

# *i Reflect*

July 2017 • Edition 13

## **Putting learning, development and good practice into the heart of Camden Adult Social Care**



### **Training**

While some of you turn your attention to the summer holidays, others may turn their thoughts to booking some learning and development opportunities. Below are the courses available over the next few months. Please go to [TDSonline](#) to book or contact Patricia Cox, LD Learning Advisor (ASC) [patricia.cox@camden.gov.uk](mailto:patricia.cox@camden.gov.uk).

<b>Event title</b>	<b>Date</b>	<b>Venue</b>
Safeguarding adult managers in local authority & mental health trusts (Full day)	14/08/2017	Training and Development Centre
Making section 42 enquiries: the new Care Act safeguarding process (Full day)	16/08/2017	Training and Development Centre
Adult safeguarding in practice: modern slavery (2 hrs)	01/09/2017	Training and Development Centre
Adult safeguarding in practice: financial and material abuse (2 hrs)	01/09/2017	Training and Development Centre
Confidentiality and information sharing for social work practitioners (Full day)	06/09/2017	Training and Development Centre
Understanding Reablement (Half day)	06/09/2017	Training and Development Centre
Safeguarding adults awareness (Half day)	12/09/2017	Training and Development Centre
Safeguarding adults awareness (Half day)	12/09/2017	Training and Development Centre
Lunch and Learn: Personal Finance Team (1 hr)	19/09/2017	5 Pancras Square - 10.10 Kiln
Raising safeguarding concerns - frontline staff (Full day)	20/09/2017	Training and Development Centre
Recording skills and information sharing (Full day)	20/09/2017	Training and Development Centre
Understanding and assessing risk (Half day)	21/09/2017	Training and Development Centre
Adult safeguarding in practice: self-neglect, hoarding and non-engagement (2 hrs)	25/09/2017	Training and Development Centre
Adult safeguarding in practice: carer stress (2 hrs)	25/09/2017	Training and Development Centre
Pressure Ulcer Training (Half day)	26/09/2017	Training and Development Centre
Multi-disciplinary working (Half day)	29/09/2017	Training and Development Centre

# Celebrating 20 years of CLDS

Camden's Learning Disability Service is an integrated health and social care service for adults with learning disabilities and has been celebrating its 20th birthday. We share some blogs written by team members to mark the anniversary and celebrate 20 years of integration.



## CLDS accessible information

The accessible information role at [CLDS](#) was created in 2003 using money from the Learning Disability Development Fund (LDDF) which was set up to support the implementation of the Valuing People White Paper (2001).

What is accessible information? It's all about making information easier to understand for people by using [easy read formats](#), audio, video and [accessible multimedia websites](#). Although primarily for people with learning disabilities, these resources can also benefit carers, professionals, older people, those whose first language is not English and anyone else who prefers simple, jargon-free info.

Who can use the CLDS accessible information service? Anyone within the Council can request easy read versions of their information and many people do, especially when there are important messages for Camden residents and we want to reach as wide an audience as possible. Just as we have ramps and wheelchair spaces on buses for people with physical disabilities, the **reasonable adjustments** for people with learning disabilities are mostly about information and communication.



On the health side we have recently been supporting Camden CCG (Clinical Commissioning Group) to have easy read resources on their website so that GP practices can easily download accessible appointment letters, annual health check reminder letters, communication preference forms, new patient registration questionnaires and more in order to create a level playing field for patients with learning disabilities.

There is no reason why these innovative resources could not be shared across London and the rest of the UK – CLDS is recognised as being a leader in this specialist area and we are happy to share what we have learned over the last several years, especially given that very few other

Local Authorities, if any, have a designated accessible information role. To find out more or to request support from the CLDS accessible information service, please contact [Richard Lohan](#).

## Intensive support teams (IST) for adults with learning disabilities and challenging behaviour

About 17% of people with learning disabilities (LD) living in the community have challenging behaviour such as aggression towards others or property, self injury or hyperactivity. There are concerns that adults with LD and challenging behaviour overuse medication, spend large periods of time in hospital, and miss out on living in the community. Hospital care is expensive, and costs are increasing. NHS England has produced draft guidance about Intensive Support Teams (ISTs), proposing that they should be part of all community LD services in England. However, there is currently very little evidence about how effective ISTs are.

The people who pay for health and social care services (commissioners) would like more information and this project aims to provide this. We propose to do a project over 36 months. It will be in two parts. First we will find out about how many and what type of ISTs exist in England, by asking service managers about their service, their staff, and the work they do. With this information, we will identify different models of ISTs (probably up to four). Then we will look at three services in each type of IST to compare how they work with people with LD and other local services. We will collect data twice over 9 months to see which model(s) work best. We will also carry out interviews with people who use ISTs, family and paid carers, and referrers to ISTs to find out about their experiences of these services and how happy they are with them.

Analysing and collating this data will tell us about how effective each of the types of IST are at reducing challenging behaviours, and which one service users, their families and people who work in other connected services prefer most. We will look at where the different types of IST operate, how much they cost and will investigate which types of IST represent best value for money.

We will tell people about our results at conferences and in academic and services journals. We will ask our group of involved service users and family carers to guide us and help tell other people about the results. We have a team of clinicians and academics, experts in all aspects of the research, e.g. statistics, LD, service evaluations, and in running ISTs. We will follow research rules and recommendations to make sure we carry out safe, ethical and rigorous research.



## CLDS: Back to the Future

For the last of the 20th Birthday blogs from Camden's Learning Disability Service, I thought I would reflect on the past to inform a look to the future, examine what we mean by integration, then try and describe what that future should look like. In looking backwards, I should acknowledge that it was CLDS's long and proud history of being one of the first integrated Learning Disability services in the country that most attracted me to the Head of Service role. Having worked in adult social care in several councils, I was familiar, perhaps even comfortable, with what Frank Dobson described as a 'Berlin Wall' between the NHS and local councils.

It is widely accepted that these divisions mean people with learning disabilities get a poor experience, having to deal with two separate services. These divisions also mean people with learning disabilities cannot always achieve the best outcomes they could.

So we are all for integration: but what do we actually mean by integration? Perhaps 'what is integration' is the wrong question: better to ask 'what is integration for, what outcomes will it achieve?'

In CLDS we strongly believe that partnership working between health and social care professionals in CLDS, using shared systems and shared management arrangements should lead to both a better customer experience for people with learning disabilities and support them to achieve better outcomes. But is this enough, is this the best we can be? In my view integration as an aim needs to go further. The partnership that drives organisational integration can and should be extended to people with learning disabilities and their families.

As a first step to shaping the next 20 years, we have spent the last couple of months working with people with learning disabilities to describe what they want from CLDS. Looking to the next 20 years, we want this co-produced vision of what a good service should look like to set the agenda for an ongoing 'integration' between people with learning disabilities, their families and all professionals from the Council, the NHS and the private and voluntary sector.

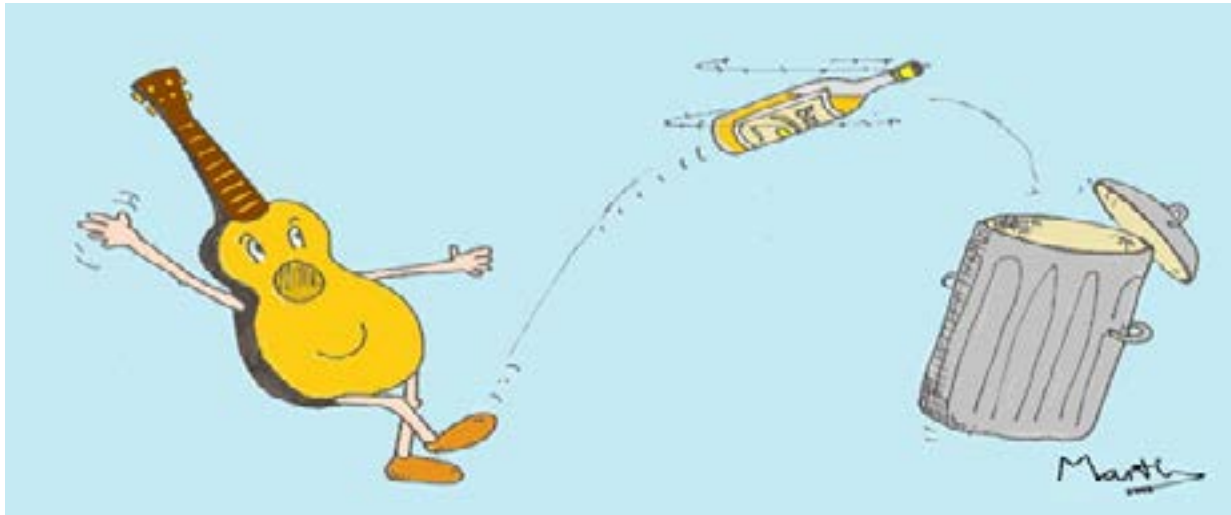


Celebrating 20 years of  
integrated health and social care

# Importance of personal testimonies

by Shabnam Ahmed

I have been fortunate enough to attend two conferences recently: Camden's Social Work conference with its focus on strengths based practice and 'Substance misuse: older adults, drug and alcohol use'. Several speakers imparted their knowledge and wisdom, but what had a lasting impression on me was the personal testimonies from those that have been supported with their recovery.



My colleague and friend Martin Hampton has inspired me to look at the stories behind images. The image above was shared by one of the speakers as a recognition of his recovery. I think it speaks volumes without me having to share his full story, he had managed to stop drinking and been learning to play the ukulele.

There were common themes between what was shared by two separate service users at two separate conferences. Whilst each had their unique set of problems, it is worth paying attention to what they said assisted their recovery:

## Key messages

1. Professionals spotting a window of opportunity to work with them instead of writing them off or closing their case
2. A key, consistent person who they knew would be their main point of contact in a time of crisis
3. Supporting them and linking them in with community resources or to develop an interest further
4. Building their resilience through developing a trusting relationship which promoted both engagement and empowerment

I felt total admiration for both these speakers and what they had managed to achieve. I also felt proud to be amidst public and voluntary sector colleagues who work incredibly creatively to try and support people through their recovery and journey amidst competing demands.

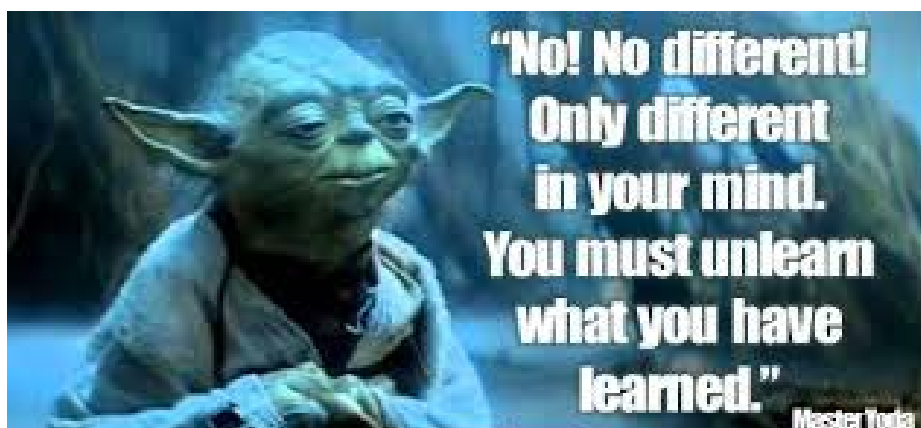
Acknowledging that we learn enormously from situations where we have not done as well as we had hoped, it is equally important to recognise the influencing factors of success. Pay attention to the consistent messages from research and feedback from the people that use our services. We are being told what works and what doesn't. Whilst there will be subtle differences, if we continue to apply an evidence base

to our practice, continue to adapt accordingly then we enhance the meaning of partnership working. At the Camden social work strengths based conference we saw a brilliant example of this practice. Service manager Tim Fisher facilitated a presentation on Family Group Conferencing and why it works through the perspectives of both the professionals involved and very importantly the families that have used this service.

At the Substance Misuse conference, Dr Sarah Wadd, one of UK's leading experts on substance misuse in older people shared statistics which highlighted the increase in the number of older people drinking and the hospital admissions and directly related deaths. Mike Ward, an expert in the field of substance misuse and alcohol, urged us to think about how we might work differently with long term drinkers. The evidence points us towards "Better Engagement" - what works is an outreach assertive approach.

I do feel that service user involvement has increased since I joined social work many years ago. Concerted efforts are being made to find out what is important and include our communities in the planning of services, but we need to do much more and ensure that it is purposeful and actioned.

We need to continuously question why we do things in a certain way despite people telling us it doesn't work. We need to be brave and do some unlearning in order to do things differently and re-learn (as the famous words by Yoda explain - for the Star Wars fans)...



## The state of adult social care services 2014 to 2017 report

Earlier in July, the Care Quality Commission published its [State of Adult Social Care Services](#) report. It brings together the results of 33,000 inspections of 24,000 different services in locations throughout in England.

Social care inspections rate services as Outstanding, Good, Requires Improvement or Inadequate and address five key questions: whether services are safe, effective, caring, responsive and well-led.

The report finds that 77% of services were rated as good. It contains a series of findings including that smaller services caring for fewer people were rated better than larger services overall and that the social care service the CQC has most concern about is nursing homes.



**Andrea Sutcliffe, Chief Inspector of Adult Social Care at the Care Quality Commission, said:** "Having carried out over 33,000 inspections of around 24,000 different services, most of the adult social care sector is meeting the Mum Test, providing safe and high quality care that we would be happy for anyone we love, or ourselves, to receive. However, there is still too much poor care, some providers

are failing to improve, and there is even some deterioration. It appears to be increasingly difficult for some providers to deliver the safe, high quality and compassionate care people deserve and have every right to expect. With demand for social care expected to rise over the next two decades, this is more worrying than ever."

# One of many reablement success stories

## by Kate Wigley

I have written in the newsletter before about Camden's reablement offer, but this time I wanted to share one of our many success stories. The photo opposite is of Richard, who until recently, had been staying with his partner in the community, but was struggling to maintain a safe and healthy lifestyle.

Over the past few years Richard had developed cataracts in both eyes, which had significantly impaired his vision. Despite several attempts to support Richard to have the operation, he declined each time. Richard was struggling to manage on a day to day basis and last summer finally agreed to have one of his eyes operated on.

In order to give him a safe environment in which to recover and engage in the reablement process, Richard moved into one of the council's reablement flats. Richard told me that it was nerve racking moving into the flat, but he is very glad that he did and decided that he would prefer to live on his own. Richard had his second eye operation shortly after the first and has made amazing progress. He achieved all his reablement goals and was supported to apply for extra care sheltered housing. Richard moved into his own flat several months ago where he now lives and is very happy there. He has regained his independence and his partner is able to visit as much as he wants. Richard would love to be able to work again, but in the meantime he spends most of his days out in the community and is coping very well.



The council's reablement and assessment flats are a unique resource. The first and ideal location for someone requiring reablement is always in their own home. If this is not possible due to mobility needs, a lack of confidence or an unsafe home environment, eligible customers can be referred to stay in one of the council's 14 reablement flats or 4 assessed flats. If you'd like to know any more details about the service please contact me, Kate Wigley (Reablement Development Officer) on 0207 974 3804 or come and find me on the 7th floor.

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## Deaf Awareness Training by Asif Iqbal

To mark the national Deaf Awareness Week in May, I delivered a Deaf Awareness Training to staff members of Camden Clinical Commissioning Group. The 2 hour training was a great success as the positive feedback below from delegates demonstrates. Delegates reported how they found the training so useful as it enables them to have better insight into the challenges that deaf people face and why communication is so crucial when providing health services.



*"It has really opened my eyes and ears to how to communicate"*

*"It was easy to learn through participation and role play."*

*"Easy for people with no previous signing training to pick up and learn."*

*"It was useful to understand more about deafness in the community"*

# Three conversations

by Cath Millen

## What is the “three conversations” model?

Some of you may have heard the term “three conversations” mentioned and wondered what it refers to. It is a specific model developed by a small organisation called Partners for Change to implement strengths based working in local authorities. Some local authorities are using the three conversations model very successfully across the country. It is a model that we are interested in here at Camden as we move towards all of our practitioners using a strengths based approach and our systems reflecting this way of working.

## How does it work?

The focus is on practitioners building relationships with people and working with them to explore their strengths and the strengths and assets of their informal networks and local communities. It moves away from “assessing for services” although there is a recognition that some people will have significant and complex needs (although also having strengths) and will still require formal support (conversation three). The three conversations are summarised below:

### Conversation 1: initial contact

“How can I connect you to things that will help you get on with your life – based on your assets, strengths and those of your family and neighbourhood? What do you want to do? What can I connect you to?”

### Conversation 2: when people are at risk

“What needs to change to make you safe and regain control? How can I help make that happen? What do I have at my disposal, including small amounts of money and using my knowledge of the community, to support you? How can I pull them together in an emergency plan and stay with you to make sure it works?”

### Conversation 3: when long-term support is needed

“What is a fair personal budget and what are the sources of funding? What does a good life look like? How can I help you use your resources to support your chosen life? Who do you want to be involved in support planning?”

## What are the benefits?

Feedback from several local authorities who are between one to two years in to using the three conversations model is that people who contact the local authority for assistance and staff are happier using this approach than a traditional care management one. They have also found that fewer people come into their services on a long-term basis and that for those that do, often the size of care packages reduces as alternatives are found through deeper connections with people, their informal networks and greater knowledge of the local community.



## How can I find out more?

You can have a look at the Partners for Change website: [www.partners4change.org.uk](http://www.partners4change.org.uk)

or contact Cath Millen, Principal Social Worker [cath.millen@camden.gov.uk](mailto:cath.millen@camden.gov.uk).