

## **Adult Social Services Review Panel**

Meeting of held on Wednesday, 1 November 2017 at 5.00 pm in F10, Town Hall, Katharine Street, Croydon CR0 1NX

### **MINUTES**

**Present:** Councillor Louisa Woodley (Chair);  
Councillors Margaret Bird and Yvette Hopley

**Apologies:** Councillor Pat Clouder and Callton Young

### **PART A**

#### **24/17 Minutes of the Previous Meeting**

The minutes of the meeting held on 13 July 2017 were agreed as an accurate record.

#### **25/17 Disclosure of Interests**

There were none.

#### **26/17 Urgent Business (if any)**

There was none.

Councillor Hopley requested for an update on serious case recently brought to their attention.

Officers shared that the case was of a sensitive nature and there was an ongoing police investigation and the Care Quality Commission (CQC) would likely instigate health and safety regulations. There would be an inquest on the case. The family had asked for confidentiality, therefore the matter was not discussed further beyond the briefing circulated to Members. Adult services had conducted an unannounced visit to the care home and no other Croydon residents was at risk. The CQC rated the care home "good" in October. It was felt that there were adequate measures around the health and safety, and leadership in the care home.

#### **27/17 Learning Disabilities Mortality Review Report**

Officers addressed that there had been an update to the review since the report in the agenda had been submitted. All the organisational needs had been confirmed and an Independent Chair had also been appointed. The first steering group had also been formed, and the report showed that the group had started progressing through the required actions. Implementation to-date

showed that there had been a significant amount of staff training, with fifteen staff trained and another cohort to be completed within a fortnight. A database for reviewers and notifications had also been set up. A track record on communication was also being kept. Information on all organisations websites was being well publicised. It was a national programme, thus officers were working with colleagues and seeing what other neighbouring boroughs are doing.

The next steps were outlined as being:

- A robust review had been put in place.
- Terms of Reference had been drafted and would be finalised
- The proposal would be to support projects for those people with learning disabilities; and it was noted that it was important to ensure information was shared appropriately, such as the life expectancy of woman was 20 years less.

The Learning Disabilities Partnership and the local voluntary sector would be supported to understand:

- What they would be doing; and
- The national themes made to be more effective.

The first three cases were under review. Officers expected fifteen referrals per year and would feedback any learning from these cases to the Panel.

The Panel queried that 15 cases did not seem many. The officer clarified that more cases were to be reviewed, however it was anticipated there would be 15 complex cases raised. It was determined from the statistics pulled across as to which cases were under review. The officer highlighted that there was a criteria which determined the cases pulled through, and after reviewing national demographic statistics it was estimated to be approximately 15 cases. It would be for the steering group to look at the cases and ascertain which ones should be reviewed before it would be fed back. There would also be themes and feedback learning loop through this work.

The Panel requested more information be fed back to future meetings on the lessons learnt.

## 28/17 **One Croydon Alliance**

In the officer's introduction, the Panel were informed that there had been rapid improvements in changes over the past 6 months and thus the presentation was a broad overview of where the One Croydon Alliance was at the time.

The Outcome Based Commissioning (OBC) Alliance One Croydon had been agreed as the brand for the Alliance and was starting to be used. The Health Care Partnership agreed the brand and there had been a strap line around the vision of '*Working together to help you live the life you want*'.

One Croydon Alliance had been articulating their ambition to be able to communicate their vision in three main ways:

- Personal Outcome Improvements
- Improved financial sustainability
- Activity Shift – right place, right time, which means to only go to hospital when the resident needs to and they are discharged into the community as soon as practical.

As seen in the report, One Croydon Alliance had five outcomes domains. There were previously 77 revised to now 44 outcomes within the performance dashboard. These were proxy indicators to measure the outcomes, to ensure the outcomes that the residences wanted the service to achieve were being met.

Officer's informed the Panel that over the last two to three months, they had been working on the transformation plan which covered 10 years in total. The One Croydon Alliance was currently in the first year, which was the transition year. There was a 144 page document which had six chapters that outlined the system change initiatives in the transformation plan which would introduce system savings and improved outcomes, including a move away from acute activity.

The Panel were informed that in financial reporting next year there would be a £26.6m gap across the Alliance. They aimed to close the gap by at least 50% through the work of the Alliance, and as work continued over the years the expectation was for increased savings.

The Panel queried about the Clinical Commissioning Group (CCG) as their focus was not on over sixty-fives year olds but rather on all ages.

The officer highlighted that the McKinsey Report had been published, and the One Croydon Alliance would need to review the outcome of the review and what it could mean for them.

The Chair informed the Panel that the transformation plan was pertinent to the Alliance. There had been fine tuning to review the risks and the financial model. The Panel were further informed that the mental health sector would be considered to be an area for the transformation model.

The view from the officer was that the model was a ten year vision. Each organisation needed to review and consider what the opportunity would be as a discussion would need to be made across all decision makers. The voluntary sector would also be considered within the model, as the integration of acute and primary health services had been more fragmented. The Panel learned that organisations wanted the partnership to work and not be diluted, and thus the possible move towards mental health or learning disabilities.

The Panel wanted to understand what the Alliance was working towards. The Officer fed back that the Transformation Board may need to be brought forward to review what would be beneficial for residents, as it would be a challenge to design a level of care for just one age group when it applied to all.

There was a ten year plan for Multi-Agency Working and Huddles that would bring in synergy and savings, and improvements to the way the organisations delivered their services. The business case had to be taken by the end of November 2017 in regards to how the service would work; how the service would meet financial gaps; the strategic case of “why”; governance; contracting options; and strategic vision. The data received had shown significant deductions. The integrated community network was being worked on including Huddles, which had seen benefits from this work.

The organisation was being supported by the Complex Care Support Team and on set for a full roll out with the aim of having a Huddle in every General Practice by end of March 2018.

One Croydon Alliance had gone live with the integrated Discharge to Assess service, This was where clients had visited the health services and within two hours of discharge an assessment was conducted at home. The six weeks reablement had significant impact on care packages with a significant packages being stopped.

The Panel heard that so far there had been thirty people discharged to assessment stage and only a few had gone back into hospital. This was a positive system impact as the hospital had met its A&E target. Officers informed Members that the long term goal would be to have operability across the health service and social service IT systems, as it was essential to receive referrals and communicate in the correct form. Officers were starting to track activity and performance including individuals through the social care services and framework, on a life to life basis.

The Panel discussed the issue of coordination between services for ensuring that the individual had the right support and equipment, as it was known that it was difficult to get coordination, and clarity was required to ascertain what services were to be provided. The officers stated that there was a process that needed to be reviewed. It was suggested by the Chair that appointing coordinators may resolve these issues. However, the Panel contested that the coordinators would still be impacted by the same issues as it was the departments and agencies who were unable to work together.

The officer informed the Panel that every morning there was a multi-disciplinary meeting to discuss those patients who were to be discharged, and all patients would receive the same service rather than a review of social care need.

The Panel stated that there was an issue of care agency quality and the need to ensure that agencies are delivering.

The Chair requested for a follow-up report and update at a future meeting of the Panel.

**ADAPT Programme Update Report**

The officer informed the Panel that the previous Transformation of SC (TRASC Programme) was incorporated in the All Age Disability and Adults Programme of Transformation (ADAPT).

Upon the Chairs' request, the officer refreshed the Panel on the transformation programme.

The officer highlighted phase two of the transformation programme which sought to enable people to make decisions about their care before crisis or coming to social services. It was about personalisation, building on the vision of 'have a life, not a care plan'.

This is broken down into areas:

**Staffing Transformation:** There is currently high usage of agency staffing. However, over the next two years the aim would be to reduce the number of agency staff and move towards permanent workforce with the right skills and management skills.

**25-65 Transformation:** This was a programme was being worked upon. Better use of assets had been made to make sure that the right people were being assessed, and information and advice was given to those who did not require an assessment and to maximise independence.

**Over 65s –** the objective was to reduce the long term care packages through targeted reablement activity.

**Mental Health** had small efficiency savings. ADAPT was working with the Clinical Commissioning Group (CCG) using s117 funding policy and protocol in getting people back into employment and direct payments by taking self-control.

**Day Services –** The service was more likely to provide consultation on how the day services were used. A capital growth bid for Cherry Orchard had been submitted to enable it to be more targeted to what people had said they wanted as part of the 'walk in our shoes' consultation and co-production.

**Commissioning and Contracting –** this would enable the Commissioning Improvement Partners to work effectively with the market to get the best out of framework agreements and to ensure more vibrancy in the market for people to use their personal budgets.

The first Board meeting was due to take place on 15 November 2017 which would establish the next steps to be taken. The two year programme was in development which would ensure that the service consulted with the right people at the right time.

30/17 **The Social Work Health Check**

The officer shared that the Social Work Health Check looked into the workforce and ensured that staff had safe workloads.

The presentation highlighted higher quality service user outcome. This included that all employers had a clear accountable framework; that work was effective and safe; risks and caseloads were managed; supervision was effective and sufficient; there was good development opportunities for all staff; relationships with partner organisations were effective, and staff were registered to the Health Care Professions Council (HCPC).

The survey of all staff to complete their health check had been launched online. The survey was proposed to be completed within four weeks, so that management could review the feedback to develop a work plan to improve the workplace.

The Panel queried on the shortage of social workers and how safe workloads and case allocation would be managed. They also noted that good agency workers were paid a significant amount and thus how would the service be financially balanced. They further inquired in regards to the survey and whether the management team would receive all the answers to the questions they had requested. The officer shared that following the Ofsted Inspections, an analysis of caseloads per staff had been conducted and an average of twenty to twenty-five cases was held by each social worker, which is acceptable. The officer acknowledged the national shortage of social workers, and informed the Panel that most vacancies were filled with agency staff. The service noted that they had strived to move towards a more stabilised workplace. In the last year the Adults Service had successfully employed 20 staff members who had previously been agency staff; and any underperforming agency staff were given a weeks' notice. The officer also highlighted that they had listened to the workforce and considered creating solutions for the identified problems. This ensured that Adults Services would be a more attractive employer. The officers were looking to receive an 80% response rate in order for improvements to be made. An action plan would be developed from the survey results and immediate concerns would be addressed immediately.

The Chair requested that an update report be brought to a future meeting outlined the outcome and future steps to be taken following the survey.

31/17 **Exclusion of the Press and Public**

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

"That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information

falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended.”

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

**32/17 Minutes of the Previous Meeting**

The minutes of the meeting held on 13 July 2017 were agreed as an accurate record.

**33/17 Adult Safeguarding in Croydon**

The Committee received an update on adult safeguarding in Croydon.

The meeting ended at 6.11 pm

**Signed:** .....

**Date:** .....