

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

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Tuesday, 29 October 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 - 14)**

To approve the minutes of the meeting held on 26 June 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. Extra care Housing (Special Sheltered Housing) (Pages 15 - 34)**

The purpose of the report is to provide the Adult Social Services Review Panel with an update on the Extra care housing (Special Sheltered housing) offer within Croydon.

**6. Adult Social Services Direct Payments Update (Pages 35 - 52)**

This report provides an update on the implementation of new adult social care Direct Payments arrangements for Croydon residents in support of the Council's priority to help people live long, healthy, happy and independent lives.

**7. Annual Report of the Croydon Adult Safeguarding Report (CSAB)**  
(Pages 53 - 82)

The purpose of the report is to present the Annual Report of the Croydon Adult Safeguarding Report (CSAB).

**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 83 - 86)

To approve the Part B minutes of the meeting held on 26 June 2019 as an accurate record.

**10. Adult Safeguarding in Croydon** (Pages 87 - 90)

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

### MINUTES

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

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

#### Also

**Present:** Nick Sherlock (Head of Adult Safeguarding and Quality Assurance)  
Richard Eyre (Head of Innovation and Change)  
Rachel Soni (Director of Alliance Programme)  
Valentine Nweze (Interim Service Manager)  
Tariro Chivende (Experienced Social Worker)  
Nicola Buckley (Experienced Social Worker)

### PART A

#### 21/19 **Apologies for Absence**

Apologies for lateness were received for Councillor Clouder.

Apologies for absence were received for Guy Van Dichele (Executive Director for Health, Wellbeing and Adults).

#### 22/19 **Minutes of the Previous Meeting**

The minutes of the meeting held on 24 April 2019 were agreed as an accurate record, with the following amendments:

- 1) Item 15/19 - Addition of the follow up report from Director of District Centres and Regeneration arising from the Special Sheltered Housing Item.
- 2) Item 15/19 – Page 2, Paragraph 1 – Correction: “The Panel heard that seven of these sites were run by Care UK, who had subcontracted to London Care”. This previously stated six sites.
- 3) Item 15/19 – Page 2, Paragraph 4 – Amended to reflect the whole Panel’s endorsement of moving all sites from ‘Good’ CQC ratings to ‘Outstanding’.
- 4) Item 15/19 – Page 4, Paragraph 4 – Addition of the line “The Panel raised concerns about whether it might be more beneficial for mental health patients to receive care in hospitals, or through the South London and Maudsley Trust”.

23/19 **Disclosure of Interests**

There were none.

24/19 **Urgent Business (if any)**

There were no items of urgent business.

25/19 **Adult Safeguarding Practice**

The first Experienced Social Worker introduced themselves, and informed the Panel that they had worked in the council Children's department for three years before moving to the Adults team, and went through the details of the first case study.

The case study concerned a 90 year old resident (Resident A). This had been a complex case which involved the challenges of meeting Residents A's wishes while dealing with issues of mental capacity and dementia, which had led to a decline in health. This case had been subject to an application to the court of protection, as the challenges had needed a legal framework.

In response to questions from the Panel about what could have been done to maintain Resident A's independence, Members heard that the court could have listed the case and responded faster. Members acknowledged the difficulties in dealing with cases of hoarding, with experience of residents hoarding in their wards. A Member informed the Panel that work had been done with the Head of Public Protection to negotiate with fire services and get houses cleared while avoiding the courts, and suggested this for future cases. Members agreed that residents admitted to care homes could become institutionalised very quickly, and queried what other options, such as assisted living, had been considered to help Resident A maintain independence. The Panel learned that other options had been considered.

The Head of Adult Safeguarding and Quality Assurance highlighted the complexity of the case, with Resident A having the capacity to state that he did not want his family involved, and the difficulty of deciding when to proceed as normal and when to involve the courts. Involving the courts did not always improve the situation, as all decisions then had to go through the court process which reduced flexibility and the ability to manage the case.

Resident A had two social workers (one from the locality team and one from the safeguarding team) and had a good relationship with both; however, he would not take advice from either. The environmental team had talked to Resident A following complaints from neighbours about flies, but he would not let them into the property for an assessment.

In response to questions about how common this kind of case was, the Interim Service Manager stated at the last Croydon Vulnerability and Risk Management Panel they had attended there had been six cases, and five of these had concerned self-neglect or hoarding. The Breakthrough counselling Group Project (discussed at the January 2019 meeting of the Panel) had been helping residents identified with hoarding tendencies in collaboration with Mind. The Head of Adult Safeguarding and Quality Assurance informed the Panel that funding for this project over three years had been secured. In response to queries from the Chair about the limited number of residents who could participate at once, and the waiting list to join, Members heard that the approach had been to develop a variety of options to help those struggling with hoarding, such as work done with Clouds End, to ensure responses were as effective as possible.

When asked whether court cases often took this long to progress, Members heard that it varied, with a case that had been referred to court recently only taking a number of weeks. The Head of Adult Safeguarding and Quality Assurance explained that normally only ten cases went to court a year.

The Chair praised the work done on the case, and stated that they were heartened that ultimately Resident A was able to make choices about his care, to the extent which he was capable. The Chair stated it was difficult to know who was right in these cases, but appreciated that social workers did everything in their power to allow Resident A to make decisions.

The Head of Adult Safeguarding and Quality Assurance informed Members that there had been a multi-agency audit of self-neglect cases and the relationship with the Legal department had improved. There had been participation with huddles throughout the borough.

The second Experienced Social Worker introduced themselves, and informed the Panel that they had joined the council in 2008 as an assistant care manager; they had been sponsored to do social care training and had qualified in 2014.

The case study concerned a man with multiple disabilities (Resident B), requiring 24 hour care. Resident B had been living with their mother, younger brother and younger sister in a council property. Resident B had attended a specialist school. A referral had been received over concern of neglect, and the case had been referred for a Section 42 Enquiry.

There had been concern about neglect and the mental health issues of the mother. The situation had come to a crisis and the mother had been admitted to hospital, and had later been sectioned. Resident B was also taken to hospital, as they were found to be unwell; Resident B's brother had been taken into foster care. This left a vulnerable 18 year old young person in the household who, in theory, did not meet the statutory criteria of either children's services or adult social care. This person was also in the middle of their A levels.

After exploring a number of options, a place with a family with children of a similar age had been found through Shared Lives. The sister had been supported in applying to university and for grants to cover full time accommodation for the duration of their studies; there were fears that if the mother had been discharged she would have prevented the sister attending higher education.

The Chair praised the work done for the young person, and for not letting her fall through the cracks; the Chair stated that the cracks should not be there, and that work done with a multiagency and locality approach would help to close these.

The second Experienced Social Worker stressed that there had been a lot of consideration as to whether the response had been proportional, but that it had ultimately been felt that actions had been taken in everyone's best interest. The multiagency response had been important and had a great impact.

Members agreed that the case had been very complex.

## 26/19 **Adapt Programme Update**

The Head of Innovation and Change introduced the item, and reminded Members that this would be the third update on the Adapt programme. The last update to the Panel had been in June 2018, and this report covered the 12 months following.

There had been some delay in implementing the new e-marketplace, although through the new Croydon Digital Service, the issues were being resolved. In response to questions about the timeline for completing this work, the Panel heard that the target had been November 2019, with testing on the e-marketplace, information and advice and community directory taking place in September 2019. It was planned to be a 'one-stop shop' for services, and Members would be shown how it worked to enable them to help residents.

There had been an improvement in provider engagement events, which had been attended by over 200 different suppliers. A key intention discussed was, where appropriate, to enable more people to live in supported accommodation, rather than unnecessarily being placed in residential care. Forecasts had suggested there needed to be an additional 280 units of supported living stock before 2024, and work would be done to figure out how best to deliver this; 38 units had been secured since June 2018.

Members learned that a consultation on a new Direct Payments policy had begun, and residents could give their views and get involved at the following link: [www.croydon.gov.uk/directpayment\\_consultation](http://www.croydon.gov.uk/directpayment_consultation). Carers, families and residents had been encouraged to engage with the consultation.



A Virtual Wallet system had been procured for direct payments, and would allow users to buy care and support services. The advantage of this would be that providers could be paid faster, which the market had been responding to. Testing would be done with managed accounts first, before being rolled out to the remaining direct payment users.

Members expressed concern about direct payments, with many elderly people not being online or using emails. Members had witnessed multiple launches of other direct payment schemes, and stated this caused them some scepticism in regard to this one. The Head of Innovation and Change responded that direct payments user groups, amongst other service user groups, had already been engaged following an equality impact assessment, and would continue to form a key element of the user testing for the virtual wallet before it went live. All direct payment users had been written to asking for comments on the current direct payments policy.

Following this, Members discussed whether the programme had engaged widely enough with the public on consultations, and cited the new charging policy engagement. Members were concerned that the letters that had been sent had discussed removing a subsidy, without enough information on what it meant for them, which had caused some residents to panic, as the communications had not kept the audience in mind. The Chair responded that a review of the letters would be undertaken, to ensure that they would be properly tailored to vulnerable people.

Members felt that there had not been enough engagement with the Croydon Adult Social Services User Panel, and that there had been a lot of concern from residents, some with dementia, over the new charging policy. Members stressed the importance of engaging with the right people, and for making it personal with engagement from family members or carers. Regarding the charging policy, the Head of Innovation and Change agreed to make sure phone numbers and email addresses were available to the affected residents.

The Head of Innovation and Change highlighted that direct payments were not being forced upon service users, with managed accounts and other support services still in place to reduce risk; it was agreed that the availability of telephone and in person contact was important. The council would also be going to the market for a Croydon adult support service, to work with current Personal Assistants, to develop new ones, and to support people who wanted to use direct payments for employing a Personal Assistant. There would be a Personal Assistant register on the e-marketplace and through direct payments, but also information and advice through the Croydon adult support service.

The Cherry Hub had been opened, and would be used as the benchmark for Active Lives, with the Autism Service located separately next door. The Hub would deliver sessional services on life skills and employability; the Brit School and National Autistic Association had been involved, and some users had been linked up with the Croydon Voluntary Services.

A new Outreach Service would be available from July 2019 to help move service users out of day services, where appropriate; the Transitions Team would be involved, and the service would help to move residents to supported living and teach them life skills.

Liquid Logic would be implemented by autumn 2020, with the aim of providing an improved client record system, and supporting health and care to achieve an integrated care system. This would link in with Community Led Support, and ensure the council had access to quality practice and data to direct services and workforce development. In response to questions from Members about whether Liquid Logic would integrate information from Croydon Health Services, the Panel learned that data from the health information exchange would be used to allow these systems to talk to each other. Members expressed frustration that the data from Liquid Logic was not as granular and informative as it could be, and learned that the localities work being done would assist in correcting this, and that a new financing system would feed data into the system to show how budgets should be split. The building blocks for achieving more detailed data were in place, and should produce the desired results soon.

Exit plans were being made from the current Special Sheltered Housing contracts, with the option of bringing this service back in-house being considered. This had been in the business planning stage.

The Panel praised the volume of work taking place, but queried what difference service users and residents would experience in their interactions with the council. The Head of Innovation and Change responded that in the past there had been a fractured service with many different teams who did not always communicate with each other, and these had been restructured into the Croydon Adult Support Team to start reflecting the Multi-Agency Safeguarding Hub (MASH); this would be part of the whole family approach and the work to provide a local offer.

Talking points in the Thornton Heath locality innovation site, which included social care, welfare benefits advice and local voluntary colleagues, had been available at Parchmore Church on Mondays and Thursdays as part of community led support; lessons learned here would be taken to the next locality site to see if they were effective in other localities. This would show the value of testing models in the community.

The Director of the Alliance Programme informed the Panel that there were plans to add a section to reports on 'what it meant for Doris'. There was acknowledgement that more engagement could be done across health and social care, and that the market for direct payments users needed to be developed.

Members reported incidents of residents not being able to get through to the right services when contacting the council by phone, and heard that there would be a dedicated line, with an emergency team on duty after 16.00. There would be efforts to ensure that staff were logged into their phones, and to

promote longer phone calls which could gather more information and result in more actions taken. Members heard that there would be an effort for that same people to stay in touch with the resident, and that the good conversation model, along with localities and community led support, would reduce waiting lists and improved outcomes for people. The Head of Adult Safeguarding and Quality Assurance added that there had been a day in Thornton Heath where the waiting list had been zero, and Members noted that there had been a drop in GP waiting lists.

Members queried whether locality work had only been undertaken in Thornton Heath, and learned that this was the pilot site for community led support, but that the older peoples workforce had been restructured across all six localities, and that the wider disability service would be, where appropriate, restructured to the model. Once the community led support pilot had proved successful, it would be introduced across the other five localities. The Chair commented that the evidence from the sites where locality work had begun indicated that these projects would be successful.

## 27/19 **Croydon Adults Peer Review**

The Director of Integration and Innovation introduced and summarised the report, which provided a progress update on the 'Borough Feedback' recommendations presented to Full Council in July 2018; these emerged from the June 2018 London Association of Directors of Social Services (ADASS) 'Use of Resources' peer review.

Members praised the work being done, and commented on how well projects seemed to be integrated, with everyone on the same page. The Panel queried how demand would be managed and how commissioning could be done where there was not enough supply to meet the demand, referring specifically to nursing staff, supported living stock and dementia support. The Panel queried whether this had been apparent during the Dynamic Purchasing System consultation.

The Director of Integration and Innovation responded that lessons had been learned from One Croydon, which had a good model, but which struggled to recruit to all its positions as the staff had not been there. Creative work had been undertaken to look at different types of roles and to link services together, with the example given of a hybrid role that had been made to appeal more to GPs. The possibility of pooling budgets would be looked into. Work to secure accommodation had involved looking at strategic partnerships, and utilising the alliance whilst building relationships with registered providers. There had been improvements to the workforce strategy, and new HR procedures would be implemented, alongside increased staff engagement.

Members commented that a recent Scrutiny Health & Social Care Sub-Committee meeting had revealed that Croydon Health Services (CHS) had been struggling to recruit to some roles, which could lead to patients being

discharged too soon, which would undermine the work of One Croydon. The Panel learned that the CHS director had set up a workforce committee that they had been keen for the council to participate in. Council and CHS HR had worked together, and would produce a shared workforce plan to aid recruitment and staff retention. It was also hoped that the cultures of the two organisations could be aligned. It was not possible to increase things like nursing supply, but it would be possible to make Croydon an appealing place to work. The Chair reminded the Panel that the social workers who had completed their assessed and supported year in employment (ASYE) and who had spoken at the Panel in January 2019 had fed back that the support they had received in Croydon had made them want to stay, despite not being local, and this was evidence that this could be achieved. The new way of working in Croydon had been attracting new staff, but it was understood there were still shortages of supply for some roles.

In response to queries from Members about the impact of moving to an all age model, the Panel heard that development through the locality development programme needed to continue to ensure a bespoke offer for residents.

**28/19 Exclusion of the Press and Public**

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

**29/19 Minutes of the Previous Meeting**

The Part B minutes of the meeting held on 24 April 2019 were agreed as an accurate record.

**30/19 Adult Safeguarding in Croydon**

The Panel received an update on Adult Safeguarding in Croydon.

The meeting ended at 7.45 pm

**Signed:**

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**Date:**

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## Croydon Council

### For General Release

<b>REPORT TO:</b>	<b>Adults Social Services Review Panel 6 November 2019</b>
<b>SUBJECT:</b>	<b>Extra care Housing (Special Sheltered Housing)</b>
<b>LEAD OFFICER:</b>	<b>Guy Van Dichele, Executive Director Health Wellbeing and Adults and Sarah Warman, Director Commissioning and Procurement</b>
<b>CABINET MEMBER:</b>	<b>Councillor Jane Avis, Cabinet Member for Families, Health and Social care</b>
<b>WARDS:</b>	<b>New Addington South, Old Coulsdon, Addiscombe East, Broad Green, South Norwood, Norbury &amp; Pollards Hill</b>
<b>CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON:</b>	
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.	
<b>FINANCIAL IMPACT</b>	
Bringing the care service in house will incur an additional cost of <b>£378k in 2019/20</b> and <b>£1,452 in 2020/21</b> .	
This work this year has been funded as part of the transformation programme and will continue to be funded from revenue budgets next year and in subsequent years	

## 1. RECOMMENDATIONS

- 1.1 The Adult Social Services Review Panel (ASSRP) is asked to note the progress and the future plans for insourcing the care 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 update on the Extra care housing (Special Sheltered housing) offer within Croydon. The report will provide and update on the work to improve this provision in the last 6 months.

### 3. BACKGROUND AND SUMMARY OF PROGRESS

3.1 The Social Services Review Panel were provided with a report at the 24 April meeting which outlined

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

The report presented to the Social Services Review Panel on 24 April is contained at Appendix 2.

3.2 Since that meeting there has been good progress in implementing improvements and securing a better future for the provision of this service within Croydon. In particular it has been agreed the care provided in these schemes will transfer back to the Council from the current independent care provider. This will fulfil a promise within the administration's manifesto and allow the council more control over the care provided to the tenants living within these 6 schemes.

3.3 A corporate improvement programme aims to continue to deliver a number of improvements to the buildings in order to make these better places to live. This programme will be enhanced by the injection of capital spend in the next year to upgrade the schemes so they are fit for purpose and allow the delivery of a new operational model led and overseen by a local scheme manager in every one of the six schemes.

### 4. CURRENT POSITION

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
<b>Total =</b>		<b>260</b>	<b>2071</b>

4.1 There are currently 237 residents living across the 6 SSH's with over 2000 hours of care provided each week. The position within the schemes can be summarised as follows:



### **Current care Issues – Extra care (Special Sheltered)**

- *40% of tenants get less than 5 hours care per week*
- *66 % of tenants get less than 10 hours care per week*
- *Average age of tenant is 81*
- *Average care hours is 9 hours*
- *Low number of activities*
- *Poor meals experience*
- *Poor use of communal areas*
- *No overall consistent scheme or service management*
- *High level of voids*

### **Extra Care Housing – housing issues requiring improvement**

- *Communal areas require refurbishment & redecoration*
- *External areas and gardens need tidying and improvement*
- *Accessible WCs need upgrading*
- *Some areas not DDA compliant*
- *Laundry rooms need upgrading so tenants can use them*
- *Commercial kitchens not used*
- *Nowhere in communal rooms for tenants to make themselves a cup of tea or snack*

#### **Care contract variation**

- 4.2 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.
- 4.3 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.
- 4.4 In June this year agreement was reached with Care UK to vary the contract and remove the care provided at Extra Care (Special Sheltered) Housing from the contract with Care UK. It was further agreed there would be no early termination

fee payable by the Council The council and Care UK are working with London Care (the sub –contractor) on an exit plan to transfer the care back to the Council by 4<sup>th</sup> January 2020.

## **5. IMPROVEMENTS TO DATE**

5.1 A task and finish group bringing together the respective directors has been overseeing an improvement programme for the SSH's, to ensure progress and momentum in this area. 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
- 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 cleaning schedules will be changed as required;
- A 'tidy up' of the outdoor spaces for all the special sheltered sites
- Work 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, and a monthly council meeting with tenants to discuss care and the buildings has been introduced;
- An officer was 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;

5.2 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 a clear improvement and transformation programme in place.

## 6. FUTURE DIRECTION OF THE SERVICE

6.1 In line with the Administrations manifesto commitment, the Council implemented a project to begin to develop a new model for the SSH, which includes insourcing of the care provision. This work has produced proposals which are being implemented and include a new care model and operating model set out in summary form below:

### Extra Care Housing – new care model

- *Tenant focused care in homes for life*
- *Service management structure with scheme manager on site*
- *Person Centred activities*
- *Improved meals arrangements*
- *Focus on outcomes*
- *Link to locality working*
- *Improved Assistive technology*
- *More care to tenants if they need it reducing need for residential care*

### Extra care housing operating model

- *Scheme manager at every scheme responsible for overseeing every aspect of running scheme including care, housing management, repairs, maintenance, caretaking, cleaning, meals, general counselling and support*
- *A fully functional commercial kitchen at every scheme*
- *A kitchenette for tenants in every communal lounge*
- *At least one hot meal provided every day*
- *Every Scheme DDA compliant*
- *A full programme of activities at every scheme open to the community*
- *Laundry rooms fit for purpose and for the use of tenants and staff*

## **7. STAKE HOLDER ENGAGEMENT**

### **7.1 Residents and/or Service Users/Tenant 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 are now taking place including the Council and the care provider;

An officer from Council homes, District and regeneration has worked full time for 6 months on engaging tenants. Extensive engagement with tenants at the Extra Care (Special Sheltered) Housing schemes has taken place with issues they have raised informing immediate improvements needed to schemes and the transformation proposals. Generally tenants have wanted a better quality of environment in the buildings and gardens, they wish to see a greater range of activities, improved meals arrangements and a generally more responsive care and management service. There have been concerns raised about the quality of some of the care arrangements. It is clear from the work to date the schemes are not tenant centred and need to be. The new arrangements for the management of the care should also seek to address wider issues and outcomes for tenants with dedicated scheme management, improved meals and investment in activities. Onsite tenant liaison and activity co-ordination will need to be inherent in the new proposals. More detail of the key findings from tenant engagement are provided at Appendix 1.

#### **Suppliers**

There has been close working with the 3 care providers involved in the provision of the care service over the life of the Care UK contract. Regular contract monitoring meetings with providers has allowed the Council's commissioners to raise issues and areas of concern. At times the service provided has experienced problems some of these problems have been addressed through Improvement plans. Despite this the service provided is not a tenant focused home for life.

#### **VCSE Groups**

Discussions are taking place with some voluntary sector and community organisations to see if they are able to contribute to the provision of improved activities for tenants.

#### **Partners**

Discussions have taken place with Health partners through the one Croydon Alliance which has recognised the contribution extra care housing plays in the delivery of health and social care outcomes and the potential savings to health. Further work is needed to ensure more integration of health and social care provision at extra care schemes and to develop further new models of care.

## Anyone Else

Full engagement of officers from all departments across the Council has been achieved through monthly Directors meetings and a Corporate Project Board. Regular member workshops have been held to consider issues and options.

## 8. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

### 8.1 Revenue implications

The current costs of the care service provided at the 6 Extra Care (Special Sheltered) Housing units is **£1,967k** per year. Detailed financial analysis and cost modelling has been carried out with external consultants PeopleToo. From this work potential future costs of the proposed service is detailed in Table 1 below. This shows an additional cost of **£378k in 2019/20** and **£1,452 in 2020/21**.

These costs are projected to reduce through maintaining 13 more tenants in the schemes per year rather than placing them in residential care. If this were done successfully each year than the additional revenue costs would be reduced by **£172k in 2020/21** rising to **£686k in 2023/24** as the numbers of people staying at home increases.

**Table 1: Additional revenue costs of bringing the care in the 6 extra care (special sheltered) schemes in house.**

<b>Extra Care Housing Insourcing Model (extract)</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
Cost of staffing & management	1764	3122	3121
Investment in additional management	62	218	218
Investment in compliance and quality assurance	27	79	79
Total	1853	3419	3418
Current costs	1475	1967	2110
Differential	378	1452	1308
Mitigated by people being able to stay at home for longer	0	-172	-343
	378	1280	965

### **Assumptions**

#### **2019/20**

Staffing cost assumed to commence January 2020

Investment in management, compliance and quality assurance assumed to commence December 2019

#### **General**

Model assumes that care staff will be at grade 3

No termination costs for Care UK

It is envisaged that the costs of insourcing will be partly mitigated by improving the care offer in the extra care homes to enable people to stay in their own home for longer rather than being placed in a residential care home. The model is based on 13 people a year not having to move to residential care.

The existing contract with Care UK for care terminates July 2021 and so would need to be retendered at this point if no changes in provisions were made. The current costs increase by an estimated amount from 2021/22 to reflect this.

### **Transformation costs**

In addition to the above table there are some one-off costs. The work this financial year will accrue the following costs:

- Project management – £176K
- Service management – £61K
- Legal Advice –£20k
- Financial modelling – £45K
- Assistive Technology - £62K
- IT system - £117k

TOTAL                      £481K

Although further development work is required on a new meals service, subject to tenant consultation. It is envisaged additional costs of the new meals will be funded from changes to charges and income generation. Additional cleaning charges of operating commercial kitchens will be funded within the provider costs, HRA and charges included in tenants' service charges.

## **8.2 Capital**

A feasibility study has highlighted the need for £1.5m capital investment in order to

- Ensure all schemes are DDA compliant
- Recommission all commercial kitchens at the 6 schemes
- Install kitchenettes within communal lounges for use by tenants
- Ensure all accessible WCs are compliant
- Improve Laundry rooms for tenants use

These works and the associated capital investment needed will be progressed through the existing repairs and maintenance service and is HRA capital

The new operational model will require all these works are completed so schemes are DDA compliant, laundry facilities are improved, tenants are provided with kitchenettes and commercial kitchens are recommissioned

Any additional cleaning needed through bringing commercial kitchens back in use will be funded through the new meals provider costs/HRA and tenant service charges.

### 8.3 Rents and service charges

These are being reviewed and will be included in the annual report on Council rents and charges.

### 8.4 Risks

Key risks and / or issues requiring resolution / decision / escalation		
Ref.	Description	Required action
OPSC/R-1	High costs of in house service	Provide detailed financial costs and financial modelling make growth bid
OPSC/R-3	Compensation payment for early termination on care contract(s)	It has been agreed no termination payment is payable for changing the care in special sheltered housing
OPSC/R-4	Care continuity	Transfer staff
OPSC/R-5	Staffing	Do early TUPE prep work, Establish a staff bank, draft in-house proposals
OPSC/R-6	Partner relationships	Ensure regular (at least monthly) meetings at senior level
OPSC/R-7	Poor stakeholder engagement	Stakeholder engagement plan
OPSC/R-8	Service doesn't improve	Draw up and implement improvement plan across care and buildings
OPSC/R-9	Reputational risks to Council and partners. Different messages to staff and tenants from different organisations	Communications plan /Joint communications plan where possible and appropriate

## 9. HR IMPLICATIONS

Establishment of an in house care service 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, with the establishment of an in house care service 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, 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. This process has commenced as part of the exit planning process and the Council have asked the Provider for relevant information on staffing in line with TUPE.

## **10. EQUALITIES IMPACT**

10.1 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 237 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 undertaken as part of this work to ensure that individual needs are taken into account and equality and inclusion remains a key feature of any final implementation plan.

## **11. ENVIRONMENTAL IMPACT**

11.1 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:** Annette McPartland

### **APPENDICES TO THIS REPORT**

1. Social Services review Panel report on Special Sheltered Housing 24 April 2019
2. Extra Care tenant liaison feedback and Lessons learnt

**BACKGROUND PAPERS:** None



# ASSRP update extra care housing Changing Older Peoples Care

*Annette McPartland*

*Director of Operations Adult Social Care*

*Nov 2019*

# Changing Older Peoples Care Programme

PHASES	SERVICE	COST & VOLUME (current care commissioned )	COST & VOLUME (Proposed in house care)	TARGET DATE
PHASE 1	Care in Extra care Housing (SSH)	£2.4 m per year 2050 day hrs/week & out of hours	£3.7m per year 2861 day hours per week & out of hours in house care	January 2019

## Care in Extra care housing

Facility	Number of flats	Hours of care	Voids as at 25 Feb 2019
1.Frylands Court New Addington	40	338	2
2.Southsea Court West Croydon	40	187	4
3.Toldene Court Old Coulsdon	50	394	10
4.Brookhurst Court South Norwood	30	169	3
5.Freeman Court Norbury	60	523	3
6.Truscott House West Croydon	40	460	4

## Current care Issues – Extra care (Special Sheltered)

- 40% of tenants get less than 5 hours care per week
- 66 % of tenants get less than 10 hours care per week
- Average age of tenant is 81
- Average care hours is 9 hours
- Low number of activities
- Poor meals experience
- Poor use of communal areas
- No overall consistent scheme or service management
- High level of voids

## Extra Care Housing – housing issues requiring improvement

- Communal areas require refurbishment & redecoration
- External areas and gardens need tidying and improvement
- Accessible WCs need upgrading
- Some areas not DDA compliant
- Laundry rooms need upgrading so tenants can use them
- Commercial kitchens not used
- Nowhere in communal rooms for tenants to make themselves a cup of tea or snack

## Extra Care Housing – new care model

- Tenant focused care in homes for life
- Service management structure with scheme manager on site
- Person Centred activities
- Improved meals arrangements
- Focus on outcomes
- Link to locality working
- Improved Assistive technology
- More care to tenants if they need it reducing need for residential care

## Extra care housing operating model

- Scheme manager at every scheme responsible for overseeing every aspect of running scheme including care, housing management, repairs, maintenance, caretaking, cleaning, meals, general counselling and support
- A fully functional commercial kitchen at every scheme
- A kitchenette for tenants in every communal lounge
- At least one hot meal provided every day
- Every Scheme DDA compliant
- Accessible WCs upgraded
- A full programme of activities at every scheme open to the community
- Laundry rooms fit for purpose and for the use of tenants and staff

# Care in Extra Care Housing

## key deliverables to date

- In house shadow staffing structure
- Costings and financial model with ROI
- Recruited Hannah Balzaretti - Service manager
- Intensive Tenant Liaison work
- Agreed Contract variation with Care UK & no termination costs
- Exit plan agreed
- Implementing in-house operational plans
- Systems specification & development
- CCB report

## Key deliverables for 19/20

- Continue Tenant liaison on meals and activities
- Recruit key staff and set up staff bank
- Implement exit plan with providers
- Transfer care and TUPE staff – 4 January 2020
- Finalise proposals for improved meals
- Capital programme to upgrade schemes



Theme	Sub-theme	Lessons learnt	
<b>CARE AND SUPPORT</b>	<b>Social inclusion and isolation</b>	To make better use of the communal lounges and to provide activities that all residents can enjoy	
	<b>Supported decs scheme</b>	To ensure that properties are prepared and ready for re-decs to ensure a quick turnaround with this.	
	<b>Safeguarding issues and multi-agency meetings</b>	It is important that residents have a say in these and that their views are taken in to consideration, when discussing matters which will have an impact on their lives	
	<b>Bed bugs</b>	Better liaison between services to ensure a coordinated response.	
	<b>Lift works</b>	For professional advice to be followed, or where staff are unsure - to seek advice Forward planning and a multi-agency response seems to work well	
	<b>Fobs and entry door (DoLs)</b>	To consider the needs of residents on an individual basis To follow relevant legislation and not deprive people of their liberty. It is important to remember that residents living in these schemes have council tenancies - they are not residential homes	
	<b>Care plans and extra calls</b>	To have a person centered approach when assisting people with their needs.	
	<b>Meals</b>	To ensure residents have a say in their meal/food choices going forward and improve the meals experience	
	<b>CONTRACTS &amp; COMMISSIONING</b>	<b>Bed bugs</b>	As above
		<b>Kitchens</b>	For a consistent message to be given in regard to the use of the kitchens
<b>Security</b>		To ensure staff in the scheme are experienced in dealing with people with challenging behaviour and mental health issues	
<b>Staffing issues</b>		To continue to monitor staffing levels and staffing issues through spot checks and contract monitoring	
<b>Activities</b>		To place a greater emphasis upon a good activities programme to allow tenant choice and increased socialisation	
<b>Amenity fund</b>		To allow residents and relatives to have input in to managing this if they want to	
<b>Fobs and entry doors (DoLs)</b>		As above	
<b>Meals</b>		As above	
<b>HOUSING MANAGEMENT &amp; REPAIRS</b>		<b>Caretaking</b>	To make it clear to residents what their remit is and monitor the service via scheme managers
	<b>Washing machines and dryers</b>	To ensure repairs are reported in a timely manner to the relevant team/service	
	<b>Re-decs of lounges and dining areas</b>	To have resident input in to the colour schemes they would like to see	
	<b>Curtains and furnishings</b>	To have resident input in to the colour schemes they would like to see	
	<b>Heating and communal repairs</b>	To ensure repairs are reported in a timely manner to the relevant team/service	
	<b>Lift works</b>	To establish the key contacts prior to any plans being made and to discuss issues in a multi-agency setting	
	<b>Tenant and relative meetings</b>	To not assume that these are taking place because there are staff present in the scheme	
	<b>Gardens and social value</b>	To ensure these are accessible for all residents to use and enjoy	
	<b>Tenancy related issues</b>	To ensure that housing issues are addressed on a scheme by scheme basis and for residents to know who to contact in regard to housing/tenancy related issues	
	<b>Service charges - caretaking</b>	Clarify and ensure tenants receive clear information about what is included in the rent and service charges	
	<b>Axis repair surgeries</b>	To ensure that residents in all schemes can access this service, either in person or via other contact methods	
	<b>FACILITIES MANAGEMENT</b>	<b>Kitchens</b>	As above
		<b>Communal areas</b>	
<b>Site surveys and feasibility reports</b>		For staff in the scheme to be made aware of these in advance so necessary preparations can be made	
<b>Dishwashers</b>		To establish and be clear who has responsibility for these so decisions can be made	

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## Croydon Council

For General Release

<b>REPORT TO:</b>	<b>ADULT SOCIAL SERVICES REVIEW PANEL 6 NOVEMBER 2019</b>
<b>SUBJECT:</b>	<b>ADULT SOCIAL SERVICES DIRECT PAYMENTS</b>
<b>LEAD OFFICER:</b>	<b>Guy Van Dichele, Executive Director, Health &amp; Wellbeing and Adult Services</b>
<b>CABINET MEMBER:</b>	<b>Cllr Jane Avis, Cabinet Member for Families, Health &amp; Social Care</b>
<b>WARDS:</b>	<b>ALL</b>
<b>CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON:</b>	
This report provides an update on the implementation of new adult social care Direct Payments arrangements for Croydon residents in support of the Council's priority to help people live long, healthy, happy and independent lives.	
<b>FINANCIAL IMPACT</b>	
There no financial implications arising from this report	

### 1. RECOMMENDATIONS

- 1.1 To note the contents of the report

### 2. EXECUTIVE SUMMARY

- 2.1 A Direct Payment is a payment of money from the Council to either a resident in need of social services care and support, or to someone else acting on their behalf. The Direct Payment is to pay for the cost of arranging all or part of the support. The Council will make a direct payment instead of arranging or providing any services itself, if a resident wishes so. Direct Payments give those who need care and support to live at home greater choice and control over their support which in turns gives them greater independence.
- 2.2 This report provides an update on the Council's progress towards extending Direct Payments to more residents in support of the Council's priority to support Croydon people to live long, healthy, happy and independent lives,

### 3. TRANSFORMING THE COUNCIL'S DIRECT PAYMENTS OFFER TO RESIDENTS USING ADULT SOCIAL SERVICES

- 3.1 A health and care direct payment is paid to an eligible person using adult social care services, or a carer of someone using social care services, so that they can choose the who, how, when and where of how their care and support needs will be met. The Care Act 2014 requires that the Council gives all residents eligible for community based care and support services the choice of receiving some or all of their support through a Direct Payment. In Croydon around 4,000 service users and up to 1,000 carers will be eligible for Direct Payments. Presently around 12% of eligible social care users and around 25% of eligible carers take up this choice.
- 3.2 Direct payments support people to live independently in their locality, keeping as much dignity as possible and prevent and or delay the onset of acute support needs. They can help residents with care and support needs to live with as much opportunity, independence and control as people without such needs. Direct Payments also provide residents and carers with an opportunity to personalise their care to better meet their needs.
- 3.3 In support of the Council's priority to help people live long, healthy, happy and independent lives, the Health, Wellbeing and Adults service intends to move to a position where direct payments become the 'first choice' for locality based care and support. Although the decision over whether or not to choose a Direct Payment over a service directly arranged through the Council will rest with the resident or carer.
- 3.4 In 2018 the Council launched a transformation project to support many more people into independence through a Direct Payment. The key changes will be:
- a) **Increasing choice** – A New policy and guidance for residents and staff will be clearer and give residents more flexibility and advice about how and where they can spend their Direct Payments. Following extensive consultation this policy and guidance is now finalised for implementation from December 2019.
  - b) **Helping residents to find the right care and support** – A new online directory of services, Adult Support Croydon, will help people find the services they want and need. This directory will be made available to residents from December 2019.
  - c) **Reduced red tape** – A new online Direct Payments accounts system will be used so that people can manage their direct payments and book and pay for services online, without having to fill in lots of paperwork and keep receipts. This system is about to be tested out now with residents.
  - d) **Helping residents to find and employ Personal Assistants** – Many people who choose Direct Payments want to employ a Personal Assistant (PA) who can help them in their care and support. The Council, in partnership with Croydon CCG, has commissioned a new agency that will be dedicated to helping residents recruit PAs and support them in being an employer. The new service will be called the Croydon Personal Assistant Support Service and will be delivered by Independent Lives, a user led charity with experience of supporting people to recruit and retain Personal Assistants for Hampshire and West Sussex county councils. The agency will also offer training and

other workforce development and support to Croydon residents who wish to work as a Personal Assistant.

- e) **Increasing take up** – By simplifying the system, and by having a clear policy, more residents will make Direct Payments their **first choice** and achieve greater independence. Through the Community Led Support approach being developed across adult social care teams more people will be supported in taking up a Direct Payment.

3.5 It is anticipated that over the next two years the Council will move from there being c.600 residents with an adult social care Direct Payment to c.1,300 residents with an adult social care Direct Payment.

3.6 Some key milestones towards implementation will be:

November 2019	<ul style="list-style-type: none"> <li>Starting up the Croydon Personal Assistant Support Service</li> <li>Online Direct Payments system testing</li> <li>Finalising service pathways and staff guidance</li> <li>Building up providers listed on the Adult Support Croydon directory</li> </ul>
December 2019	<ul style="list-style-type: none"> <li>Adult Support Directory goes live</li> <li>Training for staff and partner agencies</li> </ul>
January 2020	<ul style="list-style-type: none"> <li>Begin phasing in of Direct Payments as ‘first choice’</li> </ul>

#### 4. CONSULTATION

4.1 The consultation over changes to the Direct Payments policy and its administration involved providing the detail of the changes in a number of media and formats. There was a complete version of the draft policy, summary versions and an easy read version. The consultation was communicated in a variety of ways including a media release, via the Carers Centre, council social media channels, Get Involved, Intranet, direct mailing to health, wellbeing and adults colleagues and the direct payments user group

4.2 In addition to the online survey, workshops and other engagement events were held with staff, partner and residents groups including: The Direct Payments Service User Group; the Learning Disabilities Partnership Board; the BME Forum; a Carers and Carers’ organisations workshop; the Dementia Alliance; Croydon Adults Social Services Users Panel (CASSUP); the Autism Partnership Board; Age UK staff workshop, and; Council staff meetings and training events.

4.4 Almost all respondents supported the proposed policy and approach with enthusiasm. The main focus of the responses was much less about the policy itself and more about its implementation. The key themes coming out of this consultation were:

- a) Make Direct Payment the ‘first choice’ but make sure that people are made aware that this is their choice and that there are alternatives

- b) Good customer care – good communications and early information will help people make the best decisions for them around Direct Payments
- c) Residents will go online for Direct Payments with the right help and support
- d) Flexibility and creativity is needed in Direct Payments policy implementation and Care and Support Plans, especially for people with more complex disabilities
- e) The standard Direct Payment hourly rate given for Personal Assistants needs to be looked at
- f) Resident contributions and the time it takes the Council to undertake financial assessments is a key consideration for residents when choosing to take Direct Payments
- g) Council staff and staff working in advisory agencies, e.g. Age UK and Mencap, will need training and guidance to ensure that advice on Direct Payments is clear and consistent
- h) Residents, staff and local organisations were interested in the proposal that payments could be made to carers who helped someone go online for their Direct Payment. However, it was felt that more work was needed on clarifying how this policy might work.

4.5 The response to this consultation has been to incorporate respondents' comments into the policy guidance itself where appropriate and to take on board comments and advice in developing the implementation plan.

4.6 The proposal to make a payment to carers who assist someone to go online has not been included in the final draft of the policy. This will instead be trialed in 2020 before implementation.

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

5.1 There are no financial implications arising from this report.

## **6. EQUALITIES IMPACT**

6.1 Adults and carers accessing social services care and support from the Council will include a diverse group of residents, including a large number of vulnerable adults. Direct Payments and its accompanying infrastructure will enable many more residents to better personalise their care and support and give them more choice over who provides their support and how and when they receive their services. Some residents may struggle to manage the personal responsibilities and or technology that will come with a Direct Payment and may need additional support or an alternative such as services arranged directly by the Council. Advice, information and support will be available to those who are considering and or using a Direct Payment. The choice over having a Direct Payment rests with the resident.

6.2 An Equalities Assessment has been completed to assist the development and delivery of these changes. The implementation of the changes will be carefully monitored for equalities impact and measures taken to address any issues should they arise

## **7. ENVIRONMENTAL IMPACT**

- 7.1 There are no significant environmental considerations arising from the proposals in this report

## **8. CRIME AND DISORDER REDUCTION IMPACT**

- 8.1 There are no significant crime and disorder considerations arising from the proposals in this report.

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### **CONTACT OFFICER:**

Caroline Baxter, Head of Business and Service Compliance, Health & Wellbeing and Adults Service **Telephone:** 020 8726 6000 ext. 10021

### **APPENDICES TO THIS REPORT**

**Appendix 1:** Direct Payments Update Presentation

### **BACKGROUND DOCUMENTS:**

Direct Payments Consultation: Key Themes Arising from Consultation

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# Direct Payments Update

Adult Social Services Review Panel

*6 November 2019*

# Direct Payments now

Even though they give people greater independence and more choice and control over their care and support, only a small proportion of Croydon residents choose a Direct Payment

- Residents say it takes too long to get a Direct Payment
- Residents say having Direct Payments means they have to take on lots of extra responsibilities and red tape
- If you have a Direct Payment you cannot always find the support you need
- Its very difficult to find a PA if you want one
- PAs need training but can't get any training in Croydon
- The policies and guidance for Direct Payments are unclear and have not been updated since 2010  
– Staff and residents are not clear on what we can and cannot do with our Direct Payment
- Direct Payments are not built into the service offer made to residents

Note: 56% of parents of children with a disability choose to take a Direct Payment for their Short Breaks support. This outcome gives an strong indication of the potential for Direct Payments for adults helped to live at home.

## Performance: Adult Service Users - CIPFA Comparators 2017-18

Borough	All numerator	All denominator	All %	Age 19 to 65 %	Age 65+ %
Harrow	1,237	2,413	<b>51.3</b>	51.1	51.1
Enfield	1,395	2,769	<b>50.4</b>	50.6	50.1
Redbridge	1,299	2,973	<b>46.5</b>	53	42.7
Sutton	525	1,329	<b>39.5</b>	57.5	23.4
Barnet	990	2,677	<b>37</b>	58.8	23.3
Merton	457	1,395	<b>32.8</b>	48.6	22.1
Waltham Forest	839	2,564	<b>32.7</b>	41.2	22.4
Haringey	620	2,368	<b>26.2</b>	31.4	20.1
Brent	740	2,911	<b>25.4</b>	39.1	16.8
Hounslow	377	1,737	<b>21.7</b>	35.4	13.7
Greenwich	616	3,046	<b>20.2</b>	27.1	12.5
Hillingdon	363	2,017	<b>18</b>	27.34	11
Ealing	504	2,969	<b>17</b>	27.3	10.1
Bromley	320	2,347	<b>13.6</b>	20.1	8
<b>Croydon</b>	<b>526</b>	<b>4,171</b>	<b>12.6</b>	<b>23.9</b>	<b>4.6</b>
Bexley	182	1,571	<b>11.6</b>	37.2	5.2

# What is changing?

- **Increasing choice** – A new policy will be clearer, giving residents more flexibility and advice about how and where they can spend their Direct Payments
- **Helping residents to find the right care and support** – A new directory of services will help residents find the services they want and need with the ability to order these services online
- **PA Support Service** – A new agency will help residents find a PA and be a good employer. The agency will develop the local PA market through training and other support – creating new job opportunities
- **Reduced red tape** – A new Direct Payments accounts system will be used so that people can manage their direct payments and book and pay for services online, without having to fill in lots of paperwork and keep receipts
- **Increasing take up** – The Council is committed to delivering independence and personalisation for residents who need social services. We believe that by simplifying the system more residents will make Direct Payments their first choice and be more independent as a result
- **Community Led Support** – Direct Payments will be the ‘first choice’ for helping residents to live at home with help and support offered in locality teams



## The Croydon Personal Assistant Support Service



theguardian  
**Public Service  
Awards 2016**

**Winner**



**Third  
Sector  
Awards** Finalist  
**2017**

theguardian  
**Public Service  
Awards 2017**  
**Finalist**

“Nothing about us, without us” approach

ISO 9001 2015

Mindful employer

SENDPO

CSC

Disability confident

CHAS

DBS umbrella body

Making safeguarding personal approach

IG policies in line with GDPR & DPA 2018 &  
comply with NHS Information Governance toolkit  
- level two

# Direct Payments Policy Consultation

- Do people support a proposal that all residents using adult social services to help them live at home should be encouraged to take their support as a Direct Payment?
- Do people support the Council introducing an online Direct Payments system to make Direct Payments simpler and to reduce bureaucracy?
- Do people support a proposal that would give a small payment to carers to who supported someone in going online to use their Direct Payments?
- What guidance and support do Council staff need to help them make this happen?

# Respondents said:

- Make Direct Payment the 'first choice' but make sure that people are made aware that this is their choice and that there are alternatives
- Good customer care – good communications and early information will help people make the best decisions for them around Direct Payments
- Residents will go online for Direct Payments with the right help and support
- Flexibility and creativity is needed in Direct Payments policy implementation and Care and Support Plans, especially for people with more complex disabilities
- The standard Direct Payment hourly rate given for Personal Assistants needs to be looked at, it's not enough to recruit and retain good staff
- Resident contributions and the time it takes the Council to undertake financial assessments is a key consideration for residents when choosing to take Direct Payments
- Council staff and staff working in advisory agencies, e.g. Age UK and Mencap, will need good training to ensure that advice on Direct Payments is clear and consistent
- Residents, staff and local organisations were interested in the proposal that payments could be made to carers who helped someone go online for their Direct Payment. However, it was felt that more work was needed on clarifying how this policy might work.



# The Virtual Wallet Solution



A simpler solution to enable effective payment and management of personalised budgets with three steps:

# Direct Payments Timelines (Draft)

WHAT	WHEN
<ul style="list-style-type: none"> <li>• Begin mobilisation for Personal Assistant Support Service</li> <li>• Design service pathways – Community Led Support approach</li> <li>• Build up providers on Croydon Adult Support Directory</li> </ul>	October
<ul style="list-style-type: none"> <li>• Test out Virtual Wallet on Council brokered Direct Payments Accounts</li> <li>• Virtual Wallet user testing with residents</li> <li>• Finalise and agree service pathways with Virtual Wallet</li> <li>• Build up providers on Croydon Adult Support Directory</li> <li>• Agree Direct Payments as ‘first choice’ roll out</li> </ul>	November
<ul style="list-style-type: none"> <li>• Croydon Adult Support Directory goes live</li> <li>• Personal Assistant Support Service start date</li> <li>• Training for LBC team on Direct Payments policy and processes</li> <li>• Training courses for PAs and PA employers</li> <li>• Begin roll-out of Direct Payments as ‘first choice’ roll out</li> </ul>	December
<ul style="list-style-type: none"> <li>• Direct Payments as ‘first choice’ roll-out for all</li> </ul>	January to March

# In 2021



- 1,300 adults helped to live in their local community and at home with a Direct Payment (36% of community based care residents)
- 650 adults and parents of children with a disability actively supported in employing a PA
- 750+ residents working as PAs with access to training and other workforce development support

Note: Figures may be adjusted upwards following work on MTFP

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<b>REPORT TO:</b>	<b>ADULT SOCIAL SERVICES REVIEW PANEL</b> <b>6 November 2019</b>
<b>SUBJECT:</b>	<b>Annual Report of the Croydon Adult Safeguarding Report (CSAB)</b>
<b>LEAD OFFICER:</b>	<b>Annette McPartland, Director- Health, Wellbeing and Adults Division</b>
<b>CORPORATE PRIORITY/POLICY CONTEXT:</b>	
<p>This report presents the Annual Plan of the Croydon Safeguarding Adult Board (CSAB)</p> <p>This report is for information only.</p>	

## 1. RECOMMENDATIONS

- 1.1 The Adult Social Services Review Panel (ASSRP) is asked to note the contents of the report and support the priorities for the Croydon Safeguarding Adults Board.

## 2. EXECUTIVE SUMMARY

- 2.1 The purpose of the report is to update the Adult Social Services Review Panel on the key developments in Croydon in regard to Adult Safeguarding. The report will present the Annual Report of the Croydon Adult Safeguarding Report (CSAB).

## 3. DETAIL

### **Croydon Safeguarding Adults Board (CSAB) Annual Report**

- 3.1 The Croydon Safeguarding Adults Board is a statutory Board made up of key multi-agency partners that has overall responsibility for the management of adult safeguarding across Croydon.
- 3.2 The CSAB Annual Report is introduced by the Board's Independent Chair, Annie Callanan, who has been in post since January 2018
- 3.3 The CSAB Annual Report will be presented at Cabinet on 18<sup>th</sup> November 2019 and had previously been presented to the Health and Social Care Scrutiny Committee on 24 September 2019. It is an important function of the Council to have oversight of the adult safeguarding activity in Croydon. The report gives an update on the multi-agency work undertaken by the CSAB to safeguard adults in Croydon.

- 3.4 The report includes data (pages 5 – 7) sources from the data submitted to the Department of Health and Social Care in July 2019 which looks at safeguarding contacts received during 2018 – 19 and whether they have progressed to a safeguarding enquiry. The figures show a comparison between 2017/18 and 2018/19 with regards to the type of alleged abuse, number of referrals and ethnicity. Where appropriate percentages and numbers have been included and a breakdown of the source of referrals following feedback from last year's Health and Social Care Scrutiny Committee.
- 3.5 The data reveals that 17% more females were reported as experiencing abuse than males, this gap has decreased from 18% difference in 2017/18. The gap between the Black and Minority Ethnic (BME) rate per 1000 population and the White rate per 1000 population is 2.7 an improvement from 2.9 in 2017/18. The Asian groups are the least referred for Safeguarding.
- 3.6 National comparisons or comparison to neighbouring borough data is currently not available but can be shared in late autumn when published.
- 3.7 The report sets out the following objectives/priorities identifying what has been achieved and what else needs to be done:
- **Prevention:** A further group of 9 recruited for the Hoarding Project with 7 clients completing the project. The amounts that Mind De-clutter buddies have been able to help clients remove has been significant and led to a better quality of life on a day to day basis.
  - **Commissioning:** Introduction of Quality Assurance Officer within the Council to focus on service provider issues and to complement the work of the Care Support Team and Quality Monitoring Teams. The Intelligence Sharing Sub Group of the CSAB to continue its excellent work with partners gathering information and taking action to improve the provider market in Croydon.
  - **Making Safeguarding Personal [MSP]:** This is the initiative that ensures the safeguarding process focuses on the needs of the person and their voice is at the centre of the safeguarding enquiry. MSP is embedded as a topic in every single adult tool used by Croydon Adult Social Care including the ASC Threshold Guidance Tool and further work to take place with regards to the tool being adapted specifically for partners use. Greater assurances are required as to how all Board Partners embed MSP in operational work.
  - **Voice of the Croydon Resident:** This is central to the work of the CSAB and Age UK have a representative at the CSAB meetings highlighting issues raised by Croydon residents and the organisation. However, the voice of the resident is an area which needs improvement and to explore ways of capturing feedback from those who have used the services with a focus on demographic groups which are underrepresented in the safeguarding data.

- **Communication and Engagement:** Implementation of Locality Services – Health and Social Care for over 65s ensuring there is a more locality focussed support. A new CSAB website has been developed and in a period of a ‘soft’ launch with a final launch in November 2019. Work will continue on the on-line safeguarding referral form and on statutory services providing more feedback to the referrer.

3.6 At the time of compiling this report the national data has not been published so we are unable to make comparisons with other Local Authorities. This data is unlikely to be available until December 2019. As in previous years when this data is available a report will be brought to ASSRP with an analysis of the data pulling out key messages for Croydon.

#### **4. EQUALITIES IMPACT**

4.1 Analysis of safeguarding data presented in the report shows slight increase in reported abuse in regard to women. A further challenge is the under representation of the Black, Minority Ethnic (BME) groups in adult safeguarding activity. The Safeguarding Board monitors all reported abuse and actions being taken to ensure equity of care and support across all residents.

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

5.1 No direct financial impact.

**Nick Sherlock**  
**Head of Adult Safeguarding and Quality Assurance**  
**Ext: 10020**

**BACKGROUND PAPERS:** None

**APPENDICES:** Appendix A: Annual Plan of the Croydon Safeguarding Adult Board (CSAB)

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## **Croydon Safeguarding Adult Board**

### **ANNUAL REPORT - 2018/ 2019**

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



This report gives an overview of the work of the CSAB from April 2018 to March 2019 showing what our plans were, what we achieved and what further work needs to be done to strengthen safeguarding arrangements and promote the welfare of adults at risk in Croydon.

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# Foreword by Independent Chair

## Welcome to the 2018/19 Annual Report of the Croydon Safeguarding Adult Board

This Report follows my first full year as Independent Chair of the Croydon Safeguarding Adults Board and I am pleased to reflect the work carried out and the achievements of the multi-agency partnership in making significant gains in increasing the profile of Adult Safeguarding across all sectors. I also want to acknowledge the support of the CSAB Business Manager, Denise Snow and the CSAB Coordinator, Lesley Weakford who have both worked hard, providing expertise and insight as they progressed the work of the CSAB and content of this report through the partnership.

Page 59 CSAB is well attended with high levels of positive and helpful engagement from all partners. Discussion is robust and well informed; support for colleagues around the table is high, as is challenge. Those exchanges are helpful in clarifying issues, sharing solutions and/or mitigating risk and reflect a strong and robust SAB able to influence improvement in services across all sectors.

We have in the past year built a strong and coherent Structure, significantly reducing the number of meetings managers from across the sector attend. We have reviewed and rewritten Terms of Reference for CSAB and all Sub Groups.

The priorities this past year, agreed on 5<sup>th</sup> June 2018 were:

**Prevention [early identification] and Commissioning [provider market management].** Croydon's approach includes early identification, through sharing intelligence and 'soft' information on residential and nursing providers of services across sectors and taking early action to prevent and reduce likelihood of abuse. This work feeds into both the Performance and Quality Assurance work of CSAB and informs work on practice development and Learning. Trading Standards have increased their work in preventing and stopping scams and doorstep crime.

**Voice of the Croydon resident** - work to improve the CSAB Website is well on the way to improvement, making it more accessible to Croydon residents. We have reviewed and update posters and leaflets and taken the lead relevant events such as Modern Day Slavery and had a presence at International Women's Day.

**Communication and Engagement** - CSAB is actively engaged in work to understand the needs of BME communities in Croydon and are working with others on this agenda.

**Making Safeguarding Personal (MSP)** – CSAB has completed an audit of MSP which gave us insight into where we need to improve to ensure that the principles underpin all cross sector work with vulnerable adults. We are currently reviewing the outcome of this work.



CSAB is better able to focus on priorities within effective frameworks using the CSAB Sub groups.

**Performance and Quality Assurance** - CSAB Performance and Quality Sub Group has established its own Data base measuring outcome in achievement from Safeguarding activity across all partners. This group is in a key position to measure the impact of change and understand where policy and procedures are working within and across organisations.

**Safeguarding Adults Reviews (SARs)** - The SAR Sub Group has reviewed all outstanding SARS, made decisions about which met criteria for a SAR and which cases could progress as a learning event. Through doing this we can initiate action earlier to reduce risk and improve services across all sectors.

**Practice and Development** - Practice and Development Sub Group works to provide learning and development opportunities closely informed by and directly related to the outcome of SARs; information from audits; the direction of travel coming through Performance and Quality Sub Group and Intelligence Sharing.

**The Chairs Sub Group** - This Sub Group brings together all Chairs and those in leadership positions across the CSAB. This provides much appreciated support for the Independent Chair and has, due to Partners engagement as Sub Group Chairs and Vice Chairs, representatives from Senior Manager of the majority of agencies

sitting on the CSAB. The Chairs Group shares intelligence, frequently resolves issues, provides information insight and support and importantly , sets the Agenda for CSAB Meeting.

Relationship with Children's Safeguarding Board remains strong and will continue with cross sector work on areas such as Transitions planned for the coming year.

Throughout all of our work we hold the residents of Croydon, especially those with Care and Support needs at the centre of all that we do. This year has been about establishing Governance and the structure to underpin that. It has also been about building relationships and agreeing how we will work together going forward as we are increasingly aware of the pressure on public sector services as demand increases. I have enjoyed the challenges and the successes we have shared in Croydon. I have appreciated the hard work of all colleagues in making progress and look forward to future years as we continue to improve services and prevent abuse in Croydon.

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



# Safeguarding Statistics for 2018-2019

The figures over the next three pages, are sourced from the data submitted to the Department of Health and Social Care in July 2019, which looks at safeguarding referrals received during 2018-19 and whether they progressed to a safeguarding enquiry for further investigation.

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

The graphics on this page and the next show the demographics of the adults who had at least one safeguarding referral during 2018-19 and the graphics on the following page represent the same referrals which were progressed to a safeguarding enquiry during 2018-19 and their outcome where known.

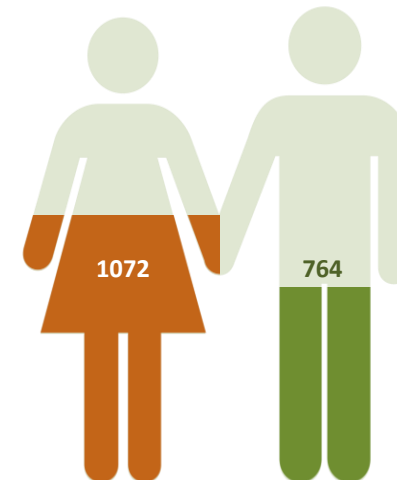
#### Please Note:

- The figures show the comparison between 2018-19 and 2017-18 where possible
- The location of abuse does not necessarily mean the adult was experiencing abuse from staff at these locations; for example, an adult may be experiencing abuse at a hospital, but it maybe from a relative visiting the adult who was alleged to be causing the abuse
- Safeguarding referrals are known as safeguarding concerns by the Department of Health and Social Care



# 1%

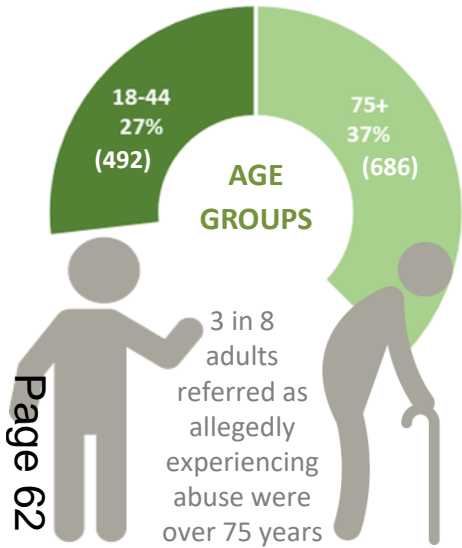
Of the adult population in Croydon had a safeguarding referral in 2018-19 (1840 compared to 2093 last year)



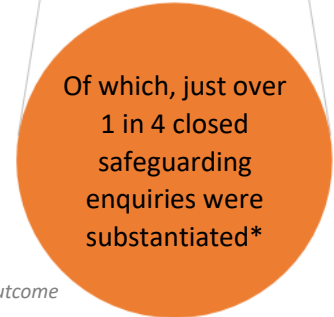
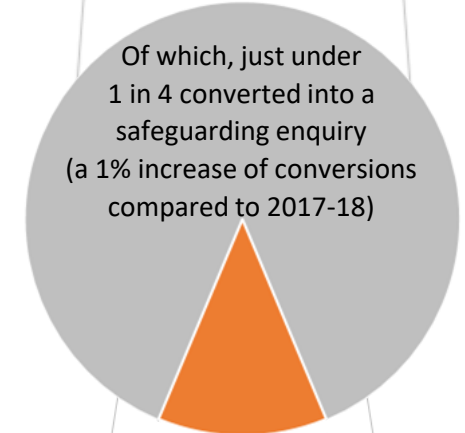
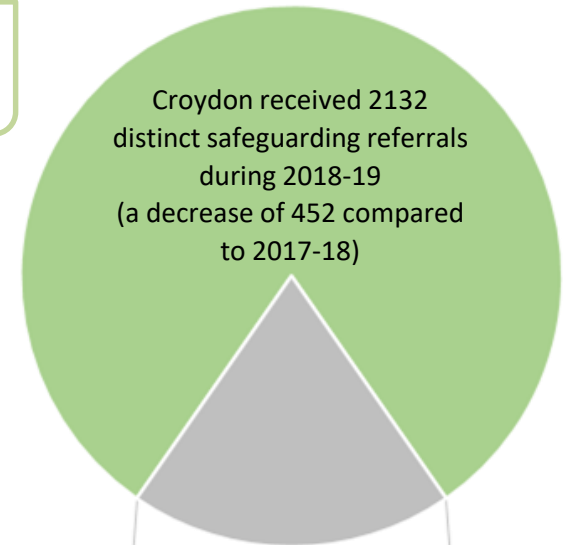
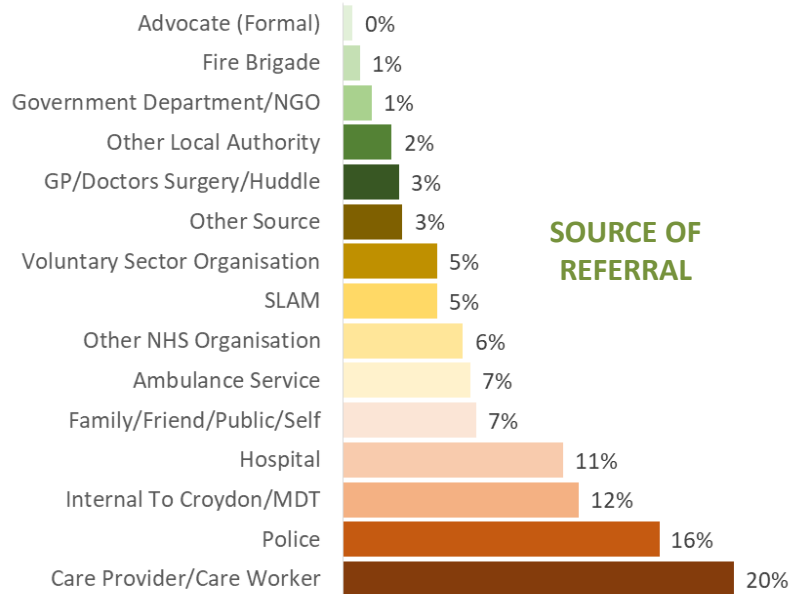
17% more females were reported as experiencing abuse than males, this gap has decreased from 18% difference in 2017-18



# Safeguarding Referrals Received during 2018-19



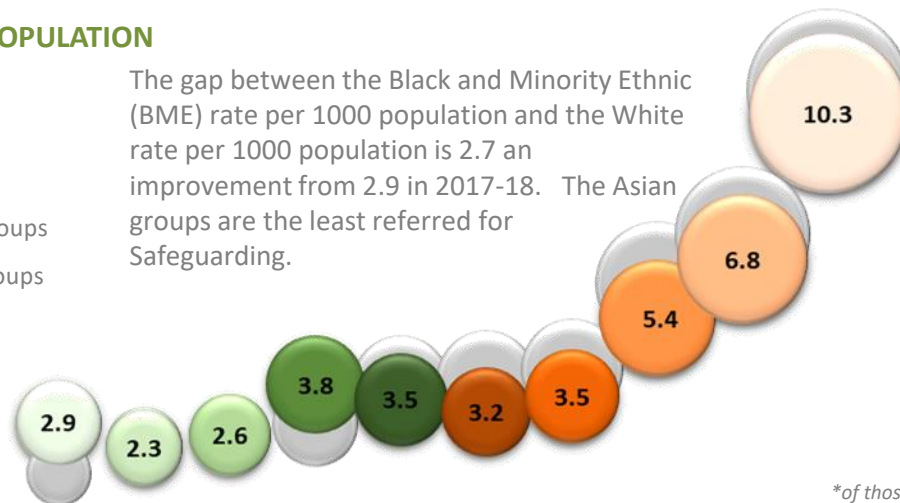
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## ETHNIC GROUP RATE PER 1000 POPULATION

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

The gap between the Black and Minority Ethnic (BME) rate per 1000 population and the White rate per 1000 population is 2.7 an improvement from 2.9 in 2017-18. The Asian groups are the least referred for Safeguarding.



\*of those with an outcome



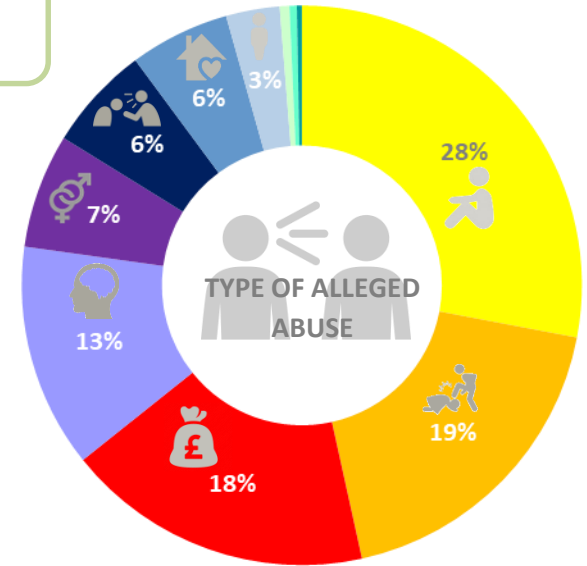
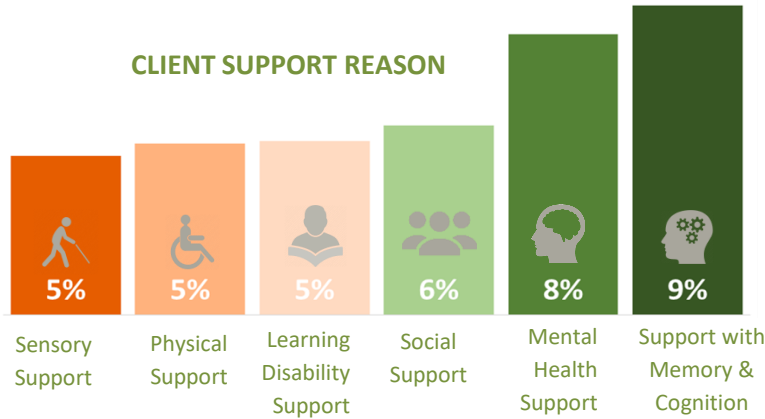
# Safeguarding Enquiries Started during 2018-19

Of the

# 511

Safeguarding Enquiries started in 2018-19 (down from 596 in 2017-18)

## CLIENT SUPPORT REASON



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4 in 7 safeguarded adults allegedly experienced abuse in their own home (an increase of 1% compared to 2017-18)



2 in 7 safeguarded adults allegedly experienced abuse whilst in a care home setting (a decrease of 1% compared to 2017-18)



1 in 16 safeguarded adults allegedly experienced abuse in a hospital environment (a decrease of 1% compared to 2017-18)



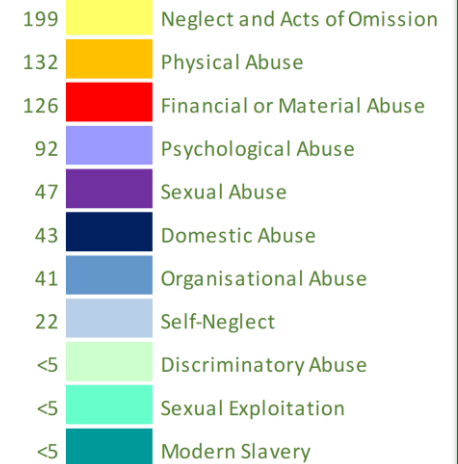
3 in 5 were allegedly experiencing abuse from someone they knew (an increase of 4% compared to 2017-18)



1 in 3 were allegedly experiencing abuse from a formal carer (a decrease of 1% compared to 2017-18)



1 in 18 were allegedly experiencing abuse from a stranger or unknown person (a decrease of 4% compared to 2017-18)



# Lay Member

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

The Adult Safeguarding Board is progressively developing its work to fulfil its enhanced responsibilities under the Care Act 2014

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

Being a large body, much of the work inevitably has to be done in sub-groups / working groups. The challenge is to ensure that the Board receives the appropriate level of reports to enable it to carry out its responsibilities

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

As a member of Safeguarding Adult Review [SAR] Sub group, which performs a crucial role, we need to do more to ensure that the right level of investigation / inquiry is carried out when someone dies or is seriously harmed. This to include where appropriate a SAR

A robust process is now in place which enables tracking of decisions made and actions to be taken.





# Learning and Development 2018 – 19

The CSAB learning and development programme for 2018 -19 was designed to ensure that staff and volunteers across the multi-agency partnership have access to free safeguarding training and continuous professional development, appropriate to their level of responsibility.

The focus for 2018 -19 was on reflection of practice, identifying lessons learnt and developing strategies for interventions that would result in the service user being supported in a person-centred manner, based on the principles of Making Safeguarding Personal. This approach is ongoing and requires further development in 2019 - 20.



## What did we do:

We developed a blended programme of bespoke events, multi-agency face to face training and e-learning courses to meet individual learning styles and needs. Learners were encouraged to take responsibility for applying their learning to practice by: reflecting on the learning that they had undertaken; consider how they would build on the learning, and review of the learning in supervision and annual performance reviews.

## What needs to be done:

There was a high level of interest and bookings from adult social care staff, but low take up from Police, Fire, Health and other target groups. We aim to improve communication to increase level of engagement, through monthly mailshots, quarterly newsletter with training update and hyperlinks to the CSAB website and 9 Croydon Learning.

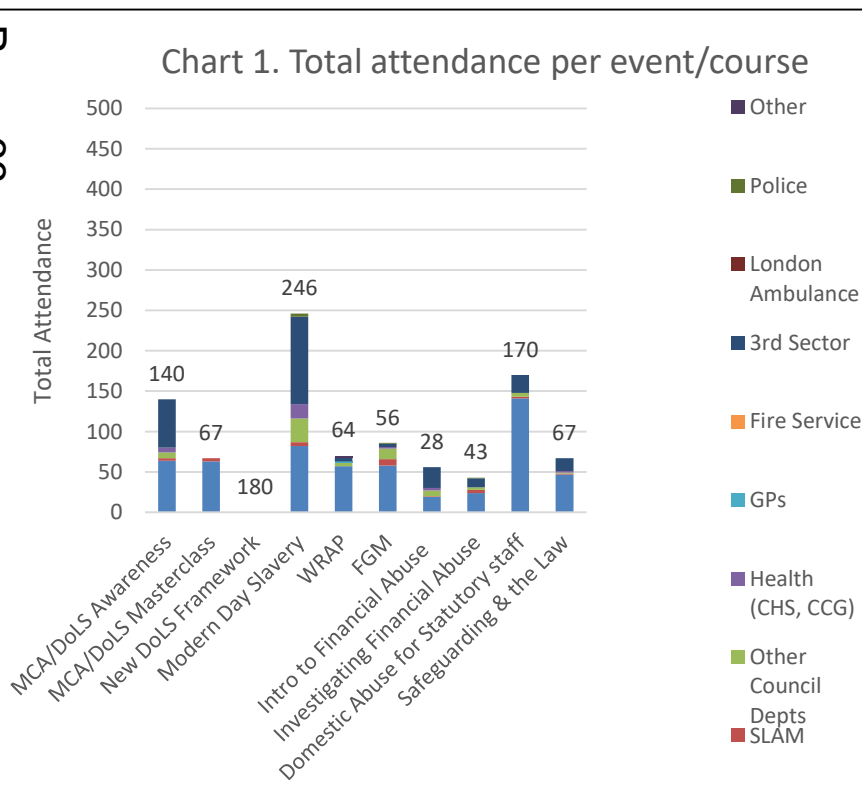
# Learning and Development 2018 -19

## Course attendance

All Partner agencies provide in-house training that is compliant with the basic safeguarding awareness raising, so the reporting on attendance will focus on the learning and development interventions commissioned by the CSAB. We are currently looking at the synergies how we can effectively develop a whole system approach to training delivery across the partnership.

Chart 1 shows that although there was a high level of interest and bookings from adult social care staff, there was a low take up from the Police, Fire, Health and other target groups.

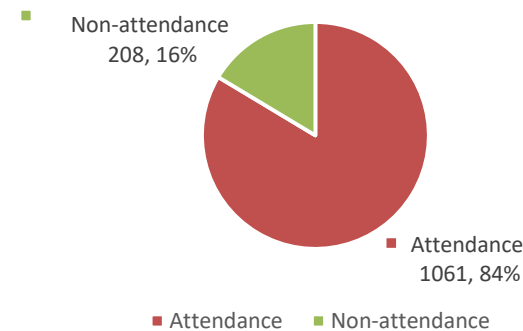
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## Attendance and non-attendance

There has been a noticeable improvement in the non-attendance figures (see chart 2), which maybe attributed to the new learning management system, hosted by Croydon Council which was introduced to the CSAB last year to enable a self-service cancellation function, and an improved recording and management functions.

**Chart 2. Attendance/Non-attendance**





# Learning and Development 2018 - 19

## What needs to be done in 2018-19:

### Engaging with all CSAB members and partner agencies

Improved communication is required to increase level of engagement. Monthly or quarterly newsletter with training update and hyperlinks to the CSAB website and Croydon Learning.

### Feedback and Impact

Evidencing the transfer of training and learning into improved practice, and better outcomes for adults at risk.

Work with the philosophy of the Kolb model; that learning is not linear but an ongoing circular exercise, in other words it is a process rather than an event.

We need assurance that the safeguarding training that is taking place across all partner agencies, including the voluntary and independent sector is quality assured and regularly scrutinized and tested.

Partner agencies need to understand the roles and responsibilities of the different teams, including key contacts who can facilitate the transfer of key information and the identification of synergies. The objective is that by working together, the service user will receive a quality, holistic, seamless service that addresses individual need and circumstance.

That service users be involved in learning interventions to ensure that there is consistency in our service delivery, and that service users who are involved will be limited to a narrative role rather than an instructive or facilitatory role.



# CSAB Priorities 2018 - 19



# Priorities 2018/19

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

Prevention	Commissioning	Making Safeguarding Personal	Voice of the Croydon Resident	Communication & Engagement
<p>A system which prevents abuse from happening and share lessons for proactive development</p> <p>Better to take proactive action before harm occurs</p> <p>Early Identification and provider market management</p>	<p>Where the abuse occurs we remove or reduce the abuse reoccurring.</p> <p>Commissioned services need to reflect needs of the population.</p> <p>Robust response to market failure [new Provider Market Policy agreed]</p>	<p>Where the person is at the centre of an enquiry.</p> <p>People being supported and encouraged to make their own decisions and empowered by advocacy</p> <p>People's needs to be listened to.</p>	<p>What is important to Croydon's residents and ability to address their needs.</p> <p>Local people have a voice by way of feedback and arranged interviews</p> <p>Service listening and meeting people's needs.</p>	<p>A system where people know how to get information and advice.</p> <p>Easy accessible information being made available both online and in print.</p> <p>Raising awareness of the CSAB including a refreshed web presence.</p>

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# Prevention

## What we have done:

- Age UK provided safeguarding training to external organisations as part of their partnership working.
- Trained the Age UK Croydon Leadership team in how to support their teams in the Safeguarding process [Age UK]
- Creation of Mental Health teams to offer a more bespoke service [Croydon Police].
- Implementation of telemedicine in Care Homes to improve patient experience and outcomes. [CCG]
- Croydon Mind have continued to work with Trading Standards to provide Scam Awareness workshops.
- A further group of 9 recruited for the Hoarding Project with 7 clients completing the project. The amounts that Mind De-clutter buddies have been able to help clients remove has been significant and led to a better quality of life on a day-to-day basis.
- A robust process is now in place which enables tracking of decisions made and actions to be taken with regards to Safeguarding Adult Reviews..
- Raising awareness of the issue of trafficking and Modern Slavery through events, training, mailshots & advertisements. The Town Hall was lit up in red lighting as the request of the Cabinet Office in Modern Slavery prevention awareness week.
- Under delegated commissioning the safeguarding team within the CCG provide safeguarding training to staff in GP practices across Croydon

## What needs to be done

- Implementation of Community Led Social Work focussed on prevention and a move to a Localities Model.
- To include the safeguarding policy in Trustee induction pack [Age UK].
- Improve system of early identification of potential SAR or learning around high risk incidents [Police]
- To continue to develop the integrated model for safeguarding across CHS and CCG.
- To implement adult safeguarding roles and competencies for healthcare staff published in August 2018 by 2021 [CCG].
- To continue the work with the Hoarding Project.
- To undertake an analysis of SAR themes e.g. Mental Health, Homelessness and Self Neglect.
- To identify ways to measure the impact of the prevention work undertaken for Croydon residents.

“I have completed the Breakthrough Hoarding course. I have managed to part with huge amounts of things, realising that they were not serving me any purpose. With each item that left I felt lighter and happier. Last week my children had their friends over after school. Whilst I know my home isn't as tidy as most people's, it's getting there”.

**Bag Totals:**  
**Rubbish x 111 bags**  
**Charity Shop x 73 bags**  
**Recycling x 21 bags**  
**[Hoarding Project]**



# Commissioning

## What we have done

- Under delegated commissioning the safeguarding team within the CCG provide safeguarding training to safeguarding leads within GP practices across Croydon.
- Commissioning of the Significant 7 training in care homes [CCG]
- Introduction of quality assurance officer within the Council to focus on service provider issues and to compliment the work of the Care Support Team and Quality Monitoring Teams.
- Multi agency monthly Intelligence Sharing meetings.
- Management of the provider market through market oversight.
- Innovative red bag scheme mandated by NHSE implemented by Croydon CCG. It provides a better care experience for care home residents by improving communication between care homes and hospitals.
- Provider Forum meetings held, learning from SARs presented to this forum.
- With CCG colleagues Croydon Health Services [CHS] have been working towards an integrated model to strengthen safeguarding arrangements across the health services in Croydon, this integration will help with succession.

More quality meetings held receiving good feedback from those providers who have been through the quality and monitoring process

## What needs to be done

- To support partners to strengthen arrangements with regards to the transition from children services to adults especially for LAC, LD clients and people with physical disabilities [CCG].
- Strengthening oversight of initiatives by NHS England in addition to ADASS.
- The Intelligence Sharing Sub Group to continue its excellent work with partners gathering information and taking action to improve the provider market in Croydon.
- To continue to develop the integrated model for safeguarding across the acute trust and the CCG [CHS].
- Implement adult safeguarding roles and competencies for healthcare staff published August 2018 by 2021 as mandated by NHSE. [CHS]

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

CQC Ratings	Care Homes	Dom Care Agencies
Outstanding	3	1
Good	102	53
Requires Improvement	19	11
Inadequate	2	2
Not rated	1	7



# Making Safeguarding Personal

## What we have done

- Implementation of S42 team to improve quality of enquires.
- Learning from multi agency case study presentations at the Practice & Development sub group meetings focussing on the six principles of safeguarding.
- Introduction of the Adult Social Care Safeguarding Risk Threshold Guidance Tool.
- Age UK's rolling programme of safeguarding training for all staff, volunteers and trustees to ensure that all are able to recognise safeguarding issues and how to address them.
- The CSAB Performance and Quality Assurance Sub Group undertook a Multi Agency Self Neglect Audit.
- Completion of the MSP Temperature Check progress template for LondonADASS. This is a national piece of work measuring progress of implementing MSP.
- MSP is embedded as a topic in every single adult tool used by Croydon Adult Social Care. The NHS will include patients and their next of kin in Serious Incident Report processes under the duty of candor.

## What needs to be done

- Capture the voice of the vulnerable adult.
- To work further with the ASC Threshold Guidance Tool with regards to the tool being adapted specifically for partners use.
- Take forward the learning and actions from the Self Neglect Audit: Making Safeguarding Personal, Communication, silo working and missed opportunities. To undertake a further self neglect audit in two years to measure impact and improvement.
- Multi Agency Dementia Audit taking place between September – November 2019.
- Greater assurances are required as to how all Board Partners embed MSP in operational work.

### **What is the Data Telling us?**

*People feel supported through the safeguarding process  
[Age UK]*

*Extremely grateful for being kept informed of case conference meetings etc in a timely manner.  
This allowed me to arrange transport and discuss with my daughters in good time'*





# Voice of the Croydon Resident

## What we have done

- Age UK have a representative at the CSAB meetings highlighting issues raised by Croydon residents and the organisation.
- Information and Advice Team provide support, assistance and advocacy to represent the residents of Croydon and empower them to represent themselves [Age UK].
- Croydon Police supported the Victim Right to Review process through the police supervisors allowing challenge.
- Robust processes in place for LD mortality review programme where carers voices are heard [CCG].
- Provider Forum meetings held, learning from SARs presented to this forum.
- Feedback using quality assurance calls by Brokerage with Domiciliary Care service users.

## What needs to be done

- The voice of the resident is an area which needs improvement and to explore ways of capturing feedback from those who have used the services.
- Disseminate and embed learning from LD mortality reviews.
- Focus on demographic groups which are under represented in the safeguarding data.
- Look at current feedback mechanisms with a view to improve or introduce new systems.

Families are feeling supported by the acute liaison nurse for LD  
**[CHS]**

People feel relieved that they are listened to .  
They feel confident to know they have an independent person there to support them if they need support.

**AGE UK**



# Communication and Engagement

## What we have done

- Age UK have added their safeguarding statement to their website making it more prominent and easier to find.
- MASH teams further embedded within council buildings to improve information sharing between agencies. [Police]
- Relevant teams within the CCG are proactively involved in the care home forums and the provider level concern process.
- Implementation of self-assessments for safeguarding arrangements in GP practices. [CCG]
- Implementation of Locality Services – Health and Social Care for over 65s ensuring we have more locality focussed support.
- Safeguarding Leaflet distributed.
- Health Task & Finish Group developed a Falls Protocol: A decision guide when is a fall a safeguarding.
- Raising awareness of the work of the CSAB through meetings, website, events.
- Attendance at national and London safeguarding networks.
- Modern Day Slavery Conference held in October 2018 with 130 attendees and speakers presenting on sexual exploitation, County Lines, domestic servitude and rape crisis.
- Redesigned website for the CSAB to be launched in November during Safeguarding Week.
- CHS undertook an audit to evaluate the compliance with the Mental Capacity Act (2005) on inpatient wards providing care to dementia patients.

## What needs to be done

- Work further on the on-line safeguarding referral form.
- Statutory services to provide more feedback to the referrer.
- Improve police attendance at multi-agency training.
- Development of integrated health and social care locality services for people under 65.
- Working across the partnership to develop a more integrated safeguarding model.
- Continue to develop the website with useful and timely information.
- Print the safeguarding leaflet in several languages for distribution.
- Publish a quarterly CSAB Newsletter.
- Ensure CSAB multi agency training is advertised across the partnership.
- CSAB to continue to engage and build relationships across the partnership.
- Monthly mailshots advertising up and coming training.



<https://www.croydonsab.co.uk/events/>



Croydon Multi-Agency  
**SAFEGUARDING  
ADULTS BOARD**

<https://www.croydonsab.co.uk/>

# Governance & Accountability arrangements



Care Act  
2014

**SAB Membership**  
includes:  
Local Statutory &  
voluntary sector  
organisation and a  
Lay Member. Led  
by an  
Independent  
Chair

**Safeguarding Adult Board [SAB]**  
**Statutory Partners are:**  
Local Authority, Police, Clinical  
Commissioning Group being the

## Core duties of the SAB

Publish an Annual  
Report

Develop and  
publish an Annual  
Strategic Plan

Arrange  
Safeguarding  
Adult Reviews

The SAB will embed the requirements of the overarching Care Act to:

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

Prevent abuse and  
neglect where  
possible

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



# Funding arrangements for the CSAB

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

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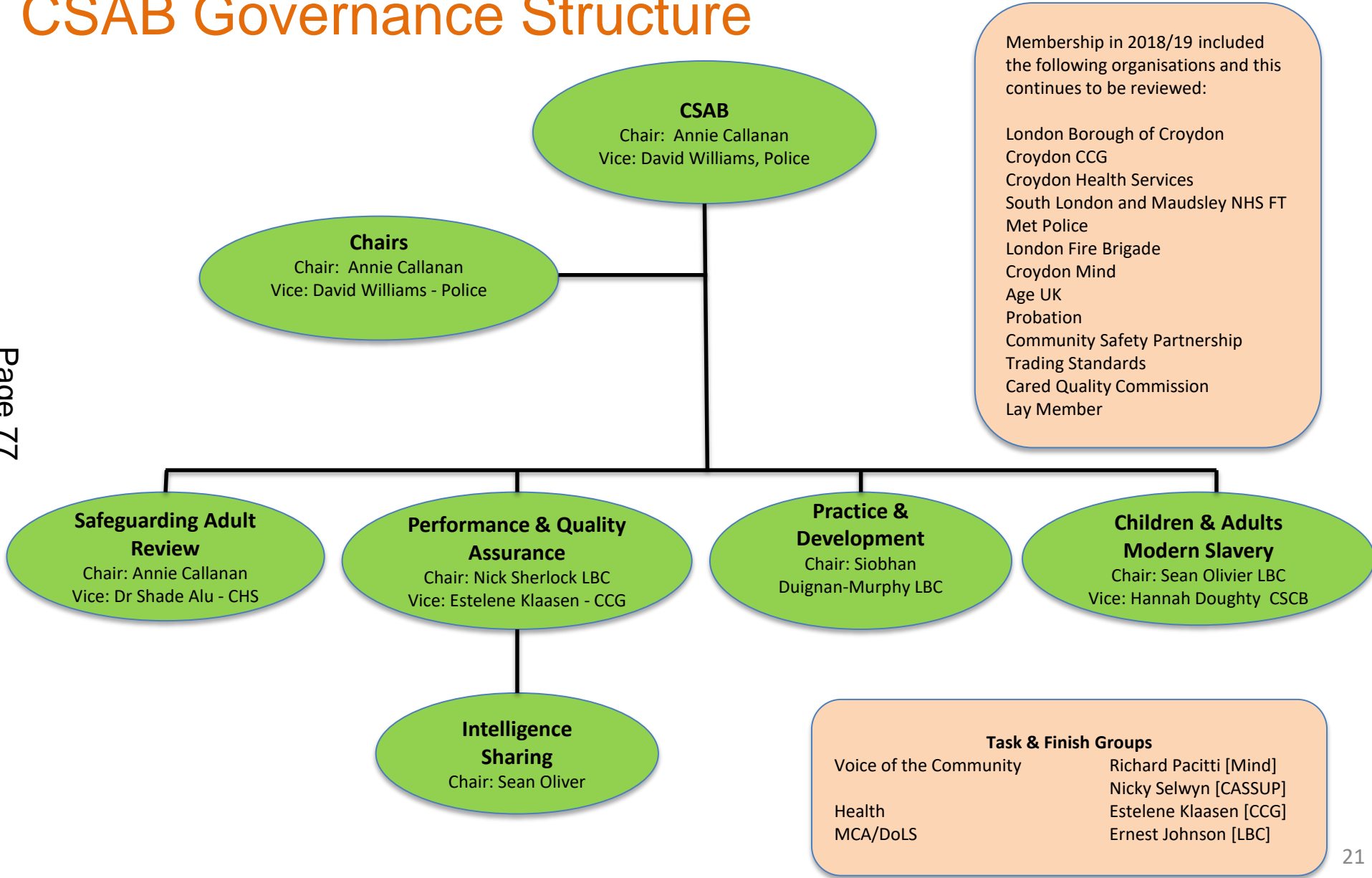
## Income 2018/19

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

## 2018/19 Expenditure:

£60,114.71	Staffing
£2612.93	Supplies & Service Recharge
£3692.00	Website design & support
£3,099.52	Premises hire
£16,890.00	Staff Development/Training
£30,000	SAR budget
<b>Total</b>	<b>£116,409.00</b>

# CSAB Governance Structure



# Role of the CSAB Sub Groups

## Chair's Sub Group

To monitor and review progress on the Board's Strategic Plan, to monitor and review the Board's business management and planning cycle and to ensure coordination of the Board's work through its sub groups.

## Performance and Quality Assurance Sub Group

To support the work of the Croydon Safeguarding Adult Board (CSAB) by overseeing, supporting and monitoring the delivery of high quality multi-agency arrangements in Croydon to safeguard adults at risk of abuse.

## Safeguarding Adults Review Sub Group

To consider requests of any case which may meet the statutory criteria and to make decisions on this basis' to make arrangements for and oversee all SARs; to ensure recommendations are made, messages are disseminated and that lessons are learned.

## Practice and Development Sub Group

To support the work of the Croydon Safeguarding Adults Board (CSAB) by providing a forum for the presentation and discussion of anonymised [closed] cases and to disseminate the learning identified across all partners. To support the work of the SAR Sub Group.

## Intelligence Sharing Sub Group

To support the CSAB with regards to the prevention of safeguarding [Care Act 2014 and London Multi-agency Adults Safeguarding Policy and Procedures] by managing of the provider market through frequent market oversight. To allow colleagues from all aspects of health and social care to share good practice and concerns. To help avoid silo working, set actions and provide support and guidance to providers.

**All sub groups will be led by an agreed Board member to ensure governance and accountability. Each Sub group will produce a quarterly report regarding progress on their activity against the strategic priorities and this will inform the Safeguarding Annual Report.**



# London Ambulance Service (LAS) precis of annual report 2018-19

## Our priorities in 2018-19

- Secure sufficient resources to develop safeguarding in the Trust
- Monitor trust's safeguarding processes and compliance
- Support Trust with safeguarding practice & requirements
- Assure Trust processes by driving consistency & improvement in safeguarding practice
- Forge effective relationships internally and externally

## What we did

- Secured funding to increase safeguarding team by 100% to enable a dedicated safeguarding specialist in each area of Trust.
- 7% increase in safeguarding concerns and referrals to 23,471.
- Introduced 24/7 safeguarding telephone line for staff
- >90% safeguarding training Compliance
- Introduced Quarterly Safeguarding Newsletter
- Produced new safeguarding pocketbook for staff
- Introduced Chaperone and Supervision policies
- Held Safeguarding Conference for over 170 staff and partners
- Introduced Learning Disability and Mental Capacity Act Strategies.

## Our priorities for 2019-20

- To be outstanding in quality standards and drive continual improvements
- Excellent Governance and Assurance of Trusts safeguarding processes and compliance
- Development of the Safeguarding Team
- Successful delivery of safeguarding training plan, local education and supervision
- Safeguarding innovation and review current practices to identify cost savings.
- Ensure integration of 111 & IUC
- Forge effective relationships internally and externally to safeguarding children and adults

In conclusion the LAS is committed to safeguarding and has invested in the safeguarding team to ensure trust is compliant with standards and provides the highest level of care for its most vulnerable patients.

The Full LAS annual report can be found on the Trust website or click here. <https://www.croydonsab.co.uk/information-resources/>



# CSAB Priorities 2019 – 20

A CSAB Development Day is planned for November 2019 when the Board's priorities/objectives will be reviewed.





# Glossary

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

ACPO	Association of Chief Police Officers	LSP	Local Strategic Partnership
ADASS	Association of Directors of Adult Social Services	MCA	Mental Capacity Act
ASC	Adult Social Care	MAPPA	Multi-agency Public Protection Arrangements
CRU	Central Referral Unit	MARAC	Multi-agency Risk Assessment Conference
CCGs	Clinical Commissioning Groups	MSP	Making Safeguarding Personal
CSAB	Croydon Safeguarding Adult Board	MASH	Multi-agency Safeguarding Hub
CSPs	Community Safety Partnerships	NHSE	National Health Service England
CPS	Crown Prosecution Service	OPG	Office of the Public Guardian
CQC	Care Quality Commission	PALS	Patient Advice and Liaison Service
DASH	Domestic Abuse, Stalking and Harassment and 'Honour' – Based Violence.	SAR	Safeguarding Adult Review
DASV	Domestic and Sexual Violence	SI	Serious Incident
DBS	Disclosure and Barring Service	SLaM	South London and Maudsley NHS Foundation Trust
DoLS	Deprivation of Liberty Safeguards		
DHRs	Domestic Homicide Reviews		
FGC	Family Group Conferences		
IDVAs	Independent Domestic Violence Advocates		
ISC	Intelligence Sharing Committee		



You can read more about the Croydon safeguarding adult board at our website

<https://www.croydonsab.co.uk/>

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

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