

Minutes of DBU Comms Group of 6.7.12

Attendance: John Thornton, Karl Farrell, Henrietta Onipede, Maureen Ford, David Holland, Carol Davis, Alka Damania and Rob Blackstone (Deputy Director Adult Social Care LBH)

Apologies: Gill Jackson, Ron Newman, Andrea Rawlings

- 1) Notes of meeting of 4.5.12: Follow up meeting with Andrea Cronin had not yet been fixed (she does not respond to e-mails), DH to chase. Round Robin of Comms Group inquiring into areas of interest, also still outstanding. CD to do. Otherwise agreed.
- 2) Members of Comms Group: it was agreed to invite Malcolm Cripps. Other possible candidates would be kept under review.
- 3) June Forum: Days for future Forums to be varied to ensure no-one is permanently excluded. Hackney Community Transport and the Occupational Therapist, who had both failed to attend earlier Forums, despite confirming attendance, should be chased (an apology had been received from the occupational therapist).
- 4) July Forum: Jackie Brett would present on plans for the Centre for Independent Living/User Led Organisation and the proposed Co-op for employing PAs and Nick Clarke from the Disability Law Centre would lead a workshop .
- 5) The next Direct Payments Forum would take place in September;
- 6) Maureen reported on a Patient Centred Approach Conference;
- 7) It was agreed that Diane Abbott would be invited to a forthcoming Forum, with a view to taking part in an inaccessible bus stop stunt;
- 8) A Fous Group on intermediate care would be held in early September (provisionally 7th);
- 9) Alka Damania and Rob Blackstone attended on the group's request to discuss further the Commitment Statement produced by the Council on Adult Social Care and allied issues. They explained that there was no longer a communications officer for the transformation programme during the reconfiguration of services and integration of health and adult social care. Alka was leading on this area. Rob leads and has budgetary responsibility on areas such as domiciliary care, mental health and reablement, working closely with David Woodhead. Alka explained that the context of the Commitment Statement was pulling together previous work, including consultations on the transformation programme. The document is a vision for going forward, consolidating earlier TRASC [Transformation of Adult Social Care] work. Development has focused on establishing pathways founded on the principle of a universal service offer, with something for everyone, allied with reablement and care packages. There is a recognition that past practice has created dependency rather than independence and that a change of focus is necessary. All clients are therefore being re-assessed, using national assessment tools. FACS (Fair Access to Care criteria) are unchanged. In the past however, neither the FACS criteria nor assessment and review have been uniformly applied. Historically the package has been influenced by how vocal the client or their advocates

have been. The aim is for a person-centred and equal approach. For anyone deemed not now eligible for support there will be a transition process. It is recognised that disabled people and clients with mental health issues may need a longer transition process. Where dependency has been created, independence must be fostered. An appeals process exists, which is conducted internally. An individual who disagrees with the outcome of an assessment can make representations to Rob for further review. He chairs a special panel for this purpose. Respite will be provided, but not on a continuous and indefinite, rolling basis. If the client does not agree a record is made of this in the assessment and the issue goes to Rob and a panel which includes Karen Reilly (Head of Service for reablement, the First Response and Access teams) and Ilona Saraulakis who is responsible for older people and physical disabilities. The panel meets every Thursday. All changes in packages are reviewed by the panel. Fortnightly there is a meeting reviewing change or no change in packages for disabled people and people with mental health issues. A resource allocation system now bases itself on person-centred resource planning. It is considered that about 80% of clients are over-resourced. Officers have not been creative or innovative in finding other solutions 'engaging people in person-centred way about how they can lead their lives differently.' This process will save some money as a by-product, which is necessary in a climate of cuts, but it is the right thing to do in any case. Some packages are increased at the Panel (for example if working from home, perhaps in a social enterprise can be facilitated, this will save expenditure down the line). Annual and six monthly reviews are conducted: evidence is needed to measure the difference intervention makes to people's lives – rather than the hours dedicated to particular care packages. Research has been conducted by the Association of Directors of Social Services on the impact of changes nationally. Hackney spends relatively more on domiciliary care than most London Councils. Reassessment of each individual has only begun recently. It is known that community support is inadequate and this area is under review. Rob agreed to check whether the Commissioning for Personalisation Board was winding up its activity and disbanding. The Board however was focusing its activity on planning and design. Procurement is the next stage, which cannot be done in a 'Board format.' Concern was expressed about service user input being lost, since many officers do not live in Hackney. Alka undertook to check with Pratima on plans. Kim Wright is the senior officer. Rob is strongly in favour of engagement and will come out to meetings such as this one. Social work assessment teams are to change their methods to adopt a less clinical and more person-centred methodology. It was queried whether there should not be a single leading officer covering both physical and mental impairments, since the same person may well require care with both aspects and the whole person needed supporting, not a divided one. A different approach to care management was being adopted. For example, one officer would be in charge of all services being provided for the Charedi community and another would be responsible for all residential care, so that an overall

view of the sector could be taken. The personalisation programme would be introduced into mental health services. Personalisation training and a lead officer would be introduced where appropriate. There may be several specialists, but one team leader, including for learning disabilities. Rob made the commitment that: "there will not be any reduction of care packages that leave people disadvantaged or unsafe." It is acknowledged that there is a shortage of beds for reablement/recouperation. This is the purpose of the review of remedial care being led by Tricordant [see 8 above]. He indicated that his service was committed to co-production. In response to a query about the apparent silence on progress for brokerage arrangements for personalised packages, he undertook to consult Pratima and report back. He would be happy to speak to a DBU Forum. Issues about the difficulties experienced by clients in properly using a care worker were raised.

- 10) It was agreed that John, Maureem and Karl would attend a meeting with Streetscene on priorities for using Local Improvement Plan money to carry out kerb improvements (dropped, textured etc);
- 11) It was agreed that the next meeting would take place on Friday 14th September.