

**Minutes of the Kensington and Chelsea Disabled People's Question
Time – Adult Social Care Special Part 2
March 23rd 2022**

Cllr Anne Cyron (Lead Member for Communities) and Cllr Cem Kemahli (Lead Member for Adult Social Care and Public Health) welcomed everyone and gave their ongoing support to ADKC and its members. Emphasising the importance of local residents having a space to raise issues and let Councillors and Officers know about what matters to them.

Cllr Kemahli (CK) explained that Council Officers have responded to the questions raised at the first Question Time Social Care event (held in January) with written answers. He asked attendees to provide feedback on whether the written answers were sufficient and to ask any new questions they may have.

Jamie Renton (Chief Executive, ADKC), invited panellist to introduce themselves and reminded everyone to avoid using jargon.

- Viz Sathasivam (VS) – Director of Adult Social Care, in charge of services for all client groups
- Marcia Richards (MR) – Head of Complex Care
- Seth Mills (SM) – Head of Learning Disability and Autism Services.
- Nick Marchant (NM) – Communication and Engagement Officer
- James Sheedy (JS) – Financial Process Manager (with overall responsibility for Direct Payments and Financial Assessments).
- Paapa Barnes (PB) – Team Manager for OT complex and Sensory Team.
- Michelle O'Mahoney (MO'M) – Financial Assessment Manager.
- Sita Ragunath (SR) – Team Leader for Review (also covering Information and Advice Team at present)
- David Bello (DB) – Head of Mental Health Services.
- Wendy Scanlon (WS) - Team manager for North Adults Team.

Jamie (JR) reminded everyone that panellists were not able to discuss individual issues at this meeting and asked panellists to explain the options for those who wish to raise their own issues.

VS explained that the Council would like to create a forum where they can listen to local residents. Where there are complaints, the Council's Customer Care Team can look into people's issues and provide a full response.

MR said that people who have an allocated social worker can also contact their social worker, or the duty social worker, who can bring questions to the team leader or even to Marcia. If there are complaints, the Customer Care Team can help.

Customer Care Team Email: hsscustomeercare@rbkc.gov.uk

JR shared the screen showing the advance questions and the Council's written responses (included with these minutes). Explaining that these responses are guidelines only and that people should speak to Council staff about their own specific circumstances.

Question: Why do people in K&C have to pay for their care when people living in Hammersmith and Fulham don't.

CK explained that this is a political decision. The Government allows councils to charge people for care. They have however recently announced changes, including a cap on the amount that people will be charged. The Council are waiting to see the outcome of the Government's White Paper. He mentioned that the Government announcements could mean that people who have not asked for the Council to pay for help previously might ask to be assessed, which would mean more pressure on staff. He pointed out that it is important that the people who are better off in Kensington and Chelsea don't receive care subsidised by people who can least afford it. Once the Government makes their announcement, the Council will be looking at who might lose out as a result.

ADKC member Kush K asked why Councillors don't consider making care and support free for people on means-tested benefits and increasing the 'Minimum Income Guarantee' - the amount that people MUST be left with to pay for basic living costs.

CK explained that the Council is starting to look at changes. However, it is vital that we wait until after the Government reform and see if there are people who will lose out because of it.

ADKC member Ziad S said that he could understand charging if people are earning a lot, but that it was not right to charge people who are solely reliant on benefits, as they are disabled.

Question – Why does the council say that people are charged what they can afford? There is no real assessment of income and expenditure, like debt advisors do - and no real understanding of the cost of living. Real affordability doesn't come into it!

MO'M explained that everyone is offered a face-to-face assessment about expenditure. The Council is producing new guidance about Disability Related Expenditure – which is a way to minimise the charges. The Council has also made it easier for people to provide evidence – including setting up a WhatsApp number to submit proof by photos. People will be allowed to keep an extra 3% of their money this year and the Council is more generous than the Government limits. The Assessment Team can refer people to the Citizen's Advice Bureau to make sure they are receiving all of the benefits they are entitled to. The Finance Team will work closely with ADKC and its members.

ADKC member, Margaret C-I asked how often people are financially assessed.

MO'M explained that, every year there is an increase as benefits go up. People can contact the Council at any point if there is a change to their financial circumstances. They wait to hear from people in case they say their circumstances have changed. Otherwise the assessment is roughly every three years.

Question – If you are lucky and get a copy of the support plan, it seems like they are talking about someone else! Why can't we at least be given the option of writing our own Care and Support Plans - for the council to check and sign off - anymore?

MR explained that social workers should work in conjunction with service users to create the Support Plan. There would be no problem if service users and their families do their own Support Plan, as long as this is in the same format as the forms the Council uses. Once the social worker has done the assessment and identified care and support needs, the

plan should be done. People will have the opportunity to correct the Support Plan and re-adjust the plan so that they recognise and own it.

ADKC member Amorin A said that this is the first time she has heard about being able to be involved in planning support. She asked if people will be given the template.

ADKC member Tolive D asked that, if the Care and Support Plan is supposed to be owned by the individual, why can't people see it first?

MR replied that, if people are not automatically given a copy of their Care and Support Plan, they should ask for it, as well as a copy of the assessment / review.

Question – The ultimate decisions about how we can have support to live our lives are being made by people who have either never met us (people on the “panel”), or who don't really know us (the review social workers who meet us for 2 hours and re-write the support plan). Can we ask to meet with panel members or the managers who are making the decisions so we have more confidence that they know us? How can things be changed so we feel like it is more of an equal partnership?

WS explained that most social work staff try to deliver ‘person-centred’ Assessments and Support Plans. Some people (and in some cases, their families), have been very proactive in the Support Plans and usually the Support Plan works a lot better as a result. She made a commitment to remind staff about ‘person-centred planning’ but explained that social work staff have to work within a financial framework, so sometimes have to get “panel authorisation”. They have to be creative in using the money and they cannot fund something that is free elsewhere – this means that people do not always get what they would like. The Council can provide assistive technology as part of support planning.

Tolive said that she would like to find out more about this.

WS explained that this is delivered through the council's Occupational Therapists (OTs) and includes things like falls sensors and kitchen equipment which can be used to promote independence.

PB explained that the team would be happy to discuss what might be available to suit each person, as there are so many bits of equipment. Anyone can self-refer or ask the social worker to refer, if they would like to speak more.

MR mentioned that there are more and more bits of 'digital' equipment that have come up, especially over the last two years, so care and support is less intrusive.

ADKC member Rose mentioned that some people don't realise the support that they need and therefore say that they don't need care.

SM explained that, if people can't take part in support planning, they will be referred to advocacy.

WS also mentioned that social workers will collect and collate information from various sources into a Care Plan.

SR explained that, if care packages are stable, the Council have a responsibility to review at least once a year. However, this can occur more frequently initially. It is not possible to continually provide allocated social workers as there are three social workers and four Independent Living Assessors (ILAs) for 900 clients. They try to re-allocate the same staff member, who knows the client, whenever they can for the review. However, there is no way to keep a social worker allocated all the time.

ADKC member, Shpresa S, commented that this system does not work for those who need more on-going support.

Rose asked whether sheltered housing scheme managers are invited to be part of the review?

SR confirmed that the Review Team always try to get the views of all the people involved in care. However, they have to ask the service user who they would like to be part of the review.

Margaret explained that her personal experience had been different, that a person that she had asked the Council to involve was not contacted.

WS explained that there are regular meetings with staff and made a commitment to raise with team members that they need to work harder

to involve extended contacts. Senior managers will check this is done when they sign off assessments

Question - How does the council decide how much support is enough support? Do council staff and councillors feel the support on offer from Kensington and Chelsea really allows people to have a reasonable quality of life? Would they feel they were able to live a decent quality life if only able to use the toilet 4 times a day, at specific times and not between 8pm and 8 am? Or if only they relied on one - microwave - meal a day with a dry sandwich left out?... or if they are a family carer providing all night support as the council says they do not provide night support?

MR explained that the Council doesn't provide 24 hour care at home. However, care providers offer support between 7am and 10pm. Most care workers are female and there are added safety difficulties for people working at night. She explained that having a Direct Payment can offer more flexibility than care agency support arranged by the council. The council cannot tell when someone will need to use the toilet, so the care and support plans try to spread out calls across the day to ensure dignity. She also mentioned that, as there is no 'Meals On Wheels' service, when planning support, the social workers ensure that lunch calls allow enough time for a "sufficient" meal – not a three-course meal – and that the amount of time depends on the service user's cultural and nutritional needs. Sometimes people will have a sandwich left for them, so that they can choose when to eat. However, she would be worried if someone was being left a sandwich all day. She explained that she will need to understand a bit more regarding what the questions is about.

Rose explained that sometimes care staff turn up too early, when the person they are supporting is not hungry and so at the end of the call, the care staff leave a sandwich for them to eat later.

ADKC member Mona stated that some older people are lonely and confused. She said that she had been asked to raise that another person who was not able to attend the meeting is having problems with different carers. She said that the care plan does not always work and that she would like to see more done.

Tolive asked for clarification on overnight care and nutrition and how providers meet those needs.

MR explained that a person must have assessed needs – not wants - which are not being met by other means and that the Council work in a financial framework to use funding efficiently. The Council does – very exceptionally - provide night time support. For example when it is ‘end of life’ support, when someone needs turning at night or when they are being discharged from hospital and need to re-adjust to having periods alone. The Council work in conjunction with health colleagues to see if the NHS should pay for the support through the Continuing Healthcare scheme.

ADKC member Christina A asked how the council ensure that the care providers do what the Council contract them to do.

SR explained that the Commissioning Team meet with agency staff. Agency managers should carry out a certain number of spot checks per month to ensure that care staff are following Care Plans. Care workers have the Care Plans of all of the clients that they visit and log what is done. Service users can let the Council know if there are discrepancies. The Homecare Monitoring Team follow-up and if a client is not able to report back, professionals such as the district nurse, GP or ‘My Care, My Way’ worker will also report back.

MR explained that there is an annual Care Review system in place, when people are asked whether their care and support is working. People can also contact the Complaints Team who will investigate whether they are receiving quality of care. MR confirmed that around 80% of the feedback about Care Agencies comes from people using the service or their relatives, with the remainder coming from professionals.

WS explained that, as a result of the review, SR sometimes asks to look at the quality of service, or at missed visits. In these cases, the council asks that agency managers go out. Sometimes, the expectation of what the agency will do is higher than is possible in the time allotted or than that which is outlined in the care plan. There are continuous quality assurance meetings with the care agencies, so matters are improving and the council will try to offer alternative agencies or suggest a Direct Payment.

Christina explained that she has 14 agency log books but has never received unannounced visits to check, even though she has reported difficulties. She suggested that social services should directly check what is happening in the field (for example by social workers carrying out spot checks) and that it is not always appropriate to rely on agency managers to provide feedback when there are complaints against their service. If one person goes without dinner due to a missed visit, the system has failed. She asked whether the Council would work with service users to improve the system.

JR asked how the Council will work with people who use services.

MR explained that, as well as the Commissioning Team, Carewatch can also be part of the quality assurance process. So people can also contact them. The Council will look into how to improve people's ability to feedback. She reminded everyone that there is a complaints process and a review process, so people can say whether support is working. She also mentioned the Local Account Group – a group of residents – these are the forums that already exist for residents to feed into quality assurance. MR agreed to take back feedback from the Question Time meeting to commissioners.

Attendee, Letitia V, mentioned difficulty finding decent care staff and commented that they are underpaid and under-trained and/or lack motivation.

SR explained that there is a shortage of care workers in London and the UK and that care agencies are currently undertaking a recruitment drive. The Council is doing everything it can to support recruitment and commissioners are meeting agencies to ask what training is being provided. She said that the Council continues to provide the best quality care for the best value for money.

DB made a commitment to use the questions and comments from the meeting to develop an implementation plan for staff

Question Can the council provide a list of what people CAN use their personal budgets for? Actual items, equipment and services – not just a list of topics? We are supposed to be allowed to use it in a flexible (and innovative) way – not only to pay from care from a person - so why are we

only given a choice of a using a care agency or employing a Personal Assistant?

DB explained that requests are dealt with on a case-by-case basis.

PB added that the council has not set up a way for a PB to be used to buy equipment, as a lot of equipment is available at no cost from the Council's supplier, Medequip. They consider requests to use a PB for equipment that is not 'standard stock' on a case-by-case basis.

ADKC member Bruno responded saying that people don't want to wait until the review to find out what the money can be spent on. People need guidance or a framework in order to think about this.

SR explained that the Support Plan is very clear about what you can spend the DP on. People can contact duty or their allocated social worker to get permission, if they would like to spend their Direct Payment in a different way.

ADKC member, Steph V. agreed that disabled people need guidelines. It would be good to have a list, so that people can understand the possibilities of what can be in the support plan. She explained that during her transition from Children to Adult Services, the Support Plan was very flexible. For example, it included having a haircut once a month. However, now she is with Adult Services, she doesn't even know what she can suggest. She asked whether Social Services keep records of the numbers of people who use their budgets for different options, as this could provide a good guide.

DB confirmed the need to review the DP guidance and to have some case studies to give an idea of other options for people's support. He said he would like to co-produce this guidance with DP recipients.

JR said he thought that ADKC's PB user group would be happy to get involved.

The way forward:

JR explained that it had not been possible to get through all of the responses submitted by the council at this meeting and proposed that

people attend ADKC's PB user group to develop responses and consider the way forward.

MR stressed that going forward, it was important to look at the questions that the Council did not answer, or that people had not had a chance to comment on.

JR asked whether responses and comments should be provided via written responses, smaller discussion groups and /or another "Question Time"?

MR suggested a mixture of these methods.

VS reminded everyone that the Council would like to make sure that we have more discussions about working together, using a collaborative approach.

JR closed the meeting by thanking Councillors, panellists and everyone else who attended and/or sent in questions or comments.