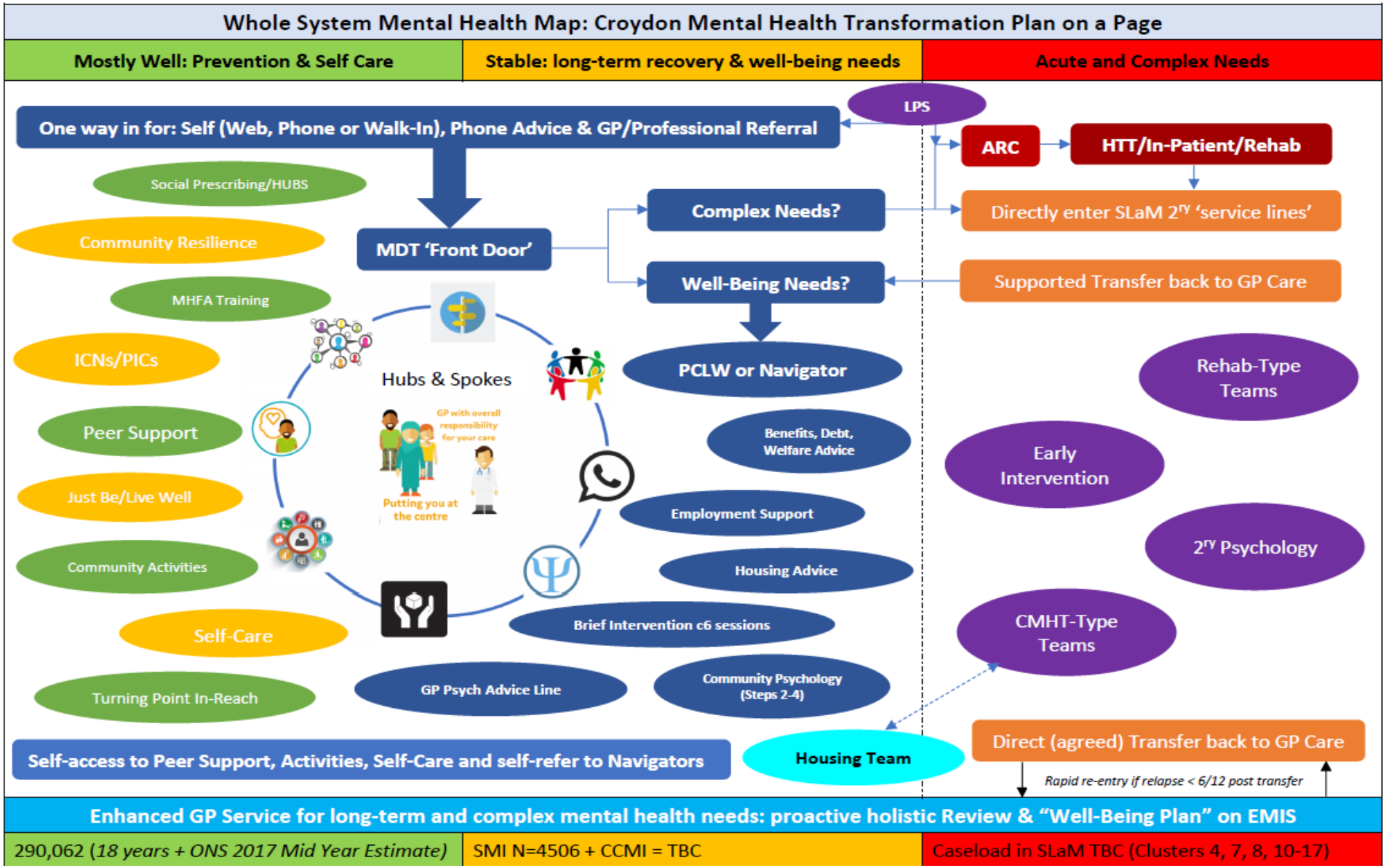
2 SECONDARY CARE

- The existing secondary pathway isn't working: waiting times are too long, there are multiple teams/assessments, and services are inefficient/duplicative, and suffer from poor productivity, and variable support for Primary Care/GPs. Integrated multi-agency and multi-disciplinary teams spanning across health and social care, and operating out-of-hours and in community settings are required to meet patient need and deliver effective and efficient services.
- Acute services are delivered in distinct separate silos and are not integrated seamlessly with community services; furthermore, handovers between different organisations (both health and social care) can be problematic and there is no links with community-based voluntary sector provision. A seamless, singular access route is needed for assessment and access to SLaM.
- Bed Occupancy Rates at SLaM are c120% and average length of stay is 58 days – compared to a national average of 30 days – illustrating a high level of difficulty in facilitating early or timely discharge of patients. Mental health patients are being kept on wards longer than is clinically appropriate and this has adverse consequences for patient outcomes. Without community-based alternatives SLAM are unable to apply appropriate clinical thresholds; and the CCG is unable to initiate a programme of 'Shifting Settings of Care' to transfer activity out of acute settings and into community settings.

3 COMMUNITY CARE

- Psychiatric liaison services and crisis response and treatment services are not available out-of-hours 24/7, nor in accessible community. On any typical weekend A&E will host several people with only mental health problems who are not able to access suitable treatment or assessment and breach the 4-hour waiting time target.
- Some secondary care services feel off-putting and overly-clinical to service users: de-stigmatizing, welcoming community-based spaces are needed. Whilst MIND and a few other voluntary sector organisations provide drop-in centres offering wrap-around social support (employment, benefits, housing etc), there exists no comprehensive or collaborative approach towards community-based support for people with mental health problems.
- Long waiting times, high levels of referrals (currently no self-referrals are accepted) and extremely over-subscribed services demonstrate high levels of unmet need for social 'wrap-around' support in the community.
- To 'patch a gap' in services, Croydon experiences the inefficient and ineffective stop-gap measure in which scarce clinical professionals are providing social support to patients in order to improve treatment and facilitate discharge.
- Service users in crisis do not have a Single Point of Access to assessment and treatment linked in to 111; and they either present at A&E or call 999.
- There is a need to co-locate services and staff in locality Hubs, with far-reaching community spokes to ensure they are accessible and localized and reflect diverse needs.

Croydon Transformation
'As will be' Pathway for Mental Health Services



Overview Model of Care: what's in scope

Croydon's New Integrated Mental Health & Well-Being Model of Care: our vision on a page.

For the whole system

- Centre of community for mental health & well-being
- Mental Health expertise into locality 'gateway' centres
- Crisis avoidance should reduce MH presentation to A&E
- Reduced reliance on secondary MH
- Reduced reliance on A&E as default
- Reduced OBDs – in MH and acute hospi
- Strong links to ICNs, Huddles & with PIC
- Right care, right time, right place.

For Service Users & Carers

- Non-clinical, warm and welcoming environmen
- Single way in for all non-crisis MH services
- Walk-In, Telephone and Self-Referra
- Find or keep paid work or volunteering
- Expert advice on debt, benefits & housing
- Peer support and social activities
- Care and support to match needs
- ne care plan, services wrapped around you
- Convenient locations: Hubs and Spokes
- Supportive, instilling hope and well-being
- Accessible opening hours

For providers

- Co-location in Hubs & Spokes.
- Partnership for Integrated Care.
- Better waiting times management.
- Co-location of staff = easier co-working.
- Easier flow of people across pathways.
- Whole population approach: less reactive, more planned care.
- MDT approach – enabling whole person support and care for clients.
- Efficiency via Shared IT, Comms/Marketing, Branding, Website, Back Office and Management.

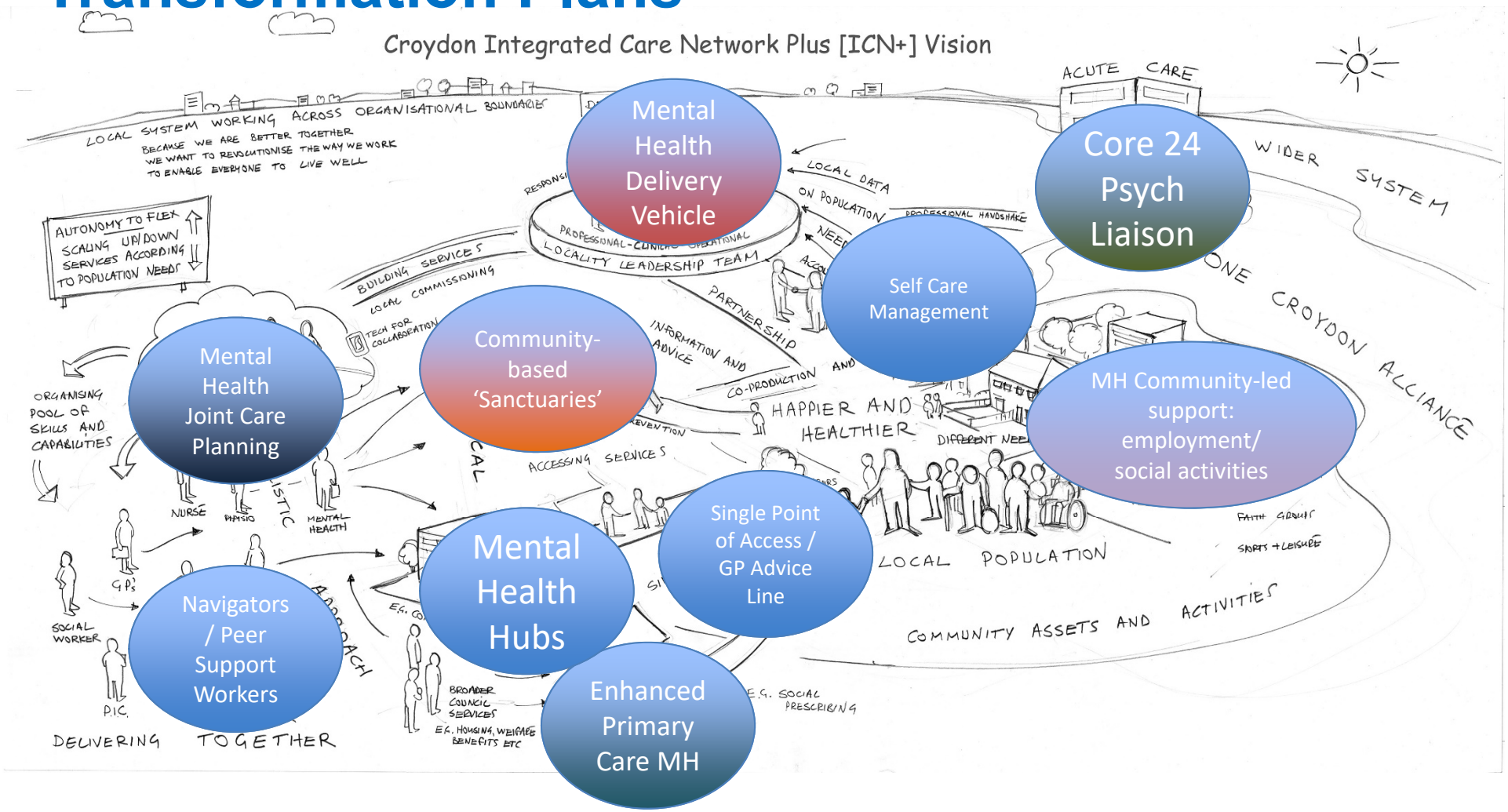
For GP

- Single point for all 1ry and 2ry MH nee
- Dedicated GP clinical advice li
- Direct admission to 2ry without re-refer
- One stop access to all servic
- Community-embedded Psychiatry Servic
- CPN and H&SC Navigator Case Manageme
- Single MDT Careplan on EM
- Support and services delivered in Practices where possit
- Primary access to IAPT and Step 4 Community Psycholo

Enhanced GP Service for Serious and Complex Mental Health Needs: Annual Bio-Psycho-Social Review & Well-Being Pla

Single Care Plan on EMIS, extended appointments, proactively drawing on services integrated services in new model of care

Draft ICN+ Vision, overlaid with MH Transformation Plans



presented to CTB 21st March

Phased Delivery: high level summary
(Draft – subject to approval)

Phase One A. & B.

Initial development and core service integration / Piloting and Evaluation of Test Sites (2019/20)

Delivery Group Terms of Reference refreshed and used as a developmental Task & Finish Group
A 'Mental Health Alliance Group' established as part of One Croydon Delivery Group
GP Advice line to be launched Q1
Review of Advice Line in Qs 3 & 4
Review of management information from SLAM CMHT Q1 (Management Information CQUIN) Q1
LCS to be launched Q2 /Q3
Potential LCS Pilot test site in New Addington developed with TfL funding Q3
Enabling programmes & contractual levers and incentives developed and implemented Q1/Q2 - including business intelligence, Organisational Development, IT, Comms, SDIP – managed by post within the One Croydon Programme Office
Implementation of Hub Pilot stage at either MIND or Edridge Road Community Health Centre in Q3

Phase One A. B.

Full Model Developed and Implemented 2021 / 2021/22

Locality Hubs – x3 sites – developed and implemented from 2021 onwards
Full LCS scheme implemented in 2020/21
SLAM OBD Trajectory achieved in Q4 2020/21
Shifting Settings of Care Programme developed and implemented to transfer patients from acute to community settings, once Locality Hubs and LCS are fully operational and capacity exists in Primary Care and Community Settings 2020/21
Schemes and operations externally evaluated and reported to governance boards

Development of the Delivery Model through the One Croydon Alliance

- Business model to be completed
- Full Business Case approval
- Discussion at One Croydon commercial group regarding the options around incorporating MH transformation and how to work with wider partners in the system
- Identification of key partners for delivery
- Discussion with South London Partnership regarding complex patients and commissioning options
- Next steps discussion at Croydon Strategic Delivery Board and Croydon Transformation Board

Thrive LDN, Londoners Said report

- Mayor of London, Sadiq Khan, and Mayor of Hackney and London Health Board's Political Lead of Thrive LDN, Phil Glanville wrote to all London political leaders regarding the work of Thrive LDN.
- Thrive LDN is the citywide movement to improve the mental health and wellbeing of all Londoners – with an invitation to collaborate on driving change at a local, community level.
- Prior to launching, Thrive LDN asked the Mental Health Foundation to map Londoners' mental health risks using 28 indicators of inequality and social determinants. It found that those areas with the highest risk of poor mental health were linked with deprivation and social inequalities.
- The Thrive LDN team worked with the Mental Health Foundation to ask Londoners how to best support their mental health and wellbeing.

Thrive LDN, Londoners Said report (cont.)

- The published meta-analysis of all 17 workshops (including one in Croydon) the Londoners Said report can be found here https://www.thriveldn.co.uk/wp-content/uploads/2018/12/Londoners-said.pdf, identifying recommendations to help tackle inequalities and improve the mental health of Londoners.
- The solutions that Londoners came up with share common themes and goals – namely, to spread knowledge, skills and support so that people can better look after themselves and their neighbours.
- Londoners have told us they don't want or need top-down fixes – instead, they want the tools and networks to do it for themselves. Londoners Said provides insights and feedback collated from all of community-level conversations.

Thrive LDN, Londoners Said report (cont.)

- Keen to build on the commitments to mental health and wellbeing and would encourage you to continue to review your portfolios and business plans to identify more areas where we can work with Thrive LDN to improve the mental health, wellbeing and resilience of Londoners. This could be by:
  - Developing your own localised Thrive LDN campaign with the help of the central team.
  - Hosting your own community conversations or Problem Solving Booths.
  - Integrating Thrive LDN's Culture initiative into local cultural plans.
  - Encouraging your residents to sign up to be a Thrive LDN Champion.
  - Support Thrive LDN to build stronger relationships with marginalised communities in your borough.
  - Integrating Thrive LDN's Youth Mental Health First Aid programme into local plans to improve the mental health of children and young people.
  - Integrating Thrive LDN's Suicide Prevention Information Sharing Hub into local plans to reduce suicides.

Good Thinking

London's digital mental wellbeing service

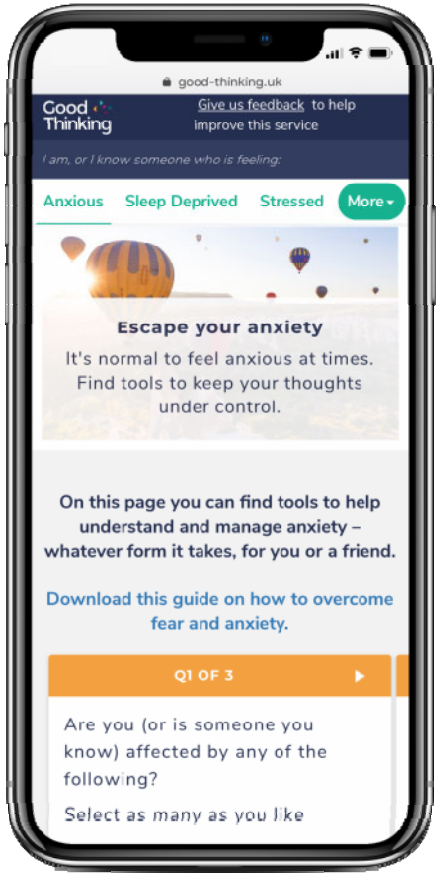
- Good Thinking is London's unique digital mental wellbeing service designed to support Londoners who are looking for personalised new ways to improve their mental wellbeing.

- The service provides safe, proactive and early intervention tools to Londoners who are experiencing the four most common mental health and wellbeing concerns: depression, stress, sleep, and anxiety.

- Launched in November 2017 – Good Thinking developed through a partnership of London Borough Councils led by Directors of Public Health, London's NHS and Public Health England.

- Everyone who lives and works in London is encouraged to visit www.good-thinking.uk anytime of the day or night. Use the simple three question wellbeing quiz, or self-assessment to find the latest on and offline products to support and boost good mental health.

Good Thinking

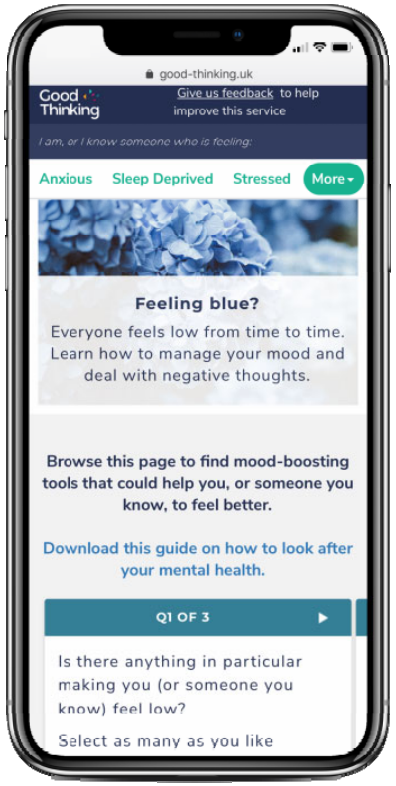


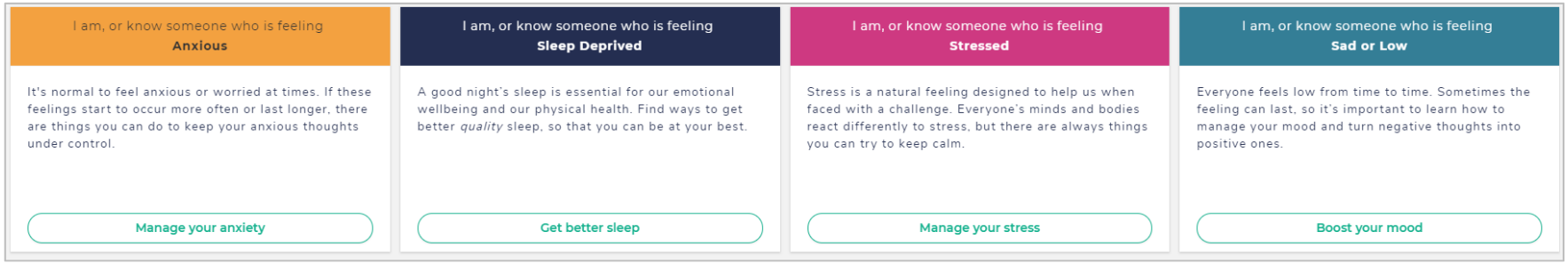
Good Thinking

London's digital mental wellbeing service

www.good-thinking.uk/

- Over 180,000 new users have visited Good Thinking since Nov 2017, we noted a spike in activity on Jan 21st (Blue Monday) 1,519 new users
- Good Thinking is being rolled out public sector organisations as part of their occupational health packages, offering face-to-face event opportunities
- Suite of promotional materials to promote Good Thinking has been developed https://www.healthylondon.org/resource/good-thinking-org-promo/
- Expanding the service to young people aged 16-17
- Currently undertaking discovery work into online communities e.g. Mumsnet to offer community managers mental wellbeing support and seek feedback and input into how to improve Good Thinking





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