Multi-Disciplinary Team Meeting (MDT) Minutes		
Name of Individual	Marie Brown (LAS REF: 295269)	
Date	Monday 6th March 2023	
Location	Sandwell Council House/ MS Teams (Virtual) – Combined Meeting	
Chaired By	Azhar Ul-Haq (SCLO, ASC, SMBC)	
Present	Title / Organisation	Initials
Azhar Ul-Haq ***(Chairperson)***	Social Care Lead Officer West Bromwich CSWT Adults Social Care Sandwell MBC	AUH
Deshrine Burgher	Social Worker West Bromwich CSWT Adults Social Care Sandwell MBC	DB
Bev Mountain	Community Care Business Unit Sandwell MBC	BM
Tejinder Mann	Business Manager Adults & Community Services Sandwell MBC	TM
Damian Hull	Floating Support Co-Ordinator Sandwell MBC	DH
Jim Brennan	Mental Health Support Worker Kaleidoscope Plus Group	JB
Ranjeet Takhar	Support Services Team Leader Kaleidoscope Plus Group	RT
Tasleem Bi	Branch Manager Diamond Home Care	TB
Martha Chikobvu	Occupational Therapist Housing Solutions Sandwell MBC	MC
Vick Patel	Income Recovery Team Sandwell MBC	VP
Elizabeth Deegan	Housing Advisor Aspire	ED
Maria Brown	Service User	MB
Sue	Aunty of MB	S
Mrs Brown	Mother of MB	Mrs B
Anita Arora	Adults Safeguarding Minute Taker Operational Adults Safeguarding Team Adults Social Care Sandwell MBC	AA
Apologies	Title / Organisation	Initials
Ambia Smith	Lead Occupational Therapist Sandwell MBC	AS
Louise Oshea	Income Recovery Team Sandwell MBC	LO
Salamat Hussain	Home Improvement Agency Officer Sandwell MBC	SH
Vince McCalla	Floating Support Service Team Manager Sandwell MBC	VM
Ravinder Flora	Ideal For All	RF
Moira DeVrai	Floating Support Officer Sandwell MBC	MD
	1.1 - Introductions/ Welcome & Apologies Following the introductions **AUH (SCLO, ASC, SMBC) – Chairperson**, had advised all that this meeting was held under Sandwell MBC's practices and guidelines. All present were reminded that the issues discussed are confidential and should not be disclosed to another party unless agreed by the Chair.	

	Recording of online Microsoft Teams Meeting This meeting was recorded by the Social Worker **(DB, ASC, SMBC)** on behalf of the Minute Taker, with permission from the Chairperson **(AUH, ASC, SMBC)** and consent from all those who joined the online Microsoft Teams Meeting. Only the Minute Taker and the Chairperson had access to the recording outside this meeting. The audio recording was used for the translation into written minutes, which transformed into the final minutes of this meeting held. The audio recording was then permanently deleted. I, the Chairperson **(AUH, ASC, SMBC)** confirm that the meeting was audio recorded solely for the purpose and accuracy of the minutes and the recording was destroyed at the end of its use and if you have any concerns please email the Chairperson.
	2.1 – MDT Meeting – MB (LAS REF: 295269) – Monday 6th March 2023 2.2 – Purpose of the MDT Meeting • To obtain information on the current situation involving MB. • To obtain an update from the number of different involved agencies in terms of support needs, housing and any other care and support needs. • To discuss and identify key issues/ risks and care and support needs. • To agree actions to move forward. • Minutes to be circulated with a 7 working days deadline for any factual inaccuracies. 2.3 – Background This MDT meeting was held in respect MB who is aged 47 years old. DB was assigned as MB's allocated Social Worker on the 14th October 2022, to complete a Review/ Care Act 2014 assessment of MB's care and support needs, regarding the direct payment (currently suspended). The Care Act 2014 assessment was completed. MB has a short-term package of care in place that is also under a review. DB was awaiting a decision from MB, on the outcome of the completed assessment. DB had communicated with all other involved agencies, as part of the Care Act 2014 assessment process. A recent reassessment was carried out in relation to MB and identified that a MDT was required to focus on collaborative working with a multi-agency approach to support MB around the best way to move forward around the issues to be discussed in this meeting today. MB also wanted an MDT meeting to share and discuss her concerns on this platform. 2.4 – Update on current situation shared by Involved Agencies 2.4.1 – Update sent to DB by AS (OT, SMBC) • The referral was received in June 2022. • Recommendations were made for the bathroom access, toilet, front door and kitchen access. • Discussed the upper garden wheelchair access with MB, which OT had advised they wouldn't intervene as MB, wasn't eligible. MB was able to access other areas in the garden. • The grab rails (bathroom), was an outstanding action. • The outstanding minor works was followed up with the Sandwell contractor's multiple times, and the order was confirmed to be raised. A completion date of the 30th January 2023 was agreed, but that action was still outstanding. • OT were chasing up the outstanding work to be completed, on behalf of MB. 2.4.2 – Update sent to DB from RF (Ideal for All) • Ideal for All, had managed the PA's when the direct payment plan was in place.

	• They supported MB with the PA's, also helped her with any queries related to the direct payments and the management of the accounts, for the PA's. • They also worked with other agencies to support MB, and signposted MB to the relevant agencies in relation to her non-res contribution charges. 2.4.3 – Update shared by JB (Kaleidoscope) • MB was provided with help and support around her housing issues and benefits issues, also signposted MB to other services as required, such as the Citizen Advice Bureau to help with her debts. • JB had supported MB to visit the Council to discuss the direct payments (overpayment). • JB contacted Sandwell Enquiry to request for an assessment of the property regarding the kitchen and the outside area for adaptions. • JB was concerned about the debts, that had accrued due to the direct payments. • JB also supported MB to manage her post. A letter was received from LO, about a debt and MB said she was liaising with LO about that. • JB was also concerned about the adaptations required in the kitchen, to enable MB to be more independent. • The alterations made in the bathroom, made a massive difference to help MB be more independent. • The financial issues were impacting MB's mental health, causing anxiety and stress. 2.4.4 – Update shared by TM (Direct Payments) • The direct payment was set up on the 26th July 2022. A 6-month audit and a further audit were both undertaken. • The account was suspended, and MB was referred back to Care Management, due to the account being in deficit. • MB was assessed for a non-res contribution of £60.29 per week in 2022, which increased to £90.28 per week on the 2nd January 2023. The non-res contribution wasn't paid, which was the reason for the suspension. • MB was notified of the suspension, by email, by AP (SMBC) after the audit was completed on the 17th October 2022. • AP (SMBC) had identified that the non-res contribution hadn't been paid since the direct payments had started. • A direct debit mandate needed to be set up by Ideal for All for the regulatory of the non-res weekly payments. Also, the outstanding non-res debt, accrued, needed to be paid. 2.4.5 – Update shared by BM (CCBU, SMBC) • Prior to having the direct payments, MB was assessed to pay a contribution towards her care package (Custom Care – February 2020) at that time. The decision was based on a financial assessment that was completed. • MB had disclosed to the CCBU, that she was unable to pay the non-res charges, and MB had accrued a debt, which remains unpaid. • MB was due for a second review (disability related assessments) which considers all unavoidable expenses related to disability, mobility, mental health and things and like that. • The disability related assessment/ review could potentially change/ reduce the charges that were applied on the historical (CCBU) and current debt (direct payments). • They had used DRE checklist used to complete the first review, and MB was supported by an independent worker to complete that review. • The CCBU were unable to complete their full review for MB around income and expenditure, and affordability. 2.4.6 – Update shared by ED (Aspire) • MB was referred into their service in early January 2023, regarding the adaptations issues, that needed clarifying around the kitchen, the safety of the oven, and kitchen window. • The bathroom rails were implemented and resolved.

	• ED was supporting MB, by enquiring about what was happening with the adaptations and the outstanding works to be completed. 2.4.7 – Update shared by MC (Occupational Therapist, SMBC) • MC had picked up the case in January 2022. MB was previously under another Occupational Therapist who had completed the assessment, and a plan for the kitchen was approved by the panel and MB, for the adaptations. • MC was unsure why the adaptations weren't fully completed in the kitchen. • MC visited MB at the property and identified the problems that was brought to her attention. • MC had then met with DB, as DB was in the process of putting in a care package for MB at that time, but MC raised further concerns about MB needing meal preparations and carers to wash and dress, with the addition of the adaptations in the kitchen at the same time. MC had advised DB that the adaptions would no longer be required if carers were going to do the meal preparations, but that agreement wasn't signed off and approved at that time. • MC and SH made a decision to conduct a joint home visit to discuss the adaptations with MB and completed the drawings of the adaptations which were approved by MB during that visit. • MC and SH were both waiting for a new assessment to be completed by DB, and depending on her needs, they would re-visit the home and look at the kitchen again regarding the adaptations. • MB told MC, she was having a lot of falls in the property, and that meant a new assessment needed to be done because of her medical changes, but MB couldn't present any evidence from physio or OT for that. • Home improvements to address the issue with the kitchen hob. Improvements were currently not involved. 2.4.8 – Update by TB (Diamond Home Care) • MB received a morning and lunch call every day. • MB mainly asked the carers to help her with the household chores. • MB wasn't accepting personal care from the carers. • TB sent over MB's care plan logs, to DB. 2.4.9 – Update by VP (Income Recovery Team, SMBC) • LO had been dealing with the recovery of the arrears that had built up. 2.4.10 – Update by DH (Floating Support Team, SMBC) • MB received support from the Floating Support Team in the past, and that had ended. • A new referral was received for floating support on the 13th February 2023, and that was triaged. As MB, had Kaleidoscope involved, the referral into floating support was reviewed and closed on the 16th February 2023, by MD. <u>2.5 – Information/ concern shared by MB in the meeting</u> MB informed all that she didn't understand the information detailed in the Care Act 2014 assessment sent to her by DB. MB shared that she didn't understand the hours, the important details in the assessment, although she did understand the summary in the assessment, and identified some minor discrepancies that needed clarifying. MB added that she didn't understand how to add up the figures in the assessment and she did seek some support, for clarification as well, but didn't receive the clarification she needed about the queries with the assessment, hence why she didn't the signed and return the assessment to DB. MB informed all that the grab rails were now installed, and she was happy about that and was now more independent and could have a wash in the bathroom without support. MB added that she felt happier as her privacy and dignity were both intact.

	MB informed all that before the direct payments had started she had advised the involved professionals at that time, that the care needs plan didn't cover all the help she needed in terms of lifting and emptying bins, and things like that. MB shared that she paid up to £60.00 per week for essential help to unload groceries and things like that. MB shared that she didn't have the additional money to contribute towards the non-res weekly charges. MB and RF had discussed this issue, and RF was unable to set up the standing order due to MB having lack of funds. MB informed all that she was unable to share a breakdown of her income and expenditures over the telephone, and she was happy to meet professionals face to face and share the details from her mobile banking app, which showed a breakdown of the everything. MB highlighted that she did have the proof to evidence the money she was spending on support to help unload her car, and her expenses to travel to work as she was now in full time employment. MB shared that she wanted a bill from the Local Authority that was affordable for her to set up as a standing order from her bank, moving forward. MB stated that she had shared with the relevant involved professionals that she wanted to cook for herself, and the carers were only supporting her to cook 7 days a week, because it was unsafe for her to cook in the kitchen. This view was supported by SMBC's Health & Safety Officer and West Midlands Fire Service. MB advised that she has been ordering food every day, rather than paying for the carers to cook her meals. MB shared that she worked full time, and she paid her rent every week. MB confirmed there was no standing order in place for her rent, until an agreement was reached around what the affordable repayment would be, moving forward. MB shared that she had received a lot of support from JB. MB felt there was a lack of communication between the different departments in Adults Social Care, SMBC. MB noted that she had been trying to communicate with the different departments for up to 3 years in some cases, to address her issues. The referral for a floating support worker was put through to support her with communicating with the different Council departments. MB said she understood from this meeting, why the referral to floating support had closed on the 16th February 2023. MB added that JB also supported her with her medical appointments and she had starting to receive physiotherapy, 2 years after having her surgery. MB confirmed that she could agree to start paying £10.00 per week (standing order), to contribute towards her debt, and increase that in the future, if possible. <u>2.6 – Key issues/risks identified and support already in place for MB</u> • MB was able to liaise with the different involved agencies for the relevant support she required. • MB had current arrears for non-res contributions and a historical debt for unpaid non-res contributions, with CCBU. • MB's ability to pay for debt and contributions was questionable (income/expenditure and what MB can/can't afford to pay). • Kitchen adaptations were outstanding (windows and kitchen hob). A decision needed to be made by home improvements, whether the improvements required, were needed or not, as this was a long standing ongoing issue that needed to be resolved as soon as possible. • MB currently was unable to cook independently in the kitchen until adaptations are completed. • MB wasn't clear about her support plan and unclear about how the hours agreed had been worked out.

	2.7 – Actions agreed to move forward • DB to arrange a joint visit by DB and TB, to share a full detailed explanation of the support plan and hours with MB. To invite AUH into that conversation, if needed. • DB and AUH to have a separate discussion with MB, regarding her lack of ability to pay her debts/ contributions. To discuss a repayment plan for the debt, so MB can start to clear the debt. To also discuss with MB, how to ensure the current non-res contribution would be paid moving forward. • A joint discussion by BM, LO, TM, DB and RF (JB to attend if, required) to be had with MB, regarding the debt. To share all the details regarding the historical and current debt with MB, and to agree a plan to move forward. • BM to send MB, the relevant account number for MB to start making a weekly contribution towards the debt. • DB to assess MB's current care and support needs, the support plan to reflect any equipment and adaptations, if required and then to implement accordingly. The support plan to be reviewed again in the future, and to be adjusted accordingly. • MC to have a separate discussion with MB regarding the outstanding kitchen adaptations, discussing the expectations, plan and timescales to move forward and resolve this matter. • Involved professionals from SMBC, to communicate amongst each other to share information and support for MB, also so she is aware of what actions is being undertaken by each involved professional. • To hold a follow up MDT meeting in 4-6 weeks to review the progress made, if deemed necessary.
	3.1 - Conclusion by Chair The main issue identified in this meeting was in relation to a historical debt (CCBU) and current debt (direct payments), which MB needed to clear. MB's ability to pay the debt and the non-res charges were questionable taking into consideration her income/ expenditure and her affordability. MB has said that she is willing to pay the debt back, but as long as it is an affordable amount she can repay every week by standing order. BM advised that a disability related assessment was due to be completed for MB, which could potentially reduce/ change the amount of debt she owed, and professionals agreed to have a joint discussion with MB, outside this meeting to discuss debt and the payment arrangements further. MB offered to start paying £10 per week towards her arrears. Agreed that a meeting would need to take place to ensure MB know the exact amount that she needs to pay against each debt strand mentioned above. Kaleidoscope will continue their involvement to provide some admin support and assist with accessing services including any referrals to CAB, welfare Rights contact to SMBC teams through enquiry Team An assessment of MB's care and support needs is required to include equipment/adaptations. DB to arrange a meeting with MB, I will also attend the meeting and this is to also give MB the breakdown of the proposed support plan care hours. With MB consent at this meeting DB will refer MB to Pohwer for the Care Act Advocacy services. The involved professionals to set clear expectations with MB, so that MB was aware of what to expect from the different involved agencies. To also be clear with MB, when they are unable to provide a service, giving MB the opportunity to access the appeal or complaint process in a formal way, to prevent any miscommunications.

	We agree that in future MB will contact the relevant team in relation to her queries to avoid any miscommunications and for enquiry to go to the relevant professionals. It was agreed for the relevant involved professionals to have separate discussions with MB, outside this meeting regarding the different issues identified in this meeting today. We have now agreed next actions and who is going to do what and if need we will reconvene another MDT in 8 weeks' time.	
4.1 - Actions Agreed (including how to reduce the level/risk of harm)	**When**	**Responsibility (Name)**
4.1.1 – To arrange a visit with MB, regarding the explanation of the support plan and hours.	As soon as possible.	DB (SMBC) and TB (Diamond Home Care)
4.1.2 – to arrange a meeting with MB, AUH (Azhar) to attend that meeting too to give MB the breakdown of her care hours, review care needs and proposed support plan.	As soon as possible.	DB (SMBC)
4.1.4 – To hold a joint discussion with MB, regarding the debt, sharing the full details around the historical and current debt with MB.	As soon as possible.	BM, LO, TM, DB – (SMBC) RF (Ideal for All) JB (Kaleidoscope)
4.1.5 – To discuss further with MB, regarding the disability related assessment/ review.	As soon as possible.	BM (SMBC)
4.1.6 – To send MB, the account numbers to start making a contribution towards the debt.	As soon as possible.	BM and TM (SMBC)
4.1.9 – To have a separate discussion with MB, regarding the outstanding kitchen adaptations, expectations, plans and timescales.	As soon as possible.	MC (SMBC)
4.1.10 – To access the Care Act 2014 Advocate.	If, needed to be arranged by MB.	MB
4.1.11 – A referral to be made to Pohwer Advocacy.	If, required and with MB's consent.	DB (SMBC)
4.1.12 – To access the formal appeal or complaint process.	If, required.	MB

4.1.13 – Involved professionals (SMBC) to continue to communicate with each other to share information and support for MB.	Ongoing	Involved professionals (SMBC)
4.1.14 – To hold a follow up MDT meeting.	If deemed, necessary.	To be arranged by DB and AA (SMBC)
Sign and Date	**Azhar Ul-Haq (Social Care Lead Officer, ASC, SMBC)** **These minutes were approved on: Thursday 18th May 2023**	