

# 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, 26 June 2019 at 5.30 pm in F10, Town Hall, Katharine Street, Croydon CR0 1NX**

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Tuesday, 18 June 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](http://www.croydon.gov.uk/meetings)

## **AGENDA – PART A**

**1. Apologies for Absence**

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

**2. Minutes of the Previous Meeting (Pages 5 - 12)**

To approve the minutes of the meeting held on 24 April 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. Adult Safeguarding Practice**

Two adult safeguarding social workers will present two anonymised cases with the purpose of facilitating a discussion regarding the challenges and dilemmas involved in adult safeguarding, and how it can make a difference to people's lives.

**6. Adapt Programme Update (Pages 13 - 20)**

This report sets out the last twelve months progress of the Adapt programme and what is planned through to March 2020.

**7. Croydon Adults Peer Review (Pages 21 - 32)**

This report provides a progress update on the 'Borough Feedback' recommendations presented to Full Council in July 2018, which emerged from the June 2018 London Association of Directors of Social Services (ADASS) 'Use of Resources' peer review.

**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 33 - 36)**

To approve the Part B minutes of the meeting held on 24 April 2019 as an accurate record.

**10. Adult Safeguarding in Croydon (Pages 37 - 42)**

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, 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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<b>REPORT TO:</b>	<b>ADULT SOCIAL SERVICES REVIEW PANEL</b> <b>26 JUNE 2019</b>
<b>SUBJECT:</b>	<b>Adapt programme update</b>
<b>LEAD OFFICER:</b>	<b>Guy Van Dichele</b> Executive Director Health Wellbeing and Adults
<b>CABINET MEMBER:</b>	<b>Councillor Jane Avis</b> Cabinet Member for Families, Health & Social Care
<b>WARDS:</b>	<b>ALL</b>
<p><b>CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON:</b></p> <p>This report addresses the following corporate plan priorities:</p> <ul style="list-style-type: none"> <li>• Invest in the voluntary and community sector to reduce inequality and increase the resilience of communities and individuals</li> <li>• Expand the One Croydon Alliance from older people to the whole population where appropriate</li> <li>• Revise Croydon's joint mental health strategy to prevent mental health problems and ensure early intervention</li> <li>• Build upon the support and assistance given to carers</li> </ul>	
<p><b>FINANCIAL IMPACT</b></p> <p>There are no financial impacts.</p>	

<p><b>1. RECOMMENDATIONS</b></p> <p>1.1. To note the contents of the report.</p>
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## 2. EXECUTIVE SUMMARY

2.1. It has been 12 months since the Adult Social Services Review Panel last received an Adapt programme briefing. This report sets out progress within that period, and what can be expected through to March 2020.

## 3. 2018/19 KEY ACHIEVEMENTS

### 3.1. Governance

- Monthly senior officer and Member Boards, providing, respectively, both quality and assurance oversight of savings and transformation deliverables.
- Reports to Full Council, scrutiny, general purpose and audit committee, ASSRP and CASSUP.

### **3.2. Finance**

- Despite provider failure and uncertainty over future funding due to delayed green paper; of the £4.378m 2018/19 efficiencies agreed, £3.685m (84%) achieved, whilst protecting front line services.

### **3.3. Peer review**

- Highly successful June 2018 Croydon Adults Peer review by London ADASS; headline narrative from the review team was, “continue what you are doing as it is clearly working”.

## **4. WORKSTREAMS ACHIEVEMENTS**

### **4.1. Community led support**

- Innovation team identified in Thornton Heath, a mix of the older people’s locality team and the Croydon Adult Support service.
- Good conversations training for 60 staff.
- New customer journey mapped and being trialled.
- Design groups established to develop the detail changes to service processes.

### **4.2. Workforce reform and transformation workstream**

- £1.000m (100%) savings delivered in 18/19, achieved whilst still protecting frontline services.
- Restructured the central duty team, adults element of the contact centre, and Gateway CREST team to form the Croydon Adult Support service.
- Restructured the adults older people service, now aligned with the corporate locality principles, and geographically with the One Croydon Alliance integrated community networks.
- Updated the Charging Policy to ensure it was Care Act compliant.
- Charging Policy changes agreed in April linked to forecasted additional 2019 £3.200m income.

### **4.3. Delivering digital pathways**

- AskSARA web tool released, using the Disabled Living Foundation’s tool to support residents with understanding and accessing equipment that will improve their daily life.
- Review of website information to ensure content has been updated.
- Supported delivery of the Special Educational Needs and Disability (SEND) Local Offer website.
- Successful procurement of the information and advice, community directory, marketplace and PA register modules, coupled with the procurement of a new Dynamic Purchasing System (DPS) being delivered by Commissioning and Procurement.

#### 4.4. **Disability and commissioning & housing investment and development**

- Creation of the Complex Care Team, with focus on high cost and complex care and support plans, and continuing health care discussions with the Clinical Commissioning Group.
- Worked with Gateway to improve employment opportunities for people with a disability.
- Published a new Ordinary Residence Policy.
- Established a new format of provider engagement events, with attendances regularly in excess of 50+ providers.
- 38 housing units secured for supported living, including shared houses and individual flats.
- Pen portrait process in place for social workers; 2 FTE Move-On Officers appointed to support social work teams and Placement Team.

#### 4.5. **Adult mental health**

- Significant mapping identified cohorts of people in long term residential care who could step down into 24 hour supported living. With new processes agreed with health for stepping down people into supported living scheme.
- First scheme, Thornhill Road, goes live in June, 5 people will be stepped down into the service.
- Agreement from the workstream Board to identify further schemes.

#### 4.6. **Direct payments**

- Virtual Wallet digital direct payments system procured – Amazon style online system to manage direct payments, buy care and support services.
- New direct payments policy drafted and ready for consultation.

#### 4.7. **Active lives**

- The Cherry Hub all-age disability resource centre open for residents and local service providers.
- New Outreach Service designed and funded.

#### 4.8. **Children with disabilities**

(note please, workstream now delivered in children's services)

- Launched Children's Disability Register and Access Card.
- Reviewed need and implemented Calleydown Refurbishment works.
- Transitions Policy - Full document and easy read versions drafted.

### 5. **ADAPT KEY DELIVERABLES FOR 2019/20**

- 5.1. In 2019/20 the programme will have direct responsibility for £5.145m of savings. This will be achieved through a mixture of reducing care packages either through preventing initial over provision or through reviews. Staff restructuring aligned with the localities model rolled out in the older people's services, although the

priority remains to protect front line services. Finally, through a focus of reducing the numbers of residents unnecessarily in residential care homes, where supported living would provide better personal and financial outcomes.

- 5.2. It is also expected the safeguarding service will receive a peer review, from the London Association of Directors of Adult Social Services (ADASS), the theme of the review and the date are still to be determined.

## **6. WORKSTREAM DELIVERABLES**

### **6.1. Community led support**

- Establish community led support in the innovation area; learn what works; roll out to the next site and across the whole Borough within 12-18 months.
- Reduce waiting lists and improve resident experience.
- Develop staff aligned to locality and community led support principles.

### **6.2. Delivering digital pathways**

- Manage the go live and transfer to business as usual of the new website – adultssupport.croydon, ensuring user testing continues to influence ongoing maintenance and upgrades.
- Strengthen usage and awareness of the AskSARA tool.

### **6.3. Liquid Logic**

- Working with Liquid Logic (the client record system provider), and the programme implementation partner, implement the new adult social care client records system by Autumn 2020.
- Continue to align with Community Led Support project to ensure activity and timescales are clear across both programme areas.
- Align a new strengths based Resource Allocation Schedule (RAS) that fits with the approach to Community Led Support.

### **6.4. Workforce reform and transformation**

- Complete the senior management restructure.
- Initiate a review of disability services with a view to locality working.
- Complete restructure of disability services.

### **6.5. Disabilities and commissioning**

- With the housing, development and investment project, continue to increase the supply of supported living, including seeking Cabinet approval for Croydon Council to build our own housing and act as a Landlord.
- Work with commissioning colleagues to specify and deliver new service specifications for the Dynamic Purchasing System for residential care, nursing and supported living, so the provider market is delivering services that people want to use.



- Work with the Gateway division on disability employment opportunities, and with the new Gateway Link team resource, which will be supporting operational teams.
- Deliver a new three year inflation strategy.
- Subject to Senior Management Team approval, work with providers to increase unsustainable package fees to try and mitigate against home closures and provider failures which disrupt people's lives.

#### 6.6. **Adult mental health**

- Open the first new 24 hour supported living step down service for 5 people moving from residential care and continue to work to rebalance the market away from bed based care.
- Ensure Mental Health services are included in the capital investment opportunities for accommodation happening in other service areas.
- Work with Commissioning to include Mental Health services in the new Dynamic Purchasing System.
- Contribute to the delivery of the One Croydon Adult community mental health transformation, including supported housing.

#### 6.7. **Changing older people's care and support services**

- Agree exit strategy with current care providers in special sheltered housing.
- Create staffing structure and recruit to new posts to enable the insourcing of care and support provision within the special sheltered housing blocks.
- Establish the LIFE in-house care service (A&E liaison & South Reablement)

#### 6.8. **Housing development and investment**

- Cabinet agreement for capital investment in supported living properties and clear governance route approved.
- Housing developments identified in the Infrastructure Delivery Plan 2019/20.
- Start to deliver on the business plans in place and finance agreed for Buffer Bear Site, Heather Way Site and Taberner Flats (25 units of supported living).
- Improve the new placement process for supported living.

#### 6.9. **Direct payments**

- Commission a personal assistant development service to skill up and increase the local personal assistant workforce.
- Implement the Virtual Wallet online Direct Payments System.
- Consult and agree on new Direct Payments policy.
- Produce new staff and resident guidance for Direct Payments.
- Work with commissioning to develop the direct payments provider market.

## 6.10. Active lives

- Start up new Outreach Service – supporting people to live independently where they live from July 2019.
- Providing young people with a disability with a clear route to adulthood and independent living.
- Move to a sessions based service – residents attend day centres for a personalised series of sessions.
- Reducing reliance on buildings based services through locality opportunities.
- Redesigning services for our older day centre visitors.

## 7. NEXT STEPS

- 7.1. The programme has plenty to deliver over the next 10 months, alongside which it will need to react to emerging changes in legislation, such as the new Liberty Prevention Safeguards Act, which replaces Deprivation of Liberty (DOLS).
- 7.2. If and when the social care green paper is published, there will need to be a borough wide discussion and analysis of the implications for our residents, and for the health and social care budget and economy in Croydon.
- 7.3. The key priority will be integration (where appropriate) and innovation of adult social care and health aligned with the move to Croydon becoming an integrated care system by 2021.

## 8. CONSULTATION

- 8.1. Where formal consultation is not required, the programme continues to engage residents, carers and providers through a variety of networks and meetings, to ensure they have sight of and can influence service developments.
- 8.2. The programme has delivered a key consultation on changes to the charging policy (see section 4.2); the next consultation will be on direct payments (section 6.9).

## 9. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 9.1. There are no direct financial implications arising from this report. However, it must be recognised that the provision of Adult Social Care Services is volatile and demand led and therefore the budget will need to remain under constant review and the continued implementation of service efficiencies is essential.
- 9.2. Approved by: *Lisa Taylor, Director of Finance, Investment and Risk and Deputy S151 Officer*

## 10. EQUALITIES IMPACT

- 10.1. The Adapt programme is committed to ensuring where there are future changes being proposed to services, strategy or policy, equality impact analysis will be completed, to inform evidence based decisions.

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**CONTACT OFFICER:**

*Guy Van Dichele*  
*Interim Executive Director Health Wellbeing and Adults*

**APPENDICES TO THIS REPORT**

None.

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## Croydon Council

<b>REPORT TO:</b>	<b>ADULT SOCIAL SERVICES REVIEW PANEL</b> <b>26 JUNE 2019</b>
<b>SUBJECT:</b>	<b>Croydon Adults Peer Review</b>
<b>LEAD OFFICER:</b>	<b>Guy Van Dichele</b> Executive Director Health Wellbeing and Adults
<b>CABINET MEMBER:</b>	<b>Councillor Jane Avis</b> Cabinet Member for Families, Health & Social Care
<b>WARDS:</b>	<b>ALL</b>
<p><b>CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON:</b></p> <p>This report addresses the following corporate plan priorities:</p> <ul style="list-style-type: none"> <li>• Invest in the voluntary and community sector to reduce inequality and increase the resilience of communities and individuals</li> <li>• Expand the One Croydon Alliance from older people to the whole population where appropriate</li> <li>• Revise Croydon’s joint mental health strategy to prevent mental health problems and ensure early intervention</li> <li>• Support the development of a culture of healthy living</li> <li>• Improve and reduce differences in life expectancy between communities</li> <li>• Build upon the support and assistance given to carers</li> </ul>	
<p><b>FINANCIAL IMPACT</b></p> <p>There are no financial impacts.</p>	

### 1. RECOMMENDATIONS

- 1.1. To note the contents of the report.

### 2. EXECUTIVE SUMMARY

- 2.1. This report provides a progress update on the ‘Borough Feedback’ recommendations presented to Full Council in July 2018, which emerged from last June’s London Association of Directors of Social Services (ADASS) ‘Use of Resources’ peer review.

### 3. PROGRESS UPDATE ON PEER REVIEW RECOMMENDATIONS

- 3.1. The report sets out the recommendations (highlighted in purple) from the peer review under their original thematic headings, and provides a current state (as of June 2019) health and social care system progress response.

#### 4. OVERALL BUDGET RECOMMENDATIONS

- Low provider rates and the fragile market present a significant financial and operational risk. The work underway to identify the true cost of care will be the start to address this. The outcome of this work will need to be factored into the future budget preparation.
- Maintaining the focus on the risk-sharing arrangements within the Alliance will be crucial for the council's financial position.
- The challenge for service managers to continue transforming whilst retaining what is already being delivered and having sufficient capacity to do both.
- Budgets held at senior level – appetite for more responsibility at Team manager level. Continuing the recent cultural change could allow for more budgetary devolution – Could this be extended across all partners? Finance staff are aware of the opportunities to both support and challenge more if they develop their skills (e.g. modelling).
- Applying the same focus to under 65 services than has been given to over 65s would be beneficial (e.g. linkage of financial and activity).
- Service users are seeking reassurance on the future of the budget.

#### Progress

- 4.1. Nationally, in the Chancellor's Spring Statement he advised that a 2019 'Spending Review' will set three year government departmental budgets for resource spending. This aligned with the eventual publication of the long awaited social care green paper, and it's alignment to the NHS Long Tern Plan, are crucial elements to enable developing Croydon into an integrated care system (the Council and NHS); and to provide assurances on the health and care system budget and resource requirements for Croydon.
- 4.2. Locally, assurances that the health and care system is structurally prepared, can be assessed through key strategic developments, including; the signing of the One Croydon Alliance 10 year partnership agreement, publication for comment of the draft Croydon health and care plan, launch of the joint governance (committees in common) for Croydon Health Services and Croydon Clinical Commissioning Group; and with these organisations sharing a place based leader, expected in post by July 2019. Additionally, the Alliance (and captured in the Council's corporate plan and specific delivery plan) has approved scoping for the Alliance to move beyond a 65+ delivery model, to a locality based whole population integrated care system.
- 4.3. Within the adult social care disabilities service, a 'cost of care tool' has been developed that enables adult social care to forecast future budget requirements through a series of scenario based tests. For instance, the impact of reducing the ratio of residents in residential care, moving those where appropriate, to supported living; or increasing the number of residents in receipt of a direct payment. The One Croydon Alliance already has a series of agreed business cases (e.g. Out of Hospital) that have informed its 10 year agreement. Additionally for the Alliance, there is the need for a continuous system leadership level conversation on risk share and mitigation, in particular related to reallocation of budgets, and this continues to be part of discussions and decision making within the One Croydon governance processes.

- 4.4. The potential for joint and integrated commissioning arrangements across health and social care will be assessed in the journey to full integration by 2021. Working with partners in the One Croydon Alliance which is progressing to an all age model, appropriate commissioning decisions and the bringing together of strategic planning and commissioning intentions will be key milestones.
- 4.5. Fragility of the care market remains a concern, but work is progressing to address inequity in funding across providers. In the older people's provision, a 2% uplift was applied to all provision. For providers in the under 65s provision, the uplift strategy for this financial year will be based on taking a proportionate approach. Providers paid at the lower end will be uplifted in line with that of benchmarked averages. Providers at the higher end or who have recently had uplifts applied will not be increased. This approach will ensure greater consistency in rates paid with a view to undertaking blanket uplifts in future as currently occurs with the older people's providers. The Quality Monitoring Team undertake financial checks assessing the financial stability of providers they suspect are having financial difficulties which is considered as part of wider provider intelligence. A tried and tested provider failure procedure is in place.
- 4.6. Operationally, the new Council human resources and financial monitoring system, MyResources, is now live. In year budget forecasting and monitoring has now been devolved to team managers.

## 5. BENCHMARKING DATA

- Performance data – Outside of the Alliance, there is an opportunity to improve the triangulation of finance data with performance data. This should impact on practice and commissioning intentions.
- The new client management system provides the opportunity to resolve the current 'work arounds' which have impacted on data quality outside of the Alliance, and to consider a solid strength-based practice model (evidence – case audits).
- Further detail and analysis of data on the diversity of service users in receipt of direct payments could inform market development including personal assistants.
- Opportunity to develop shared insights from data analysis and intelligence to inform practice delivery.

### Progress

- 5.1. The Council is implementing a series of new tools (below) that will support performance data both outside of, and inside the One Croydon Alliance. Ultimately these should all come together to support Croydon becoming an integrated care system by 2021.
  - Liquid Logic, the new case management system for adult social care.
  - ContrOCC, the finance system that links care and support plans and costs.
  - MyResources, new tool for Council staff to manage staff establishments, budgets, provider payments and income.

- Dynamic purchasing system, the system to procure all future care provision. In developing the strategy for the Dynamic Purchasing System (DPS), there has been close scrutiny of finance and performance data to inform commissioning plans.

5.2. Direct payments is a further key area of transformation in Croydon's adult social care service. The aim remains to increase resident choice, control and personalisation by putting in place the policies, systems and support to be able to increase our 500 residents with Direct Payments to over 1,300 and also significantly increase the amount of carers. Effectively making a direct payment the first choice for all community based care and support from December 2019. During 2019/20, key deliverables will include:

- Commission a Personal Assistant Development Service to skill up and increase the local Personal Assistant workforce.
- Implement the Virtual Wallet online Direct Payments System.
- Consult and agree on new Direct Payments policy.
- Produce new staff and resident guidance for Direct Payments.

5.3. Shared insights will also emerge from the One Croydon Alliance population health management workstream; which is focussed on improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities across the borough's entire population through use of data and evidence base. Additionally, the community led support, good conversations practice model being implemented in adult social care, will develop a performance and evaluation framework focused on individual care and support plan outcomes, tracking waiting lists and budgets, and staff learning and development. This model once successfully tested, is expected to move to One Croydon Alliance system level implementation.

## 6. COMMISSIONING AND THE MARKET

- The market position statement could be developed further by incorporating more granular analysis supported by performance and activity data so the need for different types of services is clearly quantified – e.g. how many people are coming through transition over the next 2-5 years, and scoping housing and support needs.
- The good practice, success and rigour around strategic commissioning and planning processes within the Alliance work could be applied more widely across all areas of commissioning to refine and develop commissioning priorities and plans to accelerate delivery in under 65 groups particularly mental health and learning disability.
- The approach to the Alliance has resulted in a clear understanding of the roles and skill mix needed to deliver – This learning could be applied more broadly to wider commissioning arrangements.
- There is an opportunity to further develop the understanding of the provider market issues through the planned work around the real cost of care. It will be important that this delivers the granularity needed to align the management of the care market with the Medium Term Financial Strategy [MTFS] strategy.



- Further development of Croydon's market to increase the proportion of services users with direct payments and full personalisation.

## Progress

- 6.1. The market Position statement (MPS) had only very recently been completed at the time of the peer review. It had been uploaded onto the Croydon Observatory and has been promoted several times in conversations with providers, including at provider forums. It sets out the Council's current position and direction of travel for commissioning. Since publishing the MPS there has been a lot of work undertaken to further understand future demand including number of units required for supported living and the number of children who will transition to adult services. This will be included in the next refresh of the MPS with information about the detail of the commissioning strategy for the new dynamic purchasing system and the increase in direct payments.
- 6.2. The potential for joint and integrated commissioning arrangements across health and social care will develop. The One Croydon integrated contracting mechanism – the 'Service Operations Manual' can expand to include other types of provision, and joint priorities are being considered for the short and longer term.
- 6.3. Commissioners are supporting with the roll out of direct payments and the procurement of systems and external support including a personal assistants service. The last two provider forums have had a focus on direct payments and developing services and cost models that will increase market options for residents.
- 6.4. Overall, the monthly provider engagement meetings, which started about 18 months ago, have focussed on how we work together to find good quality, affordable housing for supported living in Croydon. The first meetings were held for disability and mental health providers on the Integrated Framework Agreement. As a result we developed a pen portrait process that has enabled us to set up 3 new supported living schemes and find new placements for over 30 people with complex health and care needs. We are now in the process of setting up 18 new flats for supported living with the providers that we have developed better relationships with.
- 6.5. As we progress, transform and integrate our provision to develop seamless care and support for our residents, we will develop new models of care that will require innovative commissioning processes and development of strategic partnerships, as well as in-house provision development.
- 6.6. The nature of the Dynamic Purchasing System supports innovation in commissioning, in that new providers can apply to the system at any time and new 'LOTS' – service categories can be added at any time, allowing for new models of care to develop in a timely way rather than waiting for long contracts to expire.
- 6.7. A focus on quality is imperative. Our commissioned providers will need to demonstrate how they meet the metrics in our outcomes framework.

## 7. MANAGING DEMAND

- Managing the market is an issue, particularly in dementia care where concerns raised regarding staffing ratios in nursing homes.
- A large number of care homes but high percentage of imported people and self-funders.
- Getting in touch – impact of digital transformation and online information: ensuring accessibility for all residents.
- An increased emphasis on asset-based interventions for people with Learning Disabilities in Transitions from Children's to Adults Services.

### Progress

- 7.1. Commissioners and operational staff have been taking forward a number of actions to improve care and support in accommodation based settings. There is a workstream under the adult social care (Adapt) transformation board to take forward insourcing and redesigning several areas of care and support with a view to improving quality. Strategies are also being developed to enable more options to support with shifting the balance from residential care to more supported living models. This promotes the principle of least restrictive options for vulnerable adults and enables the Council to have greater control over the management of properties.
- 7.2. A paper is going to Cabinet later this year requesting permission to take forward the procurement of care and support via the dynamic purchasing system (DPS), and this will include residential and nursing care which are currently all spot purchased. This should provide greater stability for the market and the proposed quality ranking system will ensure those providers who are performing well receive the most business.
- 7.3. The market position statement and ongoing conversations with the provider market make it clear that we are seeking less residential care and more supported living options in Croydon. There has been a good offer of support for providers who want to pursue de-registration and have properties that can be developed into supported living. Nursing care options continue to be limited and it is anticipated that this will be addressed through the creation of the DPS, which won't guarantee business, but will give anticipated activity levels.
- 7.4. Due to be launched in the autumn, Croydon adult social care will have a new digital arm to its service offer - [adultsupport.croydon](https://adultsupport.croydon.gov.uk). In line with the Care Act, the website will enable residents and carers to access adult social care related information and advice, and a 'digital market place' of free and paid for services from the voluntary and community sector, and from private domiciliary and residential / nursing care providers. The website will also enable anyone with a direct payment to transact with service providers, and access a personal assistant (PA) register. The website does not replace face to face or telephone based support options, but compliments it. It is linked to the newly developed Croydon Adult Support team (the front door), which has pulled together the fragmented service for adults previously provided across the contact centre, centralised duty team and gateway service. Members of the public can now call directly into the Croydon Adult Support, where a team of social workers, health

and wellbeing co-ordinators, occupational therapists and safeguarding staff, can focus on a whole person / family approach.

- 7.5. The adult social care Adapt programme has two workstreams with interdependencies to the transitions from children's to adult services. The 'disability and commissioning workstream' is focussed on advanced care and support planning for those who will enter the adult service. The 'active lives workstream' is focussed on reducing the reliance on buildings based, non-sessional services; through an increased outreach locality based skills development offer; providing young people with a disability, a clear route to adulthood and independent living.

## 8. CONTROLS AND PROCESSES

- Challenges of ICT and different systems – What gets recorded? Solutions? Have not fully resolved ICT system integration and sharing/recording of info.
- Review of recording mechanisms that aid/prompt a strength-based way of assessment/ review.
- There is scope to improve the system for monitoring care spend – domiciliary and residential care.
- Outcome-based assessment? Not really clear how outcomes are being set at assessment and then reviewed. Robust evaluation of outcomes i.e. savings/budget and improved outcomes for service users, of Alliance and integration?
- Better understanding of revised continuing health care guidelines by some Adult Social Care staff will ensure appropriate share of risks. The mandatory training programme will begin to address this.

### Progress

- 8.1. Croydon have rebranded its Information Technology (IT) service into Croydon Digital Services (CDS), with a new framework and approach in place to support adult social care and wider services to enable digital solutions. This includes the website [adultsupport.croydon](http://adultsupport.croydon) with embedded virtual wallet for direct payment users, and personal assistants register.
- 8.2. Work relating to the Croydon Digital 'systems' has prioritised the development and implementation of the new Liquid Logic adult social care case management system. As part of the move to an integrated care system, solutions will need to also focus on integrating this with One Croydon Alliance partner IT systems, wherever possible, and through robust joint discussions / reviews of partners systems.
- 8.3. Adult social care officers also attend the One Croydon Alliance IT Board where collaborative IT and Digital discussions for the future requirements of Digital systems are underway, looking at working better together, identifying a more robust customer experience, providing choice and control and also assessing where resources can be maximised and duplication is minimised.
- 8.4. On improving the system for monitoring care spend - domiciliary and residential

care; the successful implementation of the new adult social care Liquid Logic content management system, and the linked financial system, ContrOCC, will be key drivers to achieve the improved monitoring.

- 8.5. On outcomes / strength based assessments and reviews, as mentioned previously, the community led support, good conversations practice model being implemented in adult social care, will develop a performance and evaluation framework focused on individual care and support plan outcomes, tracking waiting lists and budgets, and staff learning and development. This model once successfully tested, is expected to move to One Croydon Alliance system level implementation. A key element of the 'good conversations model is that it enables staff and residents to focus on what is strong for the individual and their family / carer, not what is wrong.
- 8.6. One Croydon have a shared Health and Care Plan – a whole population outcomes framework has been developed to measure progress towards outcomes and service user experience.
- 8.7. Within the One Croydon Alliance a strength based approach is further evidenced in the LIFE service, where successful reablement depends on the development of person-centered goals toward which people will work with the support of the LIFE service. The LIFE reablement assessment and plan focusing on people's strengths and what they want to be able to achieve. Goals are a joint undertaking between the individual and the LIFE service. The plan is signed by both parties, which formalises people's commitment to achieving goals. Where appropriate, the individual's family and friends will also be involved in goal-setting.
- 8.8. Additionally the One Croydon Alliance community based, Personal Independence Co-ordinators, use the Short Warwick and Edinburgh Mental Well-being score and a Loneliness scale to measure impact on well-being and loneliness for people at 1<sup>st</sup> engagement, end of active engagement and at a 2 month review, along with personalised goals. In 2018/2019, 93.2% of personalised goals were met and in an evaluation of the well-being score from all clients until the end of August 2018, their well-being score on average improved from 22.9 baseline to 25.3 at end of active engagement to 26.8 at 2 month review (17% overall increase). The PIC Evaluation also evidenced from the focus groups that 88% of people reported improvements to their physical health, including increased mobility, weight loss, improved nutrition and overall health. It also evidenced that 15% were no longer housebound following intervention from the PIC service. Some quotes from the evaluation were as follows:
  - "I was stuck in my flat for nine months, now I can go downstairs into the lounge, my worker is helping me to venture further and I am thrilled"
  - "They helped me pick myself back up emotionally and got me walking again – Its wonderful"
  - "I was flat bound for 4 months then the PIC help me and I have gone on holiday, I cannot believe the change since they got involved"
- 8.9. On continuing health care (CHC), a new Hospital Discharge CHC pathway has been designed jointly by Croydon Clinical Commissioning Group (CCG) and the Council. This will be piloted for 6 months commencing in July 2019. This

pathway follows a 'Discharge to Assess' model whereby people with complex health and care needs will not have to wait unnecessarily in hospital for a full CHC assessment. Following a positive CHC checklist in hospital, the CCG will fund an interim care package to support them at home or, if appropriate, a placement in a nursing home, while they wait for a CHC assessment and eligibility decision. This will reduce the number of people delayed in hospital whilst a funding decision for their care is made and will increase the number of people who receive an assessment of their care needs in the community.

## 9. PARTNERSHIPS

- Ensuring that staff changes in partnerships do not dismantle the delivery. Provide reassurance to service users.
- Savings within the Alliance need to be distributed more quickly to where needed.
- Further develop end of life planning.
- Continue the focus on communications across partners.
- How to maintain the shared ways of working.

### Progress

- 9.1. Croydon's health and care plan, to be published in July 2019, sets out a portfolio of programmes for integrating services for the whole population. The plan needs to close a significant financial gap across of the system of approximately £160m over 5 years as modelled in a do nothing scenario. The programmes within the plan deliver the strategic approach to:
  - focus on prevention and proactive care
  - unlock the power of communities; and
  - make sure local people have access to integrated services that are tailored to the needs of local communities.
- 9.2. The One Croydon Alliance will also consider its enablers such as integrated commissioning, contracting and delivery models and how to share and manage system risk, and develop an integrated workforce that is able to share information to deliver person centred care seamlessly.
- 9.3. The NHS Long Term Plan supports the direction of travel for Croydon's locality model of care – with the contracting of GPs into geographical Primary Care Networks, and proactive and preventative approaches.

## 10. GOVERNANCE AND PLANNING

- Servicing the Alliance model potentially time-consuming e.g. GP 'huddles' therefore needs to be continually reviewed.
- Opportunity as the Alliance model continues to mature to review and streamline the number of Boards.
- Incorporate the information on availability of services into the locality model.

## **Progress**

- 10.1. A review of the One Croydon governance has been completed. With the changing national landscape of CCG's merging sub-regionally and locally Croydon CCG and Croydon Health Services NHS Trust aligning their organisations, this governance will need to continue to evolve, with expected shadow arrangements before moving to a more permanent governance structure by 2021. Our maturity and agility will provide assurance for the South West London NHS delegation process to Croydon's local 'Place' leadership.

## **11. NEXT STEPS**

- 11.1. Croydon's journey to integrating its health and social care for our whole population has some significant milestones to achieve during the next 12 months. These will be reported through a number of system wide governance mechanisms, including Cabinet, Full Council, Health and Social Care Scrutiny, the Alliance Croydon Transformation Board and the Health and Wellbeing Board.

## **12. CONSULTATION**

- 12.1. None specifically identified in this instance.

## **13. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

- 13.1. There are no direct financial implications arising from this report. However, it must be recognised that the provision of Adult Social Care Services is volatile and demand led and therefore the budget will need to remain under constant review and the continued implementation of service efficiencies is essential.
- 13.2. Approved by: *Lisa Taylor, Director of Finance, Investment and Risk and Deputy S151 Officer*

## **14. EQUALITIES IMPACT**

- 14.1. As the One Croydon Alliance moves to a whole population model, changes to services will impact on residents who are under 65, and younger residents with disabilities who are due to transition to adult services. In all instances, where there are future changes being proposed to services, strategy or policy, equality impact analysis will be completed, to inform evidence based decisions.

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### **CONTACT OFFICER:**

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**APPENDICES TO THIS REPORT**

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