

MEETING NOTES:	Meeting of the Learning Disability Partnership Board
DATE:	Thursday 26 May 2022
LOCATION:	Via Teams

ATTENDANCE

Name	Position	Organisation
Cllr Jayne Kirkham (JK)(Chair)	Cornwall Councillor	Cornwall Council
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Tanya Falaschi (TF)	Partnership Boards Project Officer	Healthwatch Cornwall
Amanda Wilton (AW)	Derriford Patient Council and Parent Carer of an adult with profound and multiple learning disabilities	
Charlotte Day (CD)	Speech & Language Therapist, LD Team	Cornwall Partnership NHS Foundation Trust
Claire Grimsey (CG)	Care provider of two businesses supporting people with Learning Disabilities	Cornwall Partners In Care
Clive Gaylard (CG)	Enterprise and Employability (previously Adult Day Care Centres - East)	Cornwall Council
Dina Holder (DH)	Community Engagement Manager / Divas Facilitator	The Women's Centre Cornwall
Fliss Hedge (FH)	Operational Lead (Supporting adults with LD to self-advocate)	Cornwall People First
James Sawford (JS)	Adult Safeguarding Service Manager	Cornwall Council
Jane Rees (JR)	Manager of the Learning Disability and Autism Team	Royal Cornwall NHS Hospital Treliske
Laura Stone	Student	Cornwall Partnership NHS Foundation Trust
Lynda Berry	Parent Carer of an adult with LD	
Martha Reed	Strategic Commissioning Manager, Adult Social Care	Cornwall Council
Natalie Philips	Trainee Clinical Psychologist, Adult LD Service	Cornwall Partnership NHS Foundation Trust
Neil Carpenter	Volunteer Advocate	Cornwall People First
Nory Menneer	Clinical Lead and Commissioning Manager for People with LD	NHS Kernow

Sandra Ward (SW)	Parent carer of a young adult with LD, Director of Parent Carers Cornwall and Chair of Carers Partnership Board	Parent Carers Cornwall
Sara Sanders	Nurse and Senior Reviewer for LeDeR Programme	NHS Kernow

APOLOGIES

Name	Position	Organisation
Cllr Andy Virr	Portfolio Holder – Adults and Public Health	Cornwall Council
Claire Martin		Royal Cornwall NHS Hospital Treliske
Sgt Flo Linscott (FL)	Diverse Communities Team Lead (Cornwall)	Devon and Cornwall Police
Laura Truswell	Project Manager	Mencap
Linda Byrne		Kernow Carers
Lorna Brydon	Service Manager	Mencap
Penni Chartress		The Diva's / The Women's Centre Cornwall
	Screening Liaison Team	Cornwall NHS Foundation Trust
Steve Dymond	Self-Advocate	
Tim Moss	Specialist LD Change Coach, Health Works for Cornwall Programme	Seetec Pluss
Tina Sanford	Learning Disability, Autism and Transitions Manager, Adult Social Care	Cornwall Council

ACTIONS AGREED AT MEETINGS

Action	Responsible	Status
Could Autism Alert cards could be linked to the Safe Places Scheme? Update due to go to APB	FL	Ongoing. Liaising with Shelagh Mitchell over most inclusive format to adopt. Fuller update to 08/09/22 meeting.
Update on meeting with British Transport Police.	CB / FL	Ongoing. Update 16/08 – the officer due to liaise with CB had left the role. FL re-referred it to BTP.
What funding arrangements are in place for transport by minibus to Day Services venues?	AS	Ongoing.
Invite new LDPB logo designs from Self-advocates.	PB Team	Complete. Entries to be considered at 8 September meeting.
Update on wider work of CPF to a future meeting.	FH	Ongoing. To November meeting?

Action	Responsible	Status
Day Centres Consultation outcomes.	AS	Complete. Link to Cabinet report circulated on 07/06/22 (here). Cabinet agreed as per officer recommendations.
All future reports and presentations to the Board must be easy read.	All	Ongoing.
Arrange for Operational Manager to attend future meeting to discuss ASC new 'front door'.	AS	Ongoing.
Advance Morley Tamblyn staffing issues with Ann Smith.	PB Team	Complete. AS did not respond but issue addressed through Karen Hooper, Interim Head of Commissioning for Learning Disability, Autism, Mental Health and Participation
Circulate KCCG response to NHS England on the recommendations from the Cawston Park case.	NM	Ongoing. KCCG have now responded and are undertaking safety and wellbeing reports as part of the response. Copy of the letter still awaited.
Updates on Accessibility Advisory Group for RCHT as appropriate.	MH	Ongoing.
Email LeDeR report for circulation	NM	Ongoing. Programme now sits with the Quality Directorate. They have commissioned an external company to convert the report to Easy Read at which point it will be circulated. 25/08/22 – Still awaiting response from Lisa Nightingale
NM to provide timely updates on the NHS Long Term Plan and associated matters.	NM	Ongoing.

Item	What was discussed	Action
1.	Welcome, introductions and apologies	
	<p>JK welcomed everyone and advised that the meeting was being recorded for minute taking purposes. Permission would be sought from individuals if it was to be shared beyond the meeting.</p> <p>Apologies received are detailed above.</p> <p>JK invited everyone present to introduce themselves.</p>	
2.	Minutes of and actions from the meeting held on 3 March 2021	
	<p>The Chair ran through the actions as detailed within the minutes of the last meeting. Continuing actions are detailed above.</p> <ul style="list-style-type: none"> • Sgt Linscott was looking into the possibility of Autism Alert Cards being linked to the Safe Places scheme. An update would go to the Autism PB and be fed back to members of this Board. • Chris Burns was still awaiting the opportunity to speak with the British Transport Police about the accessibility issues that he raised previously. Mike would chase that up. • Ann Smith had undertaken to respond to the question of what funding arrangements were in place for transport by minibus to Day Services venues? No response had been received so the matter would again be referred to Ann for a response. • The outcomes from the Day Centres Consultation Would be reported later on in the meeting. • There was no update on the work of RCHT’s Accessibility Advisory Group as discussions were currently high level. Future updates relevant to the work of the Board would be shared as appropriate. • Ann Smith was going to share details of which day services were open and what services they were offering. An update would be shared later in the meeting. • The Safeguarding Triage Service was on the agenda. • Mike has chased up the Quality Directorate about the Annual LeDeR Report and when an Easy Read version will be available but has so far not received a response. • NM was to provide the KCCG response to NHS England on the recommendations from the Cawston Park case. NM would detail the themes presented to NHS England on the safe and wellbeing 	<p>PB Team to feed back</p> <p>AS to respond.</p>

	<p>reviews as a result of Cawston Park later in the meeting.</p> <ul style="list-style-type: none"> • Employability was on today's agenda. • NM was invited to share any updates in relation to the NHS Long Term Plan objectives during round table updates. <p>The minutes were confirmed as a true record.</p>	
<p>3.</p>	<p>Updates from members</p>	
	<p>DH – The Women's Centre and the Divas were working with Viv Gordon, a child sexual abuse survivor and campaigner and Devon Rape Crisis. Viv had received joint funding to work on the ABC of Child Sexual Abuse. They were helping to design accessible wording and illustrations for cards that would help both professionals and survivors to explain the feelings and issues associated with the abuse experienced. DH would update as the work progressed.</p> <p>DH was also managing a project for Safer Cornwall aimed at reaching out to older people in the Newquay and central areas to understand the experiences of domestic abuse of people aged 65 and above. That age range was flexible and younger people could participate. She was keen to hear from both men and women with learning disabilities and/or autism to hear what would have helped, where there were gaps in the service. This was in response to a recognition that services were not all relevant to older people.</p> <p>FL- Cornwall People First (CPF) had been meeting in person again since January and had held 6 Speak Up groups in the past month, meeting with 64 self-advocates.</p> <p>They would be recruiting a new Outreach Worker for the East.</p> <p>They had two new NHS funded projects.</p> <p>The Practice Partners project afforded the opportunity for self-advocates to speak directly with Patient Participation Groups about how GP services affect people with learning disabilities.</p> <p>The Songflower Project had come about following the death in 2021 of Maurice Shermer, a member of CPF and the LD Partnership Board for many years. It was focused upon how to speak with people with LD about bereavement, how to process their emotions</p>	

and also to consider their own death.

Funding for new volunteers had also been received.

SW, **Parent Carers Cornwall** (PCC) – EHCPs had massively increased, with 4000 received in the last 12 months. The impact on families was a real concern, as was the stress on staff to get them out on time.

They were still very busy with the Neurodevelopmental Pathway. Workshops had been held, including one with Joanna Grace on Sensory Integration and Sensory Stories. Tigger Pritchard had presented on The Neurodiverse Brain.

There had been a big increase on Education Other Than At School (EOTAS) packages. A lot of families were taking their children out of school and if those children had an EHCP they could apply for an EOTAS. The Chair asked if the pandemic had had an effect. SW said that it definitely had. The increase in mental health issues and anxiety was marked, as was the number of school refusals.

Future Meetings

The Chair asked for views on returning to in-person meetings. There was very little support for people with LD to join online meetings. Coupled with the lack of advocacy support in general in Cornwall, getting representation was a big problem for the Board.

FS said that CPF had not fully engaged recently as they could not include their members. As soon as in-person meetings returned they could participate more fully as it wouldn't take them away from their outreach work so much.

AW requested hybrid meetings – both in-person and on Teams. The Chair agreed that would be the ideal. MH drew attention to the number of additional meetings that the Partnership Boards team had held for self-advocates to ensure that they had a voice. Those meetings were due to the lack of adequate advocacy support for individuals to join Board meetings but the team simply did not have the capacity to continue them moving forward. Hybrid Board meetings were the key but currently very few venues offered it. He added that meetings should be spread throughout the county.

DH said that it would help the Divas if the meeting met later in the

day as it would enable staff to assist people to attend. She added that they would be trialling hybrid meetings at The Women's Centre in June so that could be a possible future venue for the Board.

The Chair asked if the consensus of the Board was that hybrid meetings be held, whenever possible, moving forward and suggested New County Hall for the next meeting as it definitely had the required functionality. The Board agreed with both.

New Logo

The Chair reported that the Autism PB had moved away from the puzzle/jigsaw piece symbol and had a new logo.

Members were asked how they felt about the longstanding LDPB logo, which consisted of a puzzle image in a cloud surrounding by the name of the Board. A new logo could be commissioned if necessary or maybe self-advocate members could be invited to create their own designs.

It was agreed that the PB Team email out to invite new logo designs from self-advocates. A design would be chosen from those received at the Board's September meeting and the winning designer would receive a £20 voucher. DH and FH undertook to encourage designs from the Divas and CPF, respectively.

PB Team to invite designs.

Annual Health Checks

NM reported that uptake on Annual Health Checks for people with a learning disability was considerably down over the previous year, with only 62.5% of people eligible having one. Some practices had done none at all. It was the lowest figure in the region, which had an average of 72% uptake. NM saw Annual Health Checks as the single most important piece of work for people with learning disabilities and uptake should not be below 80%. NHS Kernow would be focusing on ways to increase uptake.

AW asked whether checks followed set questions/forms or if they were more of a conversation. NM said that GPs received around £120 for each check completed and to do so there was specific criteria that had to be met through online questions. AW said that her daughter had a check the previous week and it had felt like a conversation rather than set questions. NM replied that the Cardiff

<p>Template was followed by GP's. Over the previous two years there had been varied interpretations of how to carry out a check due to the necessity of being on line but uptake had been at its highest in years, at 72%. The answers received generated a Health Action Plan, which was also part of the GPs payment criteria. Whilst there was an awareness that the quality of checks did vary among GPs, the focus was on increasing numbers, particularly from those practices that hadn't completed any, and then concentrating on quality.</p> <p>NM added a link to the current template guidance to the meeting chat: click here.</p> <p>LB said that the service that her son received from their local surgery was excellent.</p> <p>FH reported that there was a new member of the Primary Care Liaison Team that was specialising in health checks. She had recently attended a CPF group in Saltash and had undertaken to attend each of their health-based Speak Up groups once a year. She took details of anyone that didn't have a Health Check, a doctor or a dentist and promised to follow matters up for them.</p> <p>FH emphasised that CPF were not funded to hold Speak Up groups. NM added that the previously mentioned Practice Partner project would endeavour to get people with learning disabilities onto Patient Participation Groups. It was agreed that CPF give a wider update on its at a future meeting.</p> <p>Cawston Park</p> <p>NM reported that one of the recommendations that came out of the Cawston Park case was that Safe and Wellbeing Checks be in place for anyone in hospital. That was being adhered to. Currently there were five people in out of area longer stay hospitals, all with discharge plans to return to Cornwall, and NHS Kernow had been assured of the safety of those individuals. He added that Cornwall was unique in that it used local Mental Healthy Inpatient facilities to work with people with learning disabilities that had mental health problems.</p> <p>In response to a question from the Chair, NM said that there was a Clinical Reviewer that visited everyone out of area at least every eight weeks but usually more often.</p>	<p>CPF update to future meeting.</p>
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	<p>It was agreed that the NHS Kernow response to NHS England be circulated to the Board.</p>	<p>Circulate NHSK response to NHSE.</p>
<p>4.</p>	<p>Employability Service</p>	
	<p>Clive Gaylard, Area Manager, Proper Job, Adult Care & Support, Cornwall Council gave a detailed presentation on the Employability Service and the new Proper Job scheme. A copy is attached as Appendix 1.</p> <p>Proper Job was a new initiative to support adults with learning disabilities and/or autism into a wide range of work-related opportunities that for many would lead to paid employment.</p> <p>The launch would be held at the PROPER JOB Café, at New County Hall, Truro on Tuesday, 7 June 2022 between 12 midday and 2pm.</p> <p>In response to questions from the Chair, CG responded as follows:</p> <ul style="list-style-type: none"> • He confirmed that staff would receive the UK Foundation Living Wage of £9.90 per hour. • At present positions were only available within the cafes referred to but probably 80% of the coaching and engagement would lead to placements elsewhere. The team had a target of 30 paid outcomes (jobs) per year. It was important that the enterprise provided a range of cross-sector opportunities and also that it encouraged other organisations to look at what they could do internally to develop their own approach to employment. • He acknowledged that being able to get to a place of work was difficult for many. The DWP managed Access to Work, which had a cap per individual of £60,000, and was for that purpose. It should cover taxis, support workers and job coaches. CG was testing that individuals were able to access it. <p>NM stressed the importance that jobs could have in giving an individual motivation, as opposed to the negative outcomes that could occur when a person didn't feel as though they had a purpose in life. It would be interesting to see how health and social care could work together to help those that had lost their way to get into paid employment.</p>	

	<p>Members pointed out that the presentation contained a number of acronyms that weren't obvious to the layman and speech that may not be easily understood by people with a learning disability. Those issues, along with layouts, had been raised at previous meetings during other presentations.</p> <p>The Board agreed that in order to ensure that information was accessible for all, reports and presentations to future meetings would only be received if they were in easy read format.</p>	<p>All future reports and presentations must be ER</p>
<p>5.</p>	<p>Adult Safeguarding Triage Service</p>	
	<p>James Sawford Adult Safeguarding Service Manager, Cornwall Council gave a detailed presentation on the Council's safeguarding referrals processes and forms of neglect to look out for. A copy is attached as Appendix 2.</p> <p>The Chair suggested that it could be problematic for people to have to go through the main Council switchboard in order to raise a safeguarding concern. JS said that the Council was working on a new 'Front Door' project but presently he would need to have direct conversations with those that had experienced issues so he could understand the delays were or how responses were lacking. It could be that some issues raised proved not to be safeguarding concerns but required a care management response. He assured the Board that ways to make the service more accessible were being investigated.</p> <p>Safeguarding referrals had increased by 11% in the past year, which was seen as a positive, putting Cornwall ahead of the national trend which was at 5%. That showed that alerts were being received and acted upon.</p> <p>FH said that she regularly put in safeguarding referrals but had never got through to anyone via the Triage numbers. The Chair reported similar experiences. JS said that it was essential for people to leave a message in order to receive a call back. Whilst the number of unanswered calls was high, all messages were responded to. If a call went to voicemail it was because all three of the Social workers on duty within the Triage team were on calls. FH emphasised that in order to ensure that the safeguarding service received the correct information, support workers needed to speak to someone whilst they were with individuals. They could not hang around for hours waiting for a call back. JS said that it was just not</p>	

	<p>financially viable to employ social workers within the front of house service.</p> <p>JS encouraged members to send him examples of issues experienced so he could identify where gaps were. His email address was James.Sawford@cornwall.gov.uk.</p> <p>DH said that she had numerous examples whereby someone had called her for help for a women that they supported, for whom Section 43 thresholds had been met and Police and Social Workers were involved. However there had not been a professionals meeting to look into questionable practices experienced and the individual, who had learning disabilities, had been interviewed by the Police without her carer present. In such circumstances, how could she intervene? JS said that Caldicott Principal 7 could be followed in order to pass on information without consent in order to safeguard the individual.</p> <p>For information:</p> <ul style="list-style-type: none"> • Safeguarding referrals completed by professionals must be emailed to Adultsafeguardingconcerns@cornwall.gov.uk. • Professional advice line: 01872 326433 (operated between 08:45-17:15 mon-thur and 08:45-16:45 on Fridays) • The public could contact 0300 1234 131 number to raise any safeguarding concerns, or could complete a portal contact form <p>The Cornwall and Isles of Scilly Safeguarding Adults Board (details here) had individually endorsed the need for a multi-agency safeguarding hub, which were evidenced at a national level to promote better multi-agency working, fewer delays and speaking with the individual to make their safeguarding more personable. There was a risk involved in speaking to an adult in such a situation and the multi-agency approach sped up the process to reaching that point. Formal Board endorsement would be sought later in the year. JS added that there would not be a physical hub as it had been evidenced elsewhere that was not necessary in order to function effectively.</p>	
<p>6. Break</p>		
	<p>The Board had a 10 minute comfort break.</p>	

<p>7.</p>	<p>Service User Meetings – Feedback and Updates</p>	
	<p>Tanya Falaschi, Partnership Boards Project Officer, Healthwatch Cornwall reported on recent additional meetings held by the Partnership Boards team to ensure that the voices of self-advocates and service users could be heard by the LD and Autism Partnership Boards.</p> <p>On 24 March 2022 a joint LD and Autism meeting had been held at Falcon House in Truro. 22 service users and self-advocates attended and it was the first in-person meeting that most had been to in over two years.</p> <p>Key issues of concern that were raised were:</p> <ul style="list-style-type: none"> • Communicative problems with the DWP – it was agreed that a small team of self-advocates work with TF and MH to formulate questions to put to the DWP. The DWP’s LDPB member, Tasha Milton, had been very positive with regard to receiving them and working with the Boards to resolve issues. • Use of jargon by professionals. People presenting needed to understand their audience. • A lack of mental health services that were catered toward people with additional needs. • The rising cost of living. • The lack of advocacy services in Cornwall meant that many could not access the internet, creating accessibility issues with regard to finding information on required services. <p>Despite many attendees still harbouring anxieties in relation to Covid, everybody participated and there was a jovial atmosphere. Feedback on the event was excellent and everybody said that they wanted to attend future meetings.</p> <p>Two further meetings would be held in July, one for LD, one for Autism. Cornwall Council would be there to hear the voices of service users in the rollout of the Delivering Better Care – Adult Social Care Modernisation programme. In order to develop the right care and support services to meet the needs of people with a Learning Disability, focus would be on:</p> <ul style="list-style-type: none"> • how it can improve information about support and technology; • finding work and what people did in the daytime; 	

	<ul style="list-style-type: none"> • care and support at home to help people live independently. <p>Hearing the views of people with lived experience was vital to making sure that the right support was provided in the future.</p> <p>Moving forward, the Partnership Board team would review both their capacity for and the need for service user/self-advocate specific meetings. If they were to be held they would be LD or Autism specific. To achieve the most positive outcomes, the necessary delivery of presentations and forms of discussions had to be catered towards the different target audiences.</p> <p>The Partnership Boards team had a new volunteer role, the Community Promoter. It was an opportunity for self-advocates to join them at events such as Royal Cornwall Show or Blue Light Day to promote and discuss the work of the Boards with people with a learning disability and/or autism. Two people had already been recruited but more would be welcomed. Members were encouraged to share information widely.</p>	
<p>8.</p>	<p>Updates from Adult Social Care</p>	
	<p>Ann Smith, Head of Commissioning for LD, Autism and Mental Health, Cornwall Council had been due to present updates to the Board but left the meeting prior to her item. Martha Reed, Strategic Commissioning Manager, Adult Social Care stepped in for Ann.</p> <p>Delivering Better Care – Update on Engagement Plans</p> <p>A detailed presentation is attached as Appendix 3.</p> <p>FH asked if self-advocacy groups had been included in community support plans. CPF had received over 60 referrals since January so the need was clearly there. MR replied that The Advocacy People’s contract with the Council included self-advocacy support so it was not included with plans. However, lots of support services would help people to self-advocate and would advocate on behalf of individuals when they needed to. FH hoped that the Council recognised that the form of advocacy and development of self-advocacy provided by The Advocacy People was very different to that provided through previous contracts, which included, for example, Speak Up groups.</p>	

The Strategies had all now been written and supported by the Health and Adult Social Care Overview and Scrutiny Committee. The next stage was sign off by Cabinet and then the Strategies would be published. MR said that the current focus was on contracts that were coming to an end in 2023, for example, Social Inclusion (accessing the voluntary and community sector) Day Support, Home Care, Supported Lifestyles. Part of the discussion would be what they wanted and needed around self-advocacy.

DH had worked with two Commissioners around sexual abuse and domestic violence. The Women's Centre was made up of women with lived experience and very much wanted to make sure that they could continue to work with groups with LD and autism but that would require funding. MR said that the current stage was about identifying the required support services and how they should be shaped to meet need. She would liaise with the commissioners that had worked with DH to ensure that those discussions were not lost (both were leaving the Council). DH added that Safer Cornwall and the wider South West Peninsula around community safety were looking at accessibility, with a priority on working on LD and neurodiversity, so joint working could be beneficial.

Day Services Consultation Outcomes

A report to Cornwall Council's Cabinet on a proposal to close four day-services following the review of the Council operated in-house day services was due to be published on the Council website on 7 June and considered by the Cabinet on 15 June.

Making Services Accessible

As reported to the last meeting:

Cornwall Council was launching a new 'Front Door' for people to access services, and a Short-Term Services model was currently being designed by the Locality Teams.

All contacts would go through a single online portal with information being passed to the relevant specialist team e.g. social workers, therapists etc.

People would be directed to complete an online referral if they able

	<p>to.</p> <p><i>Training would be provided to ensure that front facing staff asked the right questions and were able to offer the appropriate signposting.</i></p> <p><i>MH that he had briefly discussed with AB the creation of a group to undertake a cross-organisational mapping exercise to identify gaps and needs within frontline communication. TS added that it would be important to work with Amy Howard (Area Director for the East), who was leading on the Front Door/Short Term offer and developing a programme of information and training required for Cornwall Council's front door staff and services.</i></p> <p>The Board had agreed that it be recommended that a working group be set up but that suggestion had not been adopted by the Council. AS had suggested that an operational manager attend a future meeting to discuss the Council's plans.</p> <p>AW highlighted the following conversation held at the February meeting of the Carers Partnership Board: <i>'AW asked what the impact on the existing users of Morley Tamblyn had been with the increase in users coming across from Launceston. AS stressed that the new service users had been able to be accommodated within available days. Recruitment was underway currently and social workers were reviewing individual needs. If anybody was aware of service users who were not being offered the number of days they used to have they should let AS know. AS to provide information on staff numbers and vacancies to AW.'</i> By the May meeting the issues had still not been followed up.</p>	<p>AS to liaise with PB Team to arrange.</p> <p>The PB team advance the matter with AS.</p>
<p>10.</p>	<p>Any other business</p>	
	<p>No further business was raised.</p>	
<p>11.</p>	<p>Future meetings</p>	
	<p>Future scheduled meetings: (both 10am to 12pm, Thursdays):</p> <ul style="list-style-type: none"> • Thursday, 8 September, 10am for a 10:30am start in person at New County Hall, Truro (venue agreed following the meeting). 10:30am on Teams. • Thursday, 3 November – On Teams 	

APPENDIX 1

Information Classification: CONTROLLED



CORNWALL COUNCIL
one and all - omm hagyll

PROPER JOB

Greater Opportunities, Better Lives

High quality, life changing enterprise and employment opportunities for adults with learning disabilities and or autism




1

Information Classification: CONTROLLED

Snapshot

- o Background
- o Mission
- o Structure
- o Identity
- o Focus



Greater Opportunities, Better Lives

2

Information Classification: CONTROLLED

Background

- o Merged **Employability Cornwall** and **Enterprise**
- o Broadened outcomes
- o Rebranded
- o 7th June launched **PROPER JOB**



Greater Opportunities, Better Lives

3

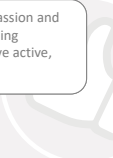
Information Classification: CONTROLLED

Our Strap Line

'Greater Opportunities, Better Lives'

Our Mission Statement

To be a nationally recognised pioneering enterprise that, through innovation, passion and commitment, creates high quality, work-related outcomes for people with learning disabilities and/or autism, enabling them to access greater opportunities and live active, better lives.




Greater Opportunities, Better Lives

4

Information Classification: CONTROLLED

Our Team

	Clive Gaylard Area Manager			
1	Rebecca Arthur Opportunity Coach	Sarah Cuiquet Opportunity Coach	Phillip Silvio Opportunity Coach	Will Brewster Job Coach
2	David Keveren Café Manager	Kathleen Jackson Assistant Café Manager Bookkeeper	Kimberley Knott Assistant Café Manager Progress Manager	Cheryl Higton Assistant Café Manager Green Champion
	Employer Relationship Post			
	Access to Work Funded Support Workers and Job Coaches	Volunteers		



Greater Opportunities, Better Lives

5

Information Classification: CONTROLLED



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PROPER JOB

Greater Opportunities, Better Lives

High quality, life changing enterprise and employment opportunities for adults with learning disabilities and or autism



6

Information Classification: CONTROLLED

Our Café Enterprise Branding

Greater Opportunities. Better Lives

7

Information Classification: CONTROLLED

Outcome Focused

UNDERPINNING OUTCOMES

- TRAINING
- VOLUNTEERING
- WORK EXPERIENCE
- WORK TASTER
- SUPPORTED INTERNSHIPS
- TRAINEESHIPS

PAID OUTCOMES

- APPRENTICESHIPS
- EMPLOYMENT

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8

Information Classification: CONTROLLED

ENTERPRISE PROCESS

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9

Information Classification: CONTROLLED

OUTCOME READY PROCESS

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10

Information Classification: CONTROLLED

EMPLOYER SUPPORT

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11

Information Classification: CONTROLLED

"I really like working on the till and I like having my own money. It makes me very happy, cooking and working on the till, having a laugh and making new friends. It makes me feel good about myself, working and earning money."

Laura Keeper (trainee now employed at our café)

"With any life-long disability it can be quite isolating and lonely and also tough on carers. Some of the more traditional approaches like day centres have a role, but wouldn't it be better if folks like this are fully integrated into our communities and working with local employers. It's great support for them, they make new friends, it's helpful for their families and it's a really positive contribution to that employer."

Andy Virr, Cornwall Council Cabinet member for adults and public health

Greater Opportunities. Better Lives

12



13

Information Classification: CONTROLLED

clive.gaylard@cornwall.gov.uk
07575203502

For referrals etc
properjob@cornwall.gov.uk

Thankyou for listening  PROPER JOB! 

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14

Information Classification: CONTROLLED



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Adult Safeguarding

www.cornwall.gov.uk

1

Information Classification: CONTROLLED

The Team:

Head of service Emma Goodall
Statutory Assurance Manager Andrew Carson
Service Manager James Sawford

- Risk managers:
 - Will Gwyther
 - Lindsey Church
 - Nathan Jera
 - Osham Harrison
- Triage Team
- Team Manager Toby Mackness
- 7 social workers
- 4 Case Co's

www.cornwall.gov.uk

2

Information Classification: CONTROLLED

Adult Safeguarding

- Local Authority Adult safeguarding duty is outlined in section 42 of Care Act
- The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom when the three stage test/ criteria is met.
- Sec 42 sets a criteria for an enquiry,
 - has needs for care and support
 - is experiencing, or is at risk of, abuse or neglect
 - as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

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Information Classification: CONTROLLED

The Process

- How is this put into action...
- A referral is received into the adult safeguarding concerns in box Adultsafeguardingconcerns@cornwall.gov.uk
- The concern is screened by a social worker and then given a priority for allocation.
- The concern is then allocated to a triage worker to determine if the concern meets the threshold (previous slide) for a sec 42.
- If the threshold has been met then the concern will progress to a sec 42 enquiry
- If you have any questions or concerns that you want to get advice on please call our professionals line

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Information Classification: CONTROLLED

If the case has not met threshold...

- When the criteria for a safeguarding enquiry is not met we will look at other options open to us to support the individual
- Such as :
 - Undertaking an assessment – section 9, section 11 Care Act
 - Sharing information with other services – e.g. GP, CMHT
 - Work with Partner agencies such as We are With you, First light, OPG and Police.

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Information Classification: CONTROLLED

Case management

- We can progress in care management in several different ways
- Sec 9 assessment – Consent has been given, or sec 11 (2) which states:
 - a) the adult lacks capacity to refuse the assessment and the authority is satisfied that carrying out the assessment would be in the adult's best interests, or
 - (b) the adult is experiencing, or is at risk of, abuse or neglect.
- The assessment looks at the individuals adult social care needs around managing nutrition, personal care including accessing the toilet, maintain a habitable home, accessing the community, work and education as well as child care responsibilities. Consideration is also given around the impact each of these areas have on the person wellbeing. This assessment leads to determining if the person has eligible social care needs leading a support plan.
- The support that can be considered can vary depending on the need. Support also comes from the KCCG from mental health services of continuing health care depending on what the persons needs are.

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Self Neglect

- There is no universally accepted definition of self-neglect but the Care Act Statutory Guidance (updated 2018) defines self-neglect as:
- 'A wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding' and states:
- 'Where someone demonstrates lack of care for themselves and or their environment and refuses assistance or services. It can be long-standing or recent' (DH 2018: Annex J).

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Self Neglect

- The research literature suggests that self-neglect is generally made up of three elements:
- Lack of self-care (for example, neglect of personal hygiene, nutrition, hydration and/or health) and/or Lack of care of the domestic environment (for example, squalor or hoarding) and/or Refusal of services that would mitigate risk to safety and wellbeing.
- The person concerned may recognise the term, but may not wish to use it to describe their own situation (Braye, Orr and Preston-Shoot, 2015).

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Self Neglect

- SIGNS THAT AN ADULT MAY BE AT RISK OF SELFNEGLECT AND/OR HOARDING
- Include but not limited to: • Improperly attended medical conditions • Poor personal hygiene; • hazardous or unsafe living conditions/arrangements • unsanitary or unclean living quarters (e.g., animal/insect infestation, no functioning toilet, faecal/urine smell); • inappropriate and/or inadequate clothing, • grossly inadequate housing
- Repeated concerns about health and self care • Complaints from neighbours about ASB • Complaints about the state of the property

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The Multi-Agency Adult Risk Management Meeting (ARM)

- If the risks relating to a person's self-neglect appear low, the usual adult support services will be the most proportionate and least intrusive way of addressing the risk of self-neglect, although it is important to monitor the situation and identify any escalation of risks.
- Where significant self-neglect concerns are apparent, it is essential that a Multi-Agency Risk Management Meeting (ARM) is held, involving all the relevant agencies, the person themselves (wherever possible) and other members of the person's network as appropriate. The ARMs process may consider how each agency at the meeting can ensure that this person is supported.
- The meeting should normally be convened by, and chaired by, the agency most closely involved with the person, which has identified the issue of self-neglect.
- The purpose of the meeting will be to consider the risks and the person's willingness to accept support and to agree a Self-Neglect Risk Plan to address the issues raised

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Forums/meetings

- You may be asked to attend various meeting around individuals in your community, these could include
- Strategy meetings or Enquiry planning meetings – to share and receive information during early part of the safeguarding process. Interim immediate safety plans will be devised and decisions will be made about which agencies should be involved.
- Adult Safeguarding Conference - A safeguarding meeting held towards the end of the safeguarding process, where concerns are ongoing and risks are high. The purpose of the conference is to review and agree a safety plan with the adult at risk and consider if transferrable risks are managed.
- ARMs meetings – as before
- Professionals meetings – MDT meetings

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Consent

- Where possible consent should be sought ahead of submitting a safeguarding concern.
- HOWEVER – If gaining this consent would put the individual at risk or you have significant concerns then consent will not be required.
- You should ask the adult for their consent to share what they have told you with adult safeguarding. If the adult does not wish to consent explain that you must still share the information and still need to talk with adult safeguarding, but, if others are at risk or if the risks to them are high, you may have to do this without their Consent
- If someone lacks capacity to consent you must follow the Mental Capacity Act 2005 and make a referral in their best interest.

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Contact details

- Adult Safeguarding Concerns
Adultsafeguardingconcerns@cornwall.gov.uk
- Professional consultation line - 01872 326433
- Adult Care & Support - Access Team Referrals
acessteam.referral@cornwall.gov.uk
- Access number -0300 1234131

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Questions.....

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Delivering Better Care
Community Based Support Offer

Adult Social Care
26 May 2022

CORNWALL COUNCIL
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1

Our plans – commissioning strategies

Support for older people, people with physical disabilities or sensory loss

Support for people with learning disabilities, autism or mental ill-health

Creation of a new **community based support service** delivery model

- ensures people have access to the right care, in the right place, at the right time
- strengthening our vibrant, safe and supportive communities.

2

Our project – community based support offer

Community Based Support

1 Independence and Wellbeing Information about support Contracts: Information and Advice £250,000	2 Daily Living and Community Activities Support in your community Contracts: Prevention, Daily Living, Day Opportunities £7,000,000	3 Care and Support at Home Support at home Contracts: Home Care, Extra Care, Supportive Lifestyles £60,000,000
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3

Our findings – what people have told us

- I would like easy to access information about support
- I would like control over my life
- I would like help to access my community
- I would like to be as independent as possible
- I would like my support to focus on what I can do for myself
- I want my support staff to feel valued and have time to support me
- I would like to access meaningful activities in the day

4

Our next steps – how you can get involved

We need your help!

The contracts that we have for community based support services will end next year.

We need to put new agreements in place with organisations that deliver support.

We need your help to shape what the support services will look like.

Healthwatch are arranging two service user meetings in July.

We will be there to ask you about the support you need.

Please come along and get involved!

No support about me without me!

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