

MEETING NOTES:	Meeting of the Learning Disability Partnership Board
DATE:	Thursday, 8 September 2022
LOCATION:	Trelawny Room, County Hall, Truro and via Microsoft Teams

ATTENDANCE

Name	Position	Organisation
Tanya Falaschi (TF) (in the Chair)	Partnership Boards Project Officer	Healthwatch Cornwall
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Andrew Coleman (AC)	Chief Executive Officer, Calton House	Cornwall Partners in Care
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
Christopher Jordan (CJ)	Self-advocate and Volunteer book keeper (CPF) and Parish Councillor	Cornwall People First
Dina Holder (DH)	Community Engagement Manager / Divas Facilitator	The Women's Centre Cornwall
Jason Stone (JS)	Self-advocate	Mid-Cornwall Hub Day Services
Jo Pike (JPi)	Screening Liaison Nurse, Primary Care Liaison Team	Cornwall Partnership NHS Foundation Trust
Julia-Wildfire-Roberts (JW)	Director & Project Manager	Healthwatch Cornwall & Pentreath Mental Health
Julie Pape (JPa)	Self-advocate	
Karen Gregory (KG)		Mid-Cornwall Hub
Karen Hooper (KH)	Interim Head of Commissioning for Learning Disability	
Kevin Beveridge (KB)	Area Director, Learning Disability and Autism	Cornwall Council
Laura Keeper (LK)	Self-advocate, service user (BDS) and Trustee (CPF)	Blantyre Day Services & Cornwall People First
Lynda Berry (LB)	Parent Carer of an adult with LD	
Martha Reed (MR)	Strategic Commissioning Manager, Care and Wellbeing, Adult Social Care	Cornwall Council
Matthew Oates (MO)	Self-advocate	Mid-Cornwall Hub Day Services

Natalie Philips (NP)	Trainee Clinical Psychologist, Adult LD Service	Cornwall Partnership NHS Foundation Trust
Neil Carpenter (NC)	Volunteer Advocate	Cornwall People First
Nory Menneer (NM)	Clinical Lead and Commissioning Manager for People with LD	NHS Kernow
Sandra Ward (SW)	Parent carer of a young adult with profound LD, Director of Parent Carers Cornwall and Chair of Carers Partnership Board	Parent Carers Cornwall
Steven Dymond (SD)	Self-advocate and Partnership Boards Community Promoter	
Tom Sanderson (TS)	Volunteer (CHC) and self-advocate	Cornwall Hospice Care & Mid-Cornwall Hub Day Services

APOLOGIES

Name	Position	Organisation
Cllr Jayne Kirkham	Cornwall Councillor and LDPB Chair	Cornwall Council
Alison Bulman	Strategic Director, Care and Wellbeing	Cornwall Council
Amanda Wilton	Parent Carer	Derriford Patients Council
Cllr Andy Virr	Portfolio Holder – Adults and Public Health	Cornwall Council
Anne Bowdler	Primary Care Liaison Nurse for adults with a Learning Disability	Cornwall NHS Foundation Trust
CHAMPS Team		Cornwall Council
Charlotte Day	LD Speech & Language Therapy	Cornwall NHS Foundation Trust
Chris Wolstencroft		Fire Service
Claire Grimsey	Supportive Lifestyles Provider	Cornwall Partners in Care
Claire Martin	Deputy Director of Nursing, Midwifery and Allied Health Professions	Royal Cornwall NHS Hospital Treliske
Deborah Rees	Transforming Care Team Clinical Review Officer	NHS Kernow
Sgt Flo Linscott	Diverse Communities Team Lead (Cornwall)	Devon and Cornwall Police
Kay Riley	Diva	The Women's Centre Cornwall
Laura Truswell	Project Manager	Mencap
Lorna Brydon	Service Manager	Mencap

Penni Chartress	Community Engagement Worker	The Diva's / The Women's Centre Cornwall
	Screening Liaison Team	Cornwall NHS Foundation Trust
Penny Newman	Team Manager Cornwall, the Isles of Scilly, Plymouth and Torbay	The Advocacy People
Samuel Edwards	Nurse Consultant, Adult Learning Disability Service	Cornwall NHS Foundation Trust
Shelagh Mitchell	Healthy Cornwall Team Lead & Health Inequalities Champs Team Manager	CHAMPS, Cornwall Council
Steph Isaacs	Outreach Inclusion Worker	Cornwall People First
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. FL has been off work but Shelagh Mitchell has confirmed that funding is in place to rejoin the National Safe Places scheme.
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 but still no contact with CB.
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. Deferred from November '22 meeting at FH request.
Was it correct that attendees of private day services had to pay for tests but those attending Council run services received them for free?	PB Team	Ongoing.
New logo – final proposed design to Nov meeting, utilising tagline and issuing vouchers.	PB Team	Ongoing. Final design to be agreed at November meeting. Vouchers to be issued in advance of that.
Share 3 key strands of NHSK work in ER when available.	NM	Ongoing.
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.

Action	Responsible	Status
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. Still awaiting response from Lisa Nightingale, Head of Clinical Quality.
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>TF welcomed everyone and reported that Councillor Jayne Kirkham, Chair of the Board, had submitted her apologies. It was agreed that TF chair the meeting.</p> <p>TF 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>TF ensured that everyone understood the meeting etiquette and how to contribute to the meeting if they had joined online.</p> <p>Apologies received were relayed as detailed above.</p> <p>TF invited everyone present to introduce themselves.</p>	
2.	Minutes of and actions from the meeting held on 26 May 2022	
	<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 had liaised with Shelagh Mitchell, CHAMPS manager, who had suggested relaunching the Safe Places card rather than developing an Autism Alert Card. That way it would be more inclusive for all disabilities plus funding was already in place. The card owner could add 'autism' to the information written on the card if they wanted. • Chris Burns was still awaiting the opportunity to speak with the British Transport Police about the accessibility issues that he raised previously. Sgt Linscott would continue to 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 MR 	<p>Update to next meeting.</p> <p>Sgt Linscott to follow up.</p>

	<p>updated. Transport arrangements and associated funding formed part of an individuals assessed needs. Initially, temporary transport arrangements were put in place when services closed but more permanent arrangements had now been made dependant on individual circumstances.</p> <ul style="list-style-type: none"> • The outcomes from the Day Centres Consultation had been circulated to the Board. MR would update further later on in the meeting. • Cornwall People First had offered to present to the next meeting on their wider work. The Board agreed. CG added that CPF had recently advertised for an Outreach Worker for the East but had not been able to make an appointment. • KB was in attendance to discuss Cornwall Council’s ‘new front door’ later in the meeting. • Morley Tamblyn staffing issues raised by AW had been addressed through Karen Hooper, Interim Head of Commissioning for Learning Disability, Autism, Mental Health and Participation. • The KCCG response to NHS England on the recommendations from the Cawston Park case was still awaited. • Mike had again chased up the Quality Directorate about the Annual LeDeR Report and when an Easy Read version will be available but had so far not received a response. <p>The minutes were confirmed as a true record.</p>	<p>CPF report to next meeting.</p>
<p>3.</p>	<p>Updates from members</p>	
	<p>JPa – Herself and her brother, Jason, would hopefully be joining The Champs soon.</p> <p>SW – Parent Carers Cornwall (PCC) – A new piece of work would focus on working with parent carers and their young adults aged 25 and over. It had come out of conversations at Blue Light Day and other events where it had become apparent that there was a gap in support for parents of adults with additional needs. SW would be meeting with Jayne Price of Kernow Carers Service and Ali Bulman, Strategic Director, Care and Wellbeing, Cornwall Council, was keen to see the work develop.</p> <p>They were still very busy with the Neurodevelopmental Pathway. Workshops had been held, including one with Joanna Grace on Sensory Integration and Sensory Stories aimed at supporting</p>	

<p>children and adults with profound and multiple learning disabilities.</p> <p>The Aiming Higher Conference was coming up on 4 October. It was run by the Children and Families service with PCC heavily involved. A key workshop would be 'After EHCPs', looking at what young adults could move on to to ensure meaningful days.</p> <p>PCC were working with Cornwall Council on the new Liberty Protection policy, which would replace the Deprivation of Liberties policy. Parent Carers were ensuring that suitable language was used and that the document was accessible for all, as well as making sure that it was right for Cornwall.</p> <p>SW raised concerns received regarding Covid testing. Was it correct that attendees of private day services had to pay for tests but those attending Council run services received them for free?</p> <p>DH – The Women’s Centre and the Divas had provided consultation through a focus group to the Ministry of Justice around the new Police operating system to increase responses across forces to violence against women and girls. It was essential that within that they took into account the experiences of neurodiverse women and those with learning disabilities.</p> <p>They had also been consulting with the National Probation Service on its toolkit for women who have offended. Feedback was provided on how to make it accessible and further communication would be had.</p> <p>The Women’s Centre had a lot of new staff so further training sessions would be held on women with a learning disability and/or neurodiversity who are at risk of or have experienced domestic abuse and/or sexual violence. It would consist of part 1, which was basic training and part 2, which was interactively practicing how to use the toolkit. They would also be providing the training to Oxford Rape Crisis staff.</p> <p>New funding opportunities were always invited and would be explored in order to be able to expand services even further.</p>	<p>PB Team to look into.</p>
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<p>4.</p>	<p>New Learning Disability Partnership Board Logo</p>	
	<p>At the last meeting the Board agreed that the longstanding LDPB logo, which consisted of a puzzle image in a cloud surrounding by the name of the Board, should be redesigned in order to better reflect the modern Board. The Board’s service user and self-advocate members were invited to design a new logo and the Board would vote for a winner at its next meeting.</p> <p>Four entries had been received and were shared with the Board to choose a winner. Members could not select one winner and agreed that the four entries be combined to best display the Board’s identity, what it stands for and what it is trying to achieve.</p> <p>All agreed that if the tagline attached to one design – ‘We can achieve anything with the right support’ – could not be fit into the final version it should still be used in Board publications.</p> <p>JP, who had submitted an entry, undertook to combine all four for the PB Team to share with a professional designer (in order to ensure it was usable across documents and online formats). The Board could agree to the final design at its next meeting.</p> <p>It was also agreed that all four entrants should receive a voucher in recognition of their work.</p> <p>The Board congratulated all of the entrants on their artistic talents and thanked them for taking the time to create their designs.</p>	<p>Use tagline in publications</p> <p>Final design to next meeting</p> <p>Vouchers for designers</p>
<p>5.</p>	<p>Adult Social Care Peer Review</p>	
	<p>KB reported on the recent Peer Review, led by the Local Government Association. His presentation is attached as Appendix 1.</p> <p>The key information was the feedback received from service users about how the authority planned, how people were involved in decision making and how materials were, or were not, co-produced. That covered all areas from developing strategies to implementing them. It was essential that such rich information was used in such a way as to turn it into properly costed and deliverable plans for statutory work and, in turn, how services could be delivered.</p>	

Self-directed support was a theme – maximising choice, opportunity and control rather than the Council organising support for the individual.

It had been fantastic to hear how many people wanted to work. The Council and the NHS were massive local employers and there were huge opportunities for people with a LD to become employees. KB added that he also wanted to see people become employers and thought needed to be given as to how to develop the sort of entrepreneurial spirit displayed by the members of the LDPB.

It was very important to ensure that administrative processes and bureaucracy did not determine how a person received a service. It had to be person-centred.

Conversations had been held with both service users and the LGA since the review and the overwhelming theme was positivity moving forward. Also, Learning Disability England were willing to assist to provide experience of differing Board arrangements in other areas.

KB's key focus area was how the Council ensures that its staff have the right skills and specialist knowledge in the right places and at the right times. KB acknowledged that front line services had been less visible and accessible through the Covid period. He gave a commitment that if there were processes that fundamentally did not work, people could come to him and have productive conversations on the way forward. Co-production was the way forward.

LK made people aware that the Proper Job Café would be holding a coffee morning event.

AC said that the workshops referred to in the presentation would be imperative in shaping the future for learning disability and neurodiverse individuals in Cornwall and Cornwall Partners in Care were very keen to partake in such work. With regard to helping people into paid employment, as soon as that was achieved they lost their support services. Work meant a whole new lifestyle and new routines and the system needed to recognise that the longevity of work would vary between individuals. KB agreed and said that models that he had been involved with previously had

ensured that Direct Payments, individual services funds were there to support the transition. It could not be the case that paid employment created a 'cliff edge' for individuals and their support unit.

MH said that the Partnership Boards team had met with a group of individuals to discuss issues with the DWP. The focus was mainly around communicative issues but there were also issues raised with regard to the number of hours an individual could work without benefits being affected and the need to recognise that flexible working patterns were essential for those with conditions that were limiting in terms of committing to set hours and/or regular working patterns. Fourteen questions had been agreed (attached as Appendix 2) and submitted to Tasha Milton, the Board's DWP representative, at the start of August. It was anticipated that she would be able to provide responses to the Board's November meeting.

SW urged KB to ensure that Parent Carers Cornwall be invited to participate in the review whilst stressing that it needed to be recognised that there were people with profound and multiple learning disabilities that would never be able to work. Joint Health and Social Care funded individuals should also have their voices heard.

DH said that The Women's Centre would very much like to look into employing women with learning disabilities and neurodiverse women. They were currently looking at how they could pay the Divas for the training work that they undertake. She was working with a charity that already had such a payment structure in place that allowed them to liaise with benefits offices. She was currently devising a letter that could be presented to officers which requested a response detailing exactly what benefits would be received.

DH raised domestic abuse and sexual violence as issues that should be considered within the review. The Divas were working hard to ensure that they gained focus and did not continue to be hidden issues.

MH said that with regard to the elements of the Peer Review in relation to the Partnership Board, he and TF really welcomed the outcomes, which were exactly as they had hoped for, especially ensuring that the Board had suitable reporting mechanisms in

	<p>place through which to raise issues and concerns and ensuring that it was clear where responsibilities to respond lay with both health and social care.</p> <p>They had been impressed with the proactive approach displayed towards the Partnership Boards by Alison Bulman and Karen Hooper. It was also commendable that the Council had undergone the Peer Review at its own request.</p>	
<p>6.</p>	<p>Break</p>	
	<p>The Board had a 10 minute comfort break.</p>	
<p>7.</p>	<p>NHS Kernow Health Update and Feedback from the LDA Programme Board</p>	
	<p>NM provided the following updates.</p> <p>Annual Health Checks</p> <p>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.</p> <p>NHS Kernow had formed a group to focus on ways to increase uptake and had worked with GPs to encourage them to proactively invite people for checks. In addition, Cornwall People First had been commissioned to undertake a project to raise awareness with people with a learning disability of when they should seek help from their GP and it was hoped that LD representation could be included on GP groups.</p> <p>New computer data would show rolling Health Check figures rather than just annual reporting. It was hoped that would encourage GPs to promote and encourage Checks throughout the year.</p> <p>Out of Area Hospital Update</p> <p>Some people with learning disabilities were placed in hospitals out of county, which lead to many ill-effects including lack o access to local mental health services.</p>	

	<p>Currently there were two people receiving hospital care out of county – both with discharge pathway plans and hope for March 2023 discharge – and there were six or seven people receiving mental health treatment in in-patient units (people with LD and/or autism). NHS Kernow was pleased with the progress made in reducing the use of out of area hospitals but recognised that there was still some way to go.</p> <p>NHS Kernow did not have much control over people in secure hospitals as they were generally handled through the courts but they were working with the Provider Collaborative to get people get back to their communities.</p> <p>Event</p> <p>An event was being planned for 14th October at which they would like to talk to families and people with learning disabilities about what is done to ensure that people get fair and equal treatment.</p> <p>It would centre on the three main strands of work:</p> <ol style="list-style-type: none"> 1. Physical health, keeping well and living longer. 2. What happens when people get distressed or if their care provider isn't good or if they get mentally ill. 3. How do we make sure that people with LD and their families are included at all levels of planning for services. <p>Cornwall People First, Cornwall Partners in Policymaking and Citizen Checkers were each focusing on a strand.</p> <p>The intention was for the event to be the start of a timetable for listening to one another in order to develop a proper strategy that would come to the Partnership Board to consider.</p> <p>A short presentation on the three strands would be converted into easy read and circulated to the Board.</p>	<p>NM to share with PB Team when available</p>
<p>7.</p>	<p>Service User Meetings - Feedback and Updates</p>	
	<p>TF 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>	

DWP

As reported earlier, a meeting of DWP service users with LD and/or autism had been held primarily to consider communication concerns. Questions since submitted to the DWP for response are appended but some key points arising were:

- People felt that they were seen as less of a priority than others.
- There is a lack of staff trained in how to communicate with people with additional needs.
- Accessible Information Standards are not being adhered to.
- Vulnerabilities were not recognised, meaning that adequate support was not provided.

Autism Post-diagnosis Support

Dr Rebecca Jelbert and Lucy Freemantle of the Adult Autism Assessment Team had engaged with self-advocates and service users on the design of online information that could be provided in lieu of funding for formal post-diagnostic support.

In addition to how online information could and should be provided, discussion also focussed on the possibility of diagnosis letters being made bespoke to the individual and containing the information necessary to present to the DWP and local authority. Whilst the conversation was autism-focussed, such a letter could provide the blueprint for other diagnosis letters.

Delivering Better Care

The team had held two engagement sessions with Martha Reed to enable conversations on the rollout of the Delivering Better Care strategies. It was intended that further sessions would be held in the coming months.

The Advocacy People

The team had met with Penny Newman of The Advocacy People and a Council Commissioner to discuss The Advocacy People's role in introducing self-advocates to the Board. Updates on that work would be provided at future meetings.

	<p>Events & Community Promoter Role</p> <p>Blue Light Day and The Royal Cornwall Show had provided excellent opportunities to promote the role of the Boards and gain new members, both people with LD and carers.</p> <p>TF encouraged more people to put themselves forward for the Community Promoter role and join the team at events.</p> <p>The team would be working more closely with Healthwatch Cornwall’s Engagement Team to ensure that they were able to promote the Boards more within their work and to ensure increased link-ups at events.</p> <p>TF also highlighted work associated with the Older Persons and Carers Partnership Boards.</p> <p>DH commended the work of the team and highlighted an Older Peoples Project entitled Making a Difference that The Women’s Centre were undertaking. The target audience were those with learning disabilities or neurodiverse individuals that had experienced domestic abuse. The PB Team would circulate a flyer and a briefing paper for participants to the Partnership Boards.</p>	
<p>8.</p>	<p>Updates from Adult Social Care</p>	
	<p>Delivering Better Care</p> <p>Martha Reed, Strategic Commissioning Manager, Adult Social Care, Cornwall Council updated on the ongoing work in the rollout of Delivering Better Care.</p> <p>She had attended the two service user sessions previously mentioned, as well as the Carers Partnership Board and an event to re-engage the Older Persons Partnership Board. Feedback received was currently being collated and the way forward being considered.</p> <p>Some of the key themes identified were:</p> <ul style="list-style-type: none"> • The need for accessible information and advice on the Council website. • The need for face to face access to information at Council 	

offices and in community hubs.

- Employment – how support and offers should be shaped. What commissioned services could do better.
- Personalised approaches. For example, helping people to understand what their Direct Payments options are.
- Fair rates for Personal Assistants.
- Transport – help for people to get to the services available to them. Access to Travel Buddies was an example given.

Themed, co-produced workshops aimed at discussing specific issues in detail was the next stage. They wanted people to help to formulate the questions that needed to be asked at the sessions and also help to run the events. LK put herself forward to assist.

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 approved by the Council’s Cabinet on 15 June.

The consultation report, as circulated by the Partnership Boards team, would advise the way forward.

Making Services Accessible

KB gave an update on the Council’s ‘New Front Door’. A presentation is attached as Appendix 3.

During Covid, the Council had developed the Care Coordination Centre on the premise that services may have to be rationed in line with its ability to deliver services. However, the Centre had continued to provide a function for professional referrals into a whole range of services, both NHS and local authority.

In anticipation of the Integrated Care System they had to consider how they wanted to group services, resulting in a mapping of the Adult Social Care offer to, ie, GPs, community health providers, CFT.

The Independence and Wellbeing Service had been created containing ie, statutory social work, hospital facing teams. That service worked seamlessly in supporting the adult social care offer with health colleagues. It was the start of moving towards much more integration between the health and social care offer.

	<p>A Partnership Manager post had been created whose role was to connect not only with Primary Care or CFT but with groups with interest in local areas.</p> <p>Overall, the most important thing was to make sure that people received the right contact at the right time to get the right response.</p> <p>SW highlighted that there were bridges to be built between ASC and parent carers following Covid. Many felt that they were abandoned by services and didn't receive any calls of support but always received calls about completing their financial assessment.</p>	
10.	Any other business	
	<p>SW highlighted the current and increasing extreme cost of living. It was essential that Cornwall Council did all it could to ensure that everyone knew where they could go for support and advice.</p>	
11.	Next Meeting	
	<p>It was agreed that the next meeting should again be hybrid and TF invited venue suggestions.</p> <p>Confirmed details post meeting:</p> <p>Thursday, 3 November 2022, 10am for a 10:30am start in person at St Austell Conference Centre. 10:30am start on Teams.</p>	

APPENDIX 1

Local Government Association

Cornwall Building the Right Support Peer Review

Feedback Presentation

22nd July 2022

Care and Health Improvement Programme

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Local Government Association

Agenda

1. What is a Peer Review
2. The Peer Team
3. What the peer review team do (the process)
4. What is looked at (the scope)
5. Feedback
6. Your thoughts and questions
7. Discussion
8. Next steps

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Local Government Association

Peer Review explanation

Peer reviews look at what and how things can improve (get better) and what is working well already

A peer team is invited by the area as 'critical friends'. This means the team all bring their experience of doing this work.

We have given daily feedback to colleagues so they understand what we are finding out and there are no surprises.

All the feedback and recommendations the peer team give are checked from what we have read, heard and seen. We also make sure it is found three times or more. We call this triangulation.

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Local Government Association

Peer Review explanation

We don't share who has said what
People have been open and honest with us.

We have held up the mirror and to reflect back what is happening across Cornwall

We have been really well supported and made to feel very welcome. Special thanks to Tamsin, Sarah and Suzanne for supporting us. Thank you to Proper Job who have kept us all well fed with lovely lunches

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Peer Review Team

- **Di Domenico** is a Senior Programme Lead for Strategic Commissioning in NHSE England Learning Disability and Autism Programme, she brings her experience of commissioning in health and social care
- **Sam Prowse** is an expert by experience and works for Hertfordshire Council as an Expert by Experience Advisor
- **Kirsten Peebles** is parent of an autistic teenager who has been detained. She co-chairs the Building the Right Support Advisory Group and works with the British Institute of Human Rights and NHS England Parent Council delivering human rights training. Kirsten is part of the NHS England Children & Young People quality improvement taskforce
- **Jez Harris** is an expert by experience; parent, who supports Lancashire with their Small Supports development. He also participates in C(E)TRs through NDTi and works on various projects to end restrictive practices
- **Vicky Rogers** is a Head of Quality and Compliance for SECO support providing bespoke services to people leaving hospital and people at risk of admission supporting them to live well in their community

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Peer Review Team

- **Kirstie Haines** is a specialist in learning disability and autism improvement programmes and is currently working with the Local Government Association
- **Bev Stockton** has been a Director of Adult Services (DASS) in various Councils including Bradford and a Manager in a Learning Disability Team
- **Catherine Nolan** is West Midlands Association of Directors of Adult Social Care (ADASS) regional lead for learning disability and autism. She was also a commissioner
- **Nikki Henderson** is a Senior Adviser on the Building the Right Support programme at the Local Government Association Care and Health Improvement Programme
- **Sue Gale** is a Assistant Director for Learning Disability and Autism, Building the Right Support, in Local Government Association Care and Health Improvement Programme
- **Kay Burkett** is the Peer Review manager, she has worked with places and systems supporting health and social care integration and currently leads on public health improvement for the Local Government Association


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Local Government Association **The process** Information Classification: CONTROLLED



In 4 days we:
Read over 40 key documents



Met over 120 people including 4 visits across the county



Feedback on 22nd July 2022

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Local Government Association **What is looked at (The Scope)** Information Classification: CONTROLLED



TCPs

How does the System work for people?
Do all the different services and parts of the system work together so people have good lives?
What are the barriers for people and families?



Plans

Are the things the partnership is involved in Sustainable?
Is the everything planned to last or just fix a problem in the system now?
Is there a plan that people know about, and everyone is trying to make it happen?

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Local Government Association **What is looked at (The Scope)** Information Classification: CONTROLLED



Capacity to deliver: Can the partners provide the services that people need in their area
Can they keep the quality to a high level?
Can they develop new services and keep doing the work they need to do?
Can they make the priorities in the plan happen?




Service design: Is the partnership designing services and plans using the best practice guides? Building the right home & building the right support
How are people with lived experience and families involved in designing the services?


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Local Government Association **How we will give you the feedback** Information Classification: CONTROLLED



Things that you need to think about



Recommendations

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Local Government Association **Some quotes...** Information Classification: CONTROLLED



"a personal assistant I employ is a single parent with 2 kids in early teens... was given notice leave her property in lockdown, faced being housing in a premier inn, at the twelfth hour found a place - The rent was £1200 a month. It doesn't add up" re Direct Payment amounts

"I sat watching social care and CHIC argue in my own home"

"Some families are rejecting Adult Social Care due to charging"

"Diagnosis makes no difference to others, does to self"

*"Everybody thinks they know what people should be doing but..."
Re understanding of roles and responsibilities across organisations*

"What we need is a joined up approach to health and care so nobody falls through the gaps"

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Local Government Association **Key Messages** Information Classification: CONTROLLED

- We had the privilege of meeting passionate and committed people who are driven to improve the lives of people
- We know you are on a journey and we can see you have plans in place to move things forward and improve peoples' lives. As you move out of the pandemic there is an opportunity to accelerate the scale and pace of delivery taking people with you
- You have some fantastic self advocacy organisations for families of children and people with a learning disability from the legacy of previous investment - an opportunity for you to re-engage and benefit from hearing their voices
- Creative work is happening in pockets despite the system which is leading to good outcomes for some people - this needs to be enabled to have maximum impact across the system
- There is a disconnect between health and social care - and between strategic, operational teams and community
- There are some significant gaps around provision for autistic people which needs to be addressed urgently
- There is no defined crisis support pathway creating significant pressure in the system

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Local Government Association Information Classification: CONTROLLED

Key Messages continued

- The risk adverse approach is not enabling people or supporting them to live 'lives of wonderful ordinariness'
- Recognising the ambition to have people and communities at the heart of your systems will require a significant shift in your approach
- We recognise the challenges you face with helping people find their own home, find good quality support and workforce within Cornwall
- There are workforce challenges nationally that we see in Cornwall in securing a great workforce
- Working together and including people, families and providers everyone can benefit and develop new and more creative opportunities

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Local Government Association Information Classification: CONTROLLED

Issues important to self advocates and families

- Lack of autism specific services – mental health, local offer, drop in centre, front door to services
- Recruitment/retention of Personal Assistants – pay rates
- Crisis and prevention
- Training front line services
- Employment
- No provision/support after 25 – day services closing, transport issues, no activities especially for those with most complex needs
- Transition service needs improvement
- Poor communication & lack of consistency
- Respite services – no choice or control

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Local Government Association Information Classification: CONTROLLED

Co-production and recognition

Quotes:

- "No self advocates on the ASD board are paid for their time"
- "Easy read documents are not available"
- "Lack of understanding of my autistic identity and a lack of reasonable adjustments impacts on my emotional state and my mental and physical health"
- "We don't get listened to, we get fussed on"
- "They say they're listening but they don't listen"
- "I was one of the original members of the LD Partnership Board but left when I realised I was a tick box."
- "We need help finding our neurodiverse kin. It's our informed therapy"
- "we need understanding and acceptance of autism not awareness"

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Local Government Association Information Classification: CONTROLLED

Lack of Autism Specific Services

Quotes:

- "There's nothing beyond the age of 25"
- "There are NO autism specific mental health services. You fall through the gaps"
- "Due to the lack of multi-agency collaboration, I missed opportunities to access support. I shouldn't feel I'm not worthy of that support"
- "GP and frontline services do not understand Autism. Even though they are the gatekeepers"
- "If you are autistic, mental health services will not touch you. They say they don't know how to help you"
- "Children end up excluded from school because of the lack of support for parents at the end of their tether"

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Local Government Association Information Classification: CONTROLLED

Personal Assistants

Quotes:

- "We have had to refuse direct payments because PA will not work for the wages on offer"
- "The agencies are ripping off the council while parents can't recruit and retain good staff at only £10 per hour"
- "The council will quibble over paying to retain good staff when I'm saving them thousands by supporting via direct payments"
- "They paid for a sensory assessment but wouldn't then pay for the recommendations made"
- "The funding for autism training by NAS has stopped. The need has not"

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Local Government Association Information Classification: CONTROLLED

Financial Assessments

Quotes:

- "The Financial Assessors don't understand autism or learning disabilities. My son needs activities and a sensory diet. They asked – why can't he just walk round the block and get the wind in his face?"
- "I said I couldn't attend a financial assessment meeting because my mum had just died. The assessor said if you don't attend the meeting you'll have to pay for all the services."
- "Everyone just argues about who's funding what. In the meantime people are suffering"
- "Financial Assessors challenged the fact I'd bought my daughter's sheets from M&S and told me I should have bought them at Primark because it's cheaper. The difference is only a pound"

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Local Government Association
Information Classification: CONTROLLED

Advocacy, Employment and Activities

"All the money goes to statutory advocacy. There's no money left for advocacy groups to deliver the support we need"

"We want to work, we don't want to live on benefits"

"The local offer webpage is so outdated it's crap. Half the organisations on there don't exist any more"

"We want a mobile drop in centre. To overcome the need for multiple sites"

"Staff will listen to paid advocates. Self advocates should be taken seriously"

"Services should be staffed by autistic people"

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Local Government Association
Information Classification: CONTROLLED

People's views on the system

"There appears to be more people in NHS strategic positions who are listening more. But there is still the impenetrable middle layer"

"There's no crisis pathway. The council tells us to phone the police"

"It's the odd person who is good, not the systems. It's the extra milers who are good"

"I'm over 60 and trying to get my son settled for life. We're on the housing list but there's nothing to bid on."

"Front door is inaccessible by telephone. It's inaccessible unless you can use technology"

"They keep moving the deckchairs and your support changes"

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Local Government Association
Information Classification: CONTROLLED

Local Context & Whole System Working

Strengths

- There is a vision for adult social care in Cornwall – 'Delivering Better Care'
- There are creative and passionate people across Cornwall who want to see change and are motivated to be involved
- Robust self-advocacy and people with lived experience who can help shape policy and do quality monitoring with opportunities for this to have stronger recognition and impact
- Parent Carer Forum 0-25 is a real strength:--
 - parent-to-parent peer support
 - helps individuals and families to navigate through the system
 - For professionals for information
 - they are entrepreneurial and regularly secure new funding into Cornwall
 - Parent carers have a really good understanding of local systems and awareness of local pressures – and can provide innovative ways to overcome these
- There are good relationships between the adult and children's teams who are happy to support and challenge each other in a positive way to create better outcomes for people
- The parent carer forum for children and young people were positive about the CETR process and feel this is effective

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Local Government Association
Information Classification: CONTROLLED

Local Context & Whole System Working

Strengths

- Discharges from hospital have occurred and people are living back in their local area
- The Integrated Care Board have identified executive roles for people with a learning disability, autistic people and SEND
- We have heard really positive examples of the key worker pilot and the difference it has made to children and families
- We have seen some joint long term strategic approaches to housing in the Council
- Blue Light meetings were seen as a positive way to bring people together when there is an emerging crisis
- At operational level there is appreciation of the challenges being faced within adult social care

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Local Government Association
Information Classification: CONTROLLED

Local Context & Whole System Working

Areas for further consideration

- There is no clarity on what the collective vision is for people with a learning disability or autistic people within Delivering Better Care and other plans
- Lack of overarching strategies for people with a learning disability and autistic people
- The is no oversight in relation to the partnership boards with missed opportunities to:
 - meaningfully engage and hear people with a learning disability, autistic people and families
 - have collective responses to issues and actions
 - create a golden thread to inform practice, processes and all levels of decision making
 - For the partnership boards to be owned by people
- Access to the Intensive Support Teams is difficult to access for people who are not known to services
- Thresholds and processes are being interpreted differently in relation to safeguarding and this is making it hard for people and providers to enable consistency when making referrals
- There is a reliance on providers to conduct safeguarding investigations and report back to the system providing minimal evidence – we have not seen how quality oversight works when providers are required to undertake safeguarding investigations themselves
- The whole system isn't utilising the range of opportunities to be responsive and maximise best use of resources through conversations across health and social care within the localities e.g., decisions relating to respite
- Where people are working in silos there are examples of duplication and gaps e.g., production of learning disability strategies

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Local Government Association
Information Classification: CONTROLLED

Local Context & Whole System Working

Areas for further consideration

- Communication with the workforce, partners and families on key issues or changes is inconsistent and not joined up
- Centralised budgets are restricting opportunities for place based prioritisation and solutions
- The Council's website is not accessible for people and parent and family carers and can be confusing to navigate
- There is a lack of consistency regarding positive risk taking which is leading to individuals or teams holding all the accountability as well impacting negatively on people's lives and opportunities

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Local Government Association **Sustainability** Information Classification: CONTROLLED

Strengths

- Having some new key strategic permanent appointments is viewed as very positive and seen as an opportunity enable sustained change
- There are some great staff - practitioners, commissioners and managers - who are taking dynamic approaches in several areas of practice e.g., Learning Zones to complement formal training and continuous professional development
- There are pockets of innovation across commissioning and practice
- People working across the system are keen to hear about good practice and are committed to continuous improvement; and shared learning
- New approach to data reporting bringing together children's, adults and public health reporting – opportunity to think creatively about how outcomes and assets are report alongside areas for improvement.

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Local Government Association **Sustainability** Information Classification: CONTROLLED

Areas for further consideration

- There are a couple of key elements of work and functions being held by a few people – who are in demand with regard to their input and knowledge - with a lack of succession planning for these key roles
- People are getting on a doing things because they need to be done with elements of firefighting to respond to people's needs that are not necessarily addressed by the system
- People are keen for change - but wanting future changes to have the opportunity to be embedded based on clarity about direction, vision, partnerships and best practice
- Lack of a positive risk management agreement across health and adult social care
- Existing provider market not meeting the vision or needs of people causing pressure across the system e.g., respite, short break, Personal Assistants
- There is a shared acknowledgement that there is a tendency towards a risk averse culture and the need for the development of a positive approach to risk management that is shared and owned by partners, people with lived experience
- Access to data requires further work to ensure the depth and scope of this intelligence is available to inform decision making and provide insights to impact on outcomes for people
- Personal Assistant rates not in line with Care at Home rates means that people are struggling to recruit and retain PAs with missed opportunities for early conversations with people who have PAs which may have helped to understand the implications and impact
- A focus on cutting services to reduce spend – rather than looking at how investments on early intervention and prevention activities could reduce spend in the future

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Local Government Association **Capacity to deliver** Information Classification: CONTROLLED

Strengths

- Work by the Children's Trust taking an integrated approach is successfully keeping children at home and out of hospital
- Children's Multi Disciplinary Teams crosses organisations and includes youth workers and social workers
- Use of community education and treatment reviews for children is effective at keeping children out of hospital
- Social work training and development includes health, rights and strength based approaches.
- There was an example of individual's influencing how their provider trains staff – responding to the individual person's aspirations
- Evidence of positive approaches to support – for example someone was supported to go away over night to a concert
- Social care provider with a strong focus on reducing health inequalities where 100% of people supported have had a health check.
- Relaunch of adult dynamic support register – building on the Dorset best practice – just at the beginning but real opportunity to shift towards earlier prevention
- Recognition that a post-diagnostic autism pathway is an area needing some priority attention

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Local Government Association **Capacity to deliver** Information Classification: CONTROLLED

Strengths

- Innovative approach to working with inpatients by the ICS – including using life coaches
- Autism Diagnostic Team is becoming a multi-disciplinary team – and they have a clear aspiration to establish post-diagnostic support networks for autistic people.
- Mental health commissioners are clear that there is funding to invest in the autism pathway

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Local Government Association **Capacity to deliver** Information Classification: CONTROLLED

Areas for further consideration

- The diagnostic and support system for autistic people is underdeveloped
 - Creating long-delays for autism diagnosis
 - No pre or post diagnostic support
 - Peer support for autistic adults is not there
 - Family carers are unclear about the therapeutic offer for autistic adults (SALT, OT, physio and IAPT) is and how they access it
- Provision for autistic people is limited
- Outcomes from diagnosis referrals have been received via a letter, this is not good practice
- Carers spoke of their experiences of not being spoken to about large changes in care packages or closure of day services
- Family carers are not getting the information they need from the statutory agencies – at times of crisis or other transition points
- A 'waiting list' for accommodation with support of 136..

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Local Government Association **Capacity to deliver** Information Classification: CONTROLLED

Areas for further consideration

- Leadership confusion amongst providers and practitioners about who will be leading work to redesign and commission the accommodation and support offer from '23 – when the current contract ends
- Gaps around training:
 - Learning disability and autism understanding
 - Reasonable adjustments
 - Communication
 - Sensory environments
 - offer to commissioners
- The employment offer that is being developed sounds really exciting and innovative, but there needs to be a plan in place that draws together the different agencies and sets out who is doing what – this would benefit people's employment opportunities external to the council
- We heard that communication from the council and the NHS to families and individuals is often poor and reasons for why things have changed is often unclear

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Local Government Association **Capacity to deliver** Information Classification: CONTROLLED

Areas for further consideration

- We heard from practitioners that risk is not always shared between agencies and senior managers understanding need to be aware of what risk in the community looks like for individuals on the Dynamic Support Register and inpatients
- Payment to social care providers – cashflow is key to the survival of services – but we heard that invoices can take a long time to pay especially if there are errors
- People with lived experience are not recompensed to attend meetings – this will mean that people who can not afford to have time off work or have caring responsibilities will be unable to attend these meetings

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Local Government Association **Service Design** Information Classification: CONTROLLED

Strengths

- Staff in the council and the NHS have shown a person-centred drive and really want to work in ways that allows them to do this
- Parents and family carers worked with the transitions team to identify what does/does not work and parent/family carers and influenced the neurodiverse pathway
- Parent Carers Forum and the Partners in Policy Team have developed services and are trusted by families and people with the potential to do more with a some additional funding
- Parent Carers Forum was provided with flexible covid funding from the CCG that could be used to meet sensory needs during lockdown – empowering decisions about how to spend money to meet communities needs

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Local Government Association **Service Design** Information Classification: CONTROLLED

Areas for further consideration

- Leisure and day opportunities for those who cannot access training and employment are not easy for parents to access and even when they can access transport becomes a barrier because some provision is many miles away from their home.
- Working and influencing DWP as the offer for disabled people is very slow and without reasonable adjustments, with long waiting lists causing unnecessary delays for people wanting to work
- The post Covid respite and social care placement offer is undeveloped in places and it feels to parents that hospital discharges are being prioritised; so an opportunity to prevent carer fatigue or care breakdown is lost
- Transition to adult services: pathways and transitions for social care and health need to be clear about what criteria are being use to set the age at which transition planning is initiated. We heard from parent and practitioners that this varies from 16 years to the day before their eighteenth birthday. How transition into adult services works needs to be better communicated for parents

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Local Government Association **Service Design** Information Classification: CONTROLLED

Areas for further consideration

- The current mental health community team offer and crisis support feels inaccessible to individuals and their families – with an individual's disability being used to explain their presentation rather than their mental health needs
- Why has the Autism Intensive support team taken a long time to get established and secure its staff base, this is welcome service but is currently closed to new referrals
- Current needs assessment for adult social care eligibility and care planning was too focussed on fitting people to available services – not enough building on strengths and helping them realise their aspirations
- Financial assessments feels clumsy and unhelpful to individuals and families.
- Communication in relation to Direct Payment; Individual Service Funds and Personal Budgets not clear or accessible

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Local Government Association **Service Design** Information Classification: CONTROLLED

Areas for further consideration

- Currently not maximising quality assurance to:
 - get ahead of potential failure/deregistration and supporting providers before they 'Require Improvement'
 - Respond to safeguarding and issues that are being flagged
 - Learning from recent events.
 - Share quality concerns between health and care partners
 - Work proactively with the whole provider market

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Local Government Association **Service Design** Information Classification: CONTROLLED

- Recognising the ambition to have people and communities at the heart of your systems (the fundamental 'flip' you talk about) – this is a big jump from where you are now and perhaps a step too far at the moment. We suggest making a smaller 'flip' to enable you to work on some fundamental areas that will help inform and guide your journey to the bigger 'flip' over time
- Fundamentals to focus on:
 - Working together – all organisations, all agencies and people and families to have one vision of where you are going that you are all signed up to
 - True co-production – there is some great work going on around engagement but taking a step further and making sure that 'nothing about us without us' is embedded at all levels is key
 - Risk – working to develop a consistent approach to risk to enable people to get the lives they choose and reducing/removing a risk aversion culture
 - Can-do culture – moving to a 'do with' rather than a 'done to' position. Giving all levels of the system (including people and families) the permission to be creative and solutions focussed so that you have shared problems to develop shared solutions
 - Co-ordinate and build on what you have – you have great, values driven and passionate people in the system with lots of good things happening. Find a way to bring these together in a co-ordinated way to enable them to grow and develop

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Local Government Association Information Classification: CONTROLLED

Things to think about (recommendations)



- You need to **dedicate time as a whole system with people and families, to design, commission and communicate the whole crisis pathway for Cornwall**, recognising and addressing the unique needs of people with a learning disability and autistic people and making sure staff can meet peoples needs
- You need to jointly address the quality and capacity issue you have in health and social care and work with good providers as equal partners to develop solutions
- Where people with a learning disability and autistic people are included within your mainstream offers and support, you need to ensure adequate training, support and understanding to communicate, respond and meet the needs of the person





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Local Government Association Information Classification: CONTROLLED

Things to think about (recommendations)




- Partners need to come together at all levels to develop a plan about how they move away from responding to crisis, to move towards working in a more cohesive way that ensures less firefighting and supports people to remain in their own homes and communities
- Take the opportunity to create an environment where staff are:
 - empowered to work creatively
 - feel supported
 - able to share when things might not go according to plan
 - provided with opportunities to have open conversations with senior managers
- Co-produce a vision for people with a learning disability and autistic people in Cornwall
- Consider refreshing the Carers Charter as a way of ensuring the role of a carer is acknowledged, respected, their needs are met and they have access to the services and support they need
- Plans to update the market position statement could be an opportunity to be specific about what is needed to support people with a learning disability and autistic people – and to really engage individuals with lived experience in what the market needs to do

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Local Government Association Information Classification: CONTROLLED

Your reflections and questions

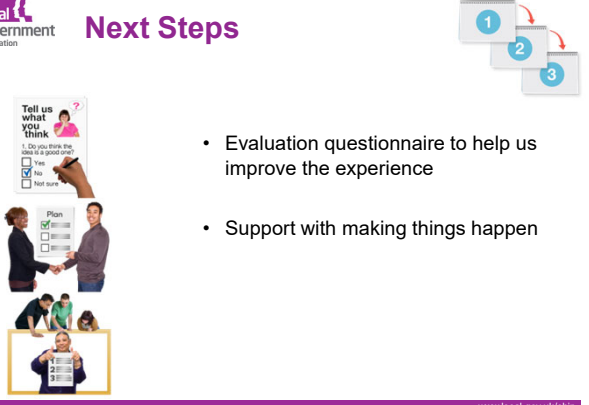


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Local Government Association Information Classification: CONTROLLED

Next Steps



- Evaluation questionnaire to help us improve the experience
- Support with making things happen

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Thank you

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Questions Submitted to DWP

1. What training do DWP staff receive in understanding Autism and learning disability?
2. First question(s) to ask any person when they first present, be it in person, on the telephone or online – Do you identify as someone with additional needs? If yes, how would you describe your additional needs?
3. Should the answer to the above be yes, a Needs Assessment needs to be obtained within a set timeframe. The knock-on effects are life restricting – no bursaries, dental treatment etc. Refused Work Capability Assessment – no access to work support groups. Lacking in NI contributions, leading to pension access issues.
4. People require not only support to find work but also a “buffer” which ensures that they are not financially worse off for attempting or undertaking work. There are people with Autism that want to work but have conditions that are limiting in terms of committing to set hours and/or regular working patterns. How will you supply the support required for your staff to source appropriate work and for customers to understand requirements and restrictions within the system? Do you recognise how limiting working hours to 16 per week rather than having a system that permits people to do more when they are able to, people can become trapped within the poverty threshold?
5. Do you recognise that undertaking X amount of hours of voluntary work does not necessarily mean that an individual could undertake the same hours in paid employment. Employers see free labour as a bonus and therefore expectations and pressure on staff are lower.
6. Following on from 3., it feels as though staff are instructed in ways in which to avoid offering support. Even when appropriate support is provided, people are not instructed of the potential for sanctions or reduced/complete loss of support. Early Needs Assessments and Work Capacity Assessments would proactively reduce such issues from occurring.
7. Questions posed by DWP staff verbally or in paperwork/online are always phrased in terms of why the individual cannot work. This leads to negative responses in which people feel the need to “play dumb” to emphasise disability or restrictions rather than positively focus on what they could do. For people with a learning disability in particular, friends, support workers and family build up their confidence by emphasising what they

can do; the DWP approach makes them focus in a dispiriting way on what they can't do. Why is this approach adopted and would you be willing to review it?

8. In an ideal world, the Job Centre would have a department with specialist knowledge of LD, Autism and other disabilities in order to ensure individuals are effectively supported. In the presumed absence of funding for such a department, how could you mitigate the issues?
9. Personal interests and peer support are key elements in empowering individuals to work and to have the confidence to progress. How do you take these factors into consideration when supporting people with Autism and/or LD?
10. Would it be possible to produce a map of how systems interlink across health and social care?
11. Letters are sent in standard format, which leads to people being unable to read them, missing deadlines and then being subject to the consequences, which can be debilitating and life-changing. Please detail how the DWP meet the Accessible Information Standard law, which states that people with a disability or sensory loss are given information they can understand, as well as the communication support they need.
12. Following on from 11, please could you detail the safeguarding measures in place to protect both your staff and customers? This should apply both to interactions within Job Centre premises and through postal communications.
13. Cornwall is currently suffering from a severe lack of advocacy support. What could the DWP do to mitigate that? Would it be possible to form independent advocacy arrangements to ensure that those that require support and guidance receive it?
14. What measures do you take to identify carers or other support for your customers, as well as "legacy support" in place, should something happen to their carer/support?

Members really emphasised that many of the issues could be overcome through training. Key to that would be neurodiverse individuals leading in both design and delivery.

Tasha Milton, our DWP representative on the Partnership Boards, has undertaken to ensure that responses are provided to the matters raised and attend Board meetings in the Autumn.



1

The Story So Far: Information Classification: **CONTROLLED**

Date	What Happened
Jan 2021	New ASC Area Director model launched ASC & CFT AD's confirmed commitment to place-based models of operational delivery building from existing CCC operating models.
April 2021	ASC Covid funding ceased for supporting establishment within CCC & BBB - Series of System business cases submitted but not progressed. ASC Area Directors committed to continuation of CCC & BBB staffing via existing operational budgets at own risk. *Changes in Exec Leadership, System Programme Support and Organisational Priorities meant the cessation of the Embrace programme workstreams and organisational silo's (CFT secured CCC & BBB funding via internal routes with a priority around Aging Well delivery)
June - August 2021	Delivering Better Care Board endorsed model for ASC Front Door and Short Term Services and series of engagement sessions took place to socialise model (Staff workshops, Hataka Meetings, AD 1:1 meetings, AD's weekly meetings, Commissioning discussions) Led by Tim & Amy
Sept - October 2021	ASC Corporate Our Shape programme launched with requirement for AD's to focus on workforce saving target of £900K - AD's decided to embed approach to this into the new place based delivery model. Consultation for Our Shape Launched and CFT AD's briefed.
Jan 2022	Conclusion of Our Shape Consultation and ASC AD's started engagement and interview process with leadership team to align to new structure. Current Head of Hospital Role discussed around options to support new delivery. Clear message back that this role was not in scope for supporting structure moving forward. AD's confirmed 3 x new N grade Senior Managers for Independence & Wellbeing Service and Corporate commitment from DASS to system around investment in new join role for Head of Intermediate Care Services.
Feb & March 2022	New leadership team confirmed and started to work on engagement with partners and creation of handover plans for new operating model.

2

Reminder of Our Shape Consultation: Information Classification: **CONTROLLED**

The vibrant, safe, supportive communities Cabinet priority reflects the Council's commitment to work with communities and to test new approaches to wellbeing, prevention activities and social care, which help people age well in their own home.

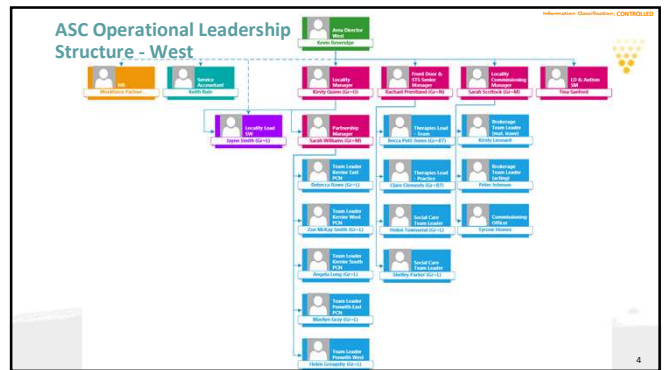
In order to address this strategic challenge, the Council established the **Delivering Better Care (DBC)** programme as part of its overall transformation. The main focus of the programme, and the ASC vision, is to ensure people have access to the **right care, in the right place at the right time.**

The place-based model has allowed us to align the savings required through **Our Shape**, to the DBC transformation that is already in progress. This approach ensures a more sustainable model for the service (by promoting residents' self-help to allow us to focus on complex support and care) and will provide opportunities for staff.

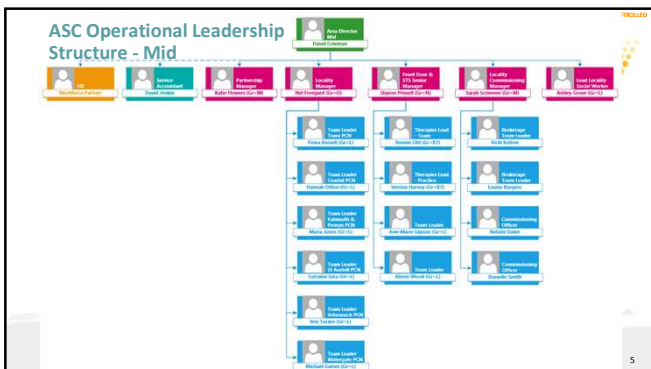
Our Leadership Structure and role descriptions for ASC Ops will change from the 1st April as part of the Our Shape Programme. Existing front line ASC Ops roles will need to be aligned to this new leadership structure so that line management and supervision is clear.

Right care
Right place
Right time

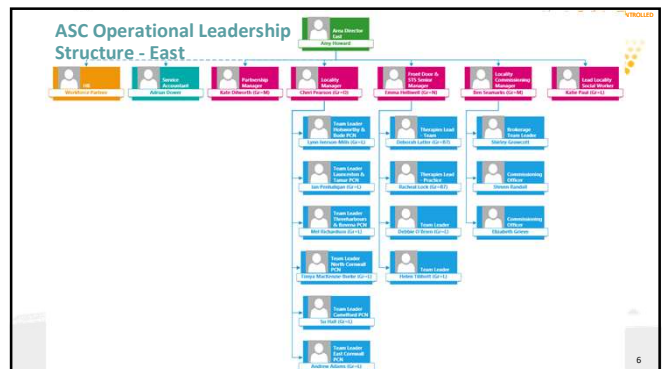
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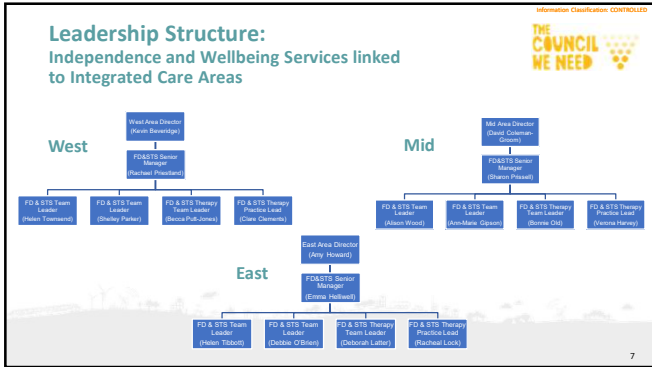
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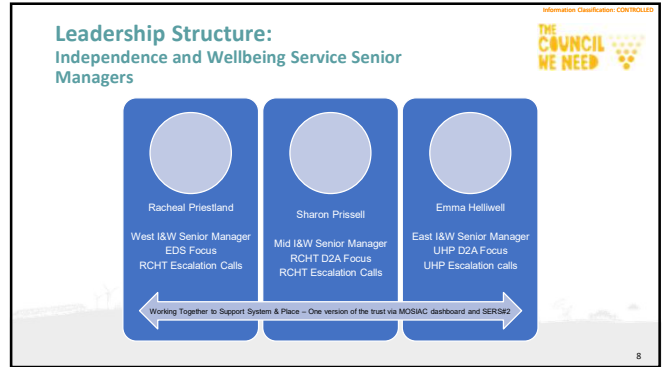
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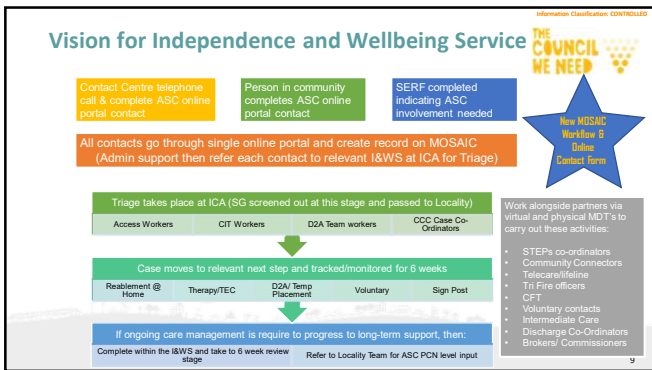
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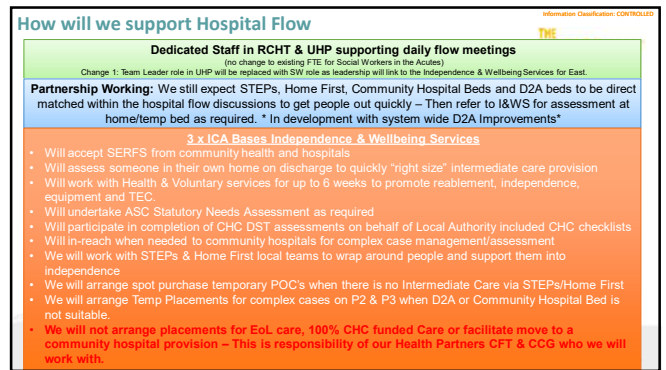
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