

Adult Social Services Review Panel

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

MINUTES

Present: Councillor Jane Avis (Chair);

Councillors Margaret Bird, Pat Clouder and Yvette Hopley

Also

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

Apologies: Councillor Janet Campbell

PART A

1/19 Apologies for Absence

Apologies were received for Councillor Janet Campbell.

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

2/19 Minutes of the Previous Meeting

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

3/19 Disclosure of Interests

There were none.

4/19 Urgent Business (if any)

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

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

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

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

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

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

5/19

Perspectives from the front line in Social Work

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6/19

Update on Community Led Support

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

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

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

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

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

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

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

7/19

Breakthrough Counselling Group Project

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

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

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

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

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

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

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

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

8/19 Exclusion of the Press and Public

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

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

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

9/19 Minutes of the Previous Meeting

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

10/19 Adult Safeguarding in Croydon

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

The meeting ended at 8.14 pm

Signed:

Date:

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