Public Document Pack

Adult Social Services Review Panel Agenda

To: Councillor Louisa Woodley (Chair)

Councillors Margaret Bird, Pat Clouder, Patsy Cummings and Yvette Hopley

A meeting of the **Adult Social Services Review Panel** which you are hereby summoned to attend, will be held on **Wednesday, 31 January 2018** at **5.00 pm** in **F10, Town Hall, Katharine Street, Croydon CR0 1NX**

JACQUELINE HARRIS-BAKER
Director of Law and Monitoring Officer
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon CR0 1EA

Victoria Lower
020 8726 6000 x14773
victoria.lower@croydon.gov.uk
www.croydon.gov.uk/meetings
Tuesday, 23 January 2018

Members of the public are welcome to attend this meeting.
If you require any assistance, please contact the person detailed above, on the righthand side.

N.B This meeting will be paperless. The agenda can be accessed online at www.croydon.gov.uk/meetings

AGENDA – PART A

1. Apologies for Absence

To receive any apologies for absence from any members of the Committee.

2. Minutes of the Previous Meeting (Pages 5 - 12)

To approve the minutes of the meeting held on 1 November 2017 as an accurate record.

3. Disclosure of Interests

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality to the value of which exceeds £50 or multiple gifts and/or instances of hospitality with a cumulative value of £50 or more when received from a single donor within a rolling twelve month period. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Democratic Services representative at the start of the meeting. The Chair will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

4. Urgent Business (if any)

To receive notice of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

5. One Croydon Alliance: Extension of the Alliance Agreement Outcomes Based Commissioning (Pages 13 - 36)

The One Croydon Alliance Agreement supports the Council's key strategic priorities with regard to promoting and sustaining independence, well-being and good health outcomes for Croydon residents.

6. Improvement Plan for Community Mental Health Services (Pages 37 - 46)

A Care Quality Commission report published in October 2017 found areas requiring improvement in South London & Maudsley NHS Foundation Trust's community based mental health services. This report provides a brief update on the improvement plan that has been put in place and provides assurance that services are improving for Croydon residents.

7. Exclusion of the Press and Public

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder of a meeting:

"That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended."

PART B

8. Minutes of the Previous Meeting (Pages 47 - 48)

To approve the Part B minutes of the meeting held on 1 November 2017 as an accurate record.

9. Adult Safeguarding in Croydon (Pages 49 - 54)

The purpose of the report is to update the Adult Social Services Review Panel on the key developments in Croydon in regard to Adult Safeguarding.

This page is intentionally left blank

Adult Social Services Review Panel

Meeting of held on Wednesday, 1 November 2017 at 5.00 pm in F10, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES

Present: Councillor Louisa Woodley (Chair);

Councillors Margaret Bird and Yvette Hopley

Apologies: Councillor Pat Clouder and Callton Young

PART A

24/17 **Minutes of the Previous Meeting**

The minutes of the meeting held on 13 July 2017 were agreed as an accurate record.

25/17 **Disclosure of Interests**

There were none.

26/17 **Urgent Business (if any)**

There was none.

Councillor Hopley requested for an update on serious case recently bought to their attention.

Officers shared that the case was of a sensitive nature and there was an ongoing police investigation and the Care Quality Commission (CQC) would likely instigate health and safety regulations. There would be an inquest on the case. The family had asked for confidentiality, therefore the matter was not discussed further beyond the briefing circulated to Members. Adult services had conducted an unannounced visit to the care home and no other Croydon residents was at risk. The CQC rated the care home “good” in October. It was felt that there were adequate measures around the health and safety, and leadership in the care home.

27/17 **Learning Disabilities Mortality Review Report**

Officers addressed that there had been an update to the review since the report in the agenda had been submitted. All the organisational needs had been confirmed and an Independent Chair had also been appointed. The first steering group had also been formed, and the report showed that the group had started progressing through the required actions. Implementation to-date

showed that there had been a significant amount of staff training, with fifteen staff trained and another cohort to be completed within a fortnight. A database for reviewers and notifications had also been set up. A track record on communication was also being kept. Information on all organisations websites was being well publicised. It was a national programme, thus officers were working with colleagues and seeing what other neighbouring boroughs are doing.

The next steps were outlined as being:

- A robust review had been put in place.
- Terms of Reference had been drafted and would be finalised
- The proposal would be to support projects for those people with learning disabilities; and it was noted that it was important to ensure information was shared appropriately, such as the life expectancy of woman was 20 years less.

The Learning Disabilities Partnership and the local voluntary sector would be supported to understand:

- What they would be doing; and
- The national themes made to be more effective.

The first three cases were under review. Officers expected fifteen referrals per year and would feedback any learning from these cases to the Panel.

The Panel queried that 15 cases did not seem many. The officer clarified that more cases were to be reviewed, however it was anticipated there would be 15 complex cases raised. It was determined from the statistics pulled across as to which cases were under review. The officer highlighted that there was a criteria which determined the cases pulled through, and after reviewing national demographic statistics it was estimated to be approximately 15 cases. It would be for the steering group to look at the cases and ascertain which ones should be reviewed before it would be fed back. There would also be themes and feedback learning loop through this work.

The Panel requested more information be fed back to future meetings on the lessons learnt.

28/17 **One Croydon Alliance**

In the officer's introduction, the Panel were informed that there had been rapid improvements in changes over the past 6 months and thus the presentation was a broad overview of where the One Croydon Alliance was at the time.

The Outcome Based Commissioning (OBC) Alliance One Croydon had been agreed as the brand for the Alliance and was starting to be used. The Health Care Partnership agreed the brand and there had been a strap line around the vision of '*Working together to help you live the life you want'*.

One Croydon Alliance had been articulating their ambition to be able to communicate their vision in three main ways:

- Personal Outcome Improvements
- Improved financial sustainability
- Activity Shift – right place, right time, which means to only go to hospital when the resident needs to and they are discharged into the community as soon as practical.

As seen in the report, One Croydon Alliance had five outcomes domains. There were previously 77 revised to now 44 outcomes within the performance dashboard. These were proxy indicators to measure the outcomes, to ensure the outcomes that the residences wanted the service to achieve were being met.

Officer's informed the Panel that over the last two to three months, they had been working on the transformation plan which covered 10 years in total. The One Croydon Alliance was currently in the first year, which was the transition year. There was a 144 page document which had six chapters that outlined the system change initiatives in the transformation plan which would introduce system savings and improved outcomes, including a move away from acute activity.

The Panel were informed that in financial reporting next year there would be a £26.6m gap across the Alliance. They aimed to close the gap by at least 50% through the work of the Alliance, and as work continued over the years the expectation was for increased savings.

The Panel queried about the Clinical Commissioning Group (CCG) as their focus was not on over sixty-fives year olds but rather on all ages.

The officer highlighted that the McKinsey Report had been published, and the One Croydon Alliance would need to review the outcome of the review and what it could mean for them.

The Chair informed the Panel that the transformation plan was pertinent to the Alliance. There had been fine tuning to review the risks and the financial model. The Panel were further informed that the mental health sector would be considered to be an area for the transformation model.

The view from the officer was that the model was a ten year vision. Each organisation needed to review and consider what the opportunity would be as a discussion would need to be made across all decision makers. The voluntary sector would also be considered within the model, as the integration of acute and primary health services had been more fragmented. The Panel learned that organisations wanted the partnership to work and not be diluted, and thus the possible move towards mental health or learning disabilities.

The Panel wanted to understand what the Alliance was working towards. The Officer fed back that the Transformation Board may need to be brought forward to review what would be beneficial for residents, as it would be a challenge to design a level of care for just one age group when it applied to all.

There was a ten year plan for Multi-Agency Working and Huddles that would bring in synergy and savings, and improvements to the way the organisations delivered their services. The business case had to be taken by the end of November 2017 in regards to how the service would work; how the service would meet financial gaps; the strategic case of “why’; governance; contracting options; and strategic vision. The data received had shown significant deductions. The integrated community network was being worked on including Huddles, which had seen benefits from this work.

The organisation was being supported by the Complex Care Support Team and on set for a full roll out with the aim of having a Huddle in every General Practice by end of March 2018.

One Croydon Alliance had gone live with the integrated Discharge to Assess service, This was where clients had visited the health services and within two hours of discharge an assessment was conducted at home. The six weeks reablement had significant impact on care packages with a significant packages being stopped.

The Panel heard that so far there had been thirty people discharged to assessment stage and only a few had gone back into hospital. This was a positive system impact as the hospital had met its A&E target. Officers informed Members that the long term goal would be to have operability across the health service and social service IT systems, as it was essential to receive referrals and communicate in the correct form. Officers were starting to track activity and performance including individuals through the social care services and framework, on a life to life basis.

The Panel discussed the issue of coordination between services for ensuring that the individual had the right support and equipment, as it was known that it was difficult to get coordination, and clarity was required to ascertain what services were to be provided. The officers stated that there was a process that needed to be reviewed. It was suggested by the Chair that appointing coordinators may resolve these issues. However, the Panel contested that the coordinators would still be impacted by the same issues as it was the departments and agencies who were unable to work together.

The officer informed the Panel that every morning there was a multi-disciplinary meeting to discuss those patients who were to be discharged, and all patients would receive the same service rather than a review of social care need.

The Panel stated that there was an issue of care agency quality and the need to ensure that agencies are delivering.

The Chair requested for a follow-up report and update at a future meeting of the Panel.

29/17 **ADAPT Programme Update Report**

The officer informed the Panel that the previous Transformation of SC (TRASC Programme) was incorporated in the All Age Disability and Adults Programme of Transformation (ADAPT).

Upon the Chairs' request, the officer refreshed the Panel on the transformation programme.

The officer highlighted phase two of the transformation programme which sought to enable people to make decisions about their care before crisis or coming to social services. It was about personalisation, building on the vision of 'have a life, not a care plan'.

This is broken down into areas:
Staffing Transformation: There is currently high usage of agency staffing. However, over the next two years the aim would be to reduce the number of agency staff and move towards permanent workforce with the right skills and management skills.

25-65 Transformation: This was a programme was being worked upon. Better use of assets had been made to make sure that the right people were being assessed, and information and advice was given to those who did not require an assessment and to maximise independence.

Over 65s – the objective was to reduce the long term care packages through targeted reablement activity.

Mental Health had small efficiency savings. ADAPT was working with the Clinical Commissioning Group (CCG) using s117 funding policy and protocol in getting people back into employment and direct payments by taking self-control.

Day Services – The service was more likely to provide consultation on how the day services were used. A capital growth bid for Cherry Orchard had been submitted to enable it to be more targeted to what people had said they wanted as part of the 'walk in our shoes' consultation and co-production.

Commissioning and Contracting – this would enable the Commissioning Improvement Partners to work effectively with the market to get the best out of framework agreements and to ensure more vibrancy in the market for people to use their personal budgets.

The first Board meeting was due to take place on 15 November 2017 which would establish the next steps to be taken. The two year programme was in development which would ensure that the service consulted with the right people at the right time.

30/17 **The Social Work Health Check**

The officer shared that the Social Work Health Check looked into the workforce and ensured that staff had safe workloads.

The presentation highlighted higher quality service user outcome. This included that all employers had a clear accountable framework; that work was effective and safe; risks and caseloads were managed; supervision was effective and sufficient; there was good development opportunities for all staff; relationships with partner organisations were effective, and staff were registered to the Health Care Professions Council (HCPC).

The survey of all staff to complete their health check had been launched online. The survey was proposed to be completed within four weeks, so that management could review the feedback to develop a work plan to improve the workplace.

The Panel queried on the shortage of social workers and how safe workloads and case allocation would be managed. They also noted that good agency workers were paid a significant amount and thus how would the service be financially balanced. They further inquired in regards to the survey and whether the management team would receive all the answers to the questions they had requested. The officer shared that following the Ofsted Inspections, an analysis of caseloads per staff had been conducted and an average of twenty to twenty-five cases was held by each social worker, which is acceptable. The officer acknowledged the national shortage of social workers, and informed the Panel that most vacancies were filled with agency staff. The service noted that they had strived to move towards a more stabilised workplace. In the last year the Adults Service had successfully employed 20 staff members who had previously been agency staff; and any underperforming agency staff were given a weeks' notice. The officer also highlighted that they had listened to the workforce and considered creating solutions for the identified problems. This ensured that Adults Services would be a more attractive employer. The officers were looking to receive an 80% response rate in order for improvements to be made. An action plan would be developed from the survey results and immediate concerns would be addressed immediately.

The Chair requested that an update report be brought to a future meeting outlined the outcome and future steps to be taken following the survey.

31/17 **Exclusion of the Press and Public**

The following motion was moved by Councillor Hopley and seconded by Councillor Bird to exclude the press and public:

"That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information

falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended."

The motion was put and it was agreed by the Committee to exclude the press and public for the remainder of the meeting.

32/17 **Minutes of the Previous Meeting**

The minutes of the meeting held on 13 July 2017 were agreed as an accurate record.

33/17 **Adult Safeguarding in Croydon**

The Committee received an update on adult safeguarding in Croydon.

The meeting ended at 6.11 pm

Signed: .....

Date: .....

This page is intentionally left blank

For General Release

Key Decision number: 0318CAB

REPORT TO:	**CABINET 22nd January 2018**
SUBJECT:	One Croydon Alliance: Extension of the Alliance Agreement Outcomes Based Commissioning
LEAD OFFICER:	Guy Van Dichele Interim Executive Director of Social Services Richard Simpson Executive Director of Resources
CABINET MEMBER:	Councillor Hall, Cabinet Member for Finance and Treasury Councillor Woodley, Cabinet Member for Families, Health & Social Care
WARDS:	All

CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON:

The One Croydon Alliance Agreement supports the Council's key strategic priorities with regard to promoting and sustaining independence, well-being and good health outcomes for Croydon residents. The outcomes are aligned to Ambitious for Croydon promises:

- creating growth in the economy,
- helping residents be as independent as possible,
- and creating a pleasant place in which people want to live

The One Croydon Alliance integrates health and social care and has a comprehensive framework that is focused on improving outcomes for people. Extensive consultation with local people on what outcomes they wanted took place, and they chose the following:

- Staying healthy and active for as long as possible
- Having access to the best quality care available in order to live as I choose and as independent a life as possible
- Being helped by a health and social care team that has had the training and has the specialist knowledge to understand how my health and social care needs affect me
- Being supported as an individual, with services specific to me
- Having improved clinical outcomes

FINANCIAL IMPACT

The total annual value of services currently in scope within the Alliance is c£180 million per annum. Of this the council is responsible for a contribution of approximately £42 million the rest of the resources are the responsibility of Croydon Clinical Commissioning Group. This council spend is split £12 million for directly delivered services (social work assessment, OT, in house day care etc.) and £30 million spent with external providers (mainly domiciliary care, care homes and funding in the voluntary and community sector). The council will maintain its current contractual relationships with providers but in time a new commercial structure will mean more jointly commissioned services and contracting arrangements will emerge as the new models of care and system transformation develops.

The current commercial structure proposals propose a move to capitated payment mechanism from 2021/22 for the Alliance. The aim, as has been through Transition Year (2017) to move to block arrangements for acute and community services in Croydon, which incentivises investment in the right care at the right time for Croydon residents.

There are defined efficiency savings of 5% per annum for social care, after demographic and non-demographic growth has been added.

The aim is to positively impact the whole health and care system. A 10 year financial model is in place, modelling financial impact by Alliance partner organisation. Plans developed to date show total positive system financial impact of:

- Phase 1 – Out of Hospital: £6.5m per annum
- Phase 2a (implementation ready): £5.8m per annum

A number of Phase 2b and Phase 3 transformation are being further developed which will add to this overall impact.

KEY DECISION REFERENCE NO.: FORWARD PLAN KEY DECISION REFERENCE NO.: 0318CAB - This is a Key Decision as defined in the Council's Constitution. The decision may be implemented from 1300 hours on the expiry of 5 working days after it is made, unless the decision is referred to the Scrutiny & Overview Committee by the requisite number of Councillors

The Leader of the Council has delegated to the Cabinet the power to make the decisions set out in the recommendations below

1. RECOMMENDATIONS

The Cabinet is recommended to:

1.1 Agree to the extension of the One Croydon Alliance Agreement term for a further 9 years, commencing 1 April 2018 to 31 March 2027.

1.2 Agree to expand the remit of the Alliance Agreement to ensure the potential for whole system transformation for health and social care. Decisions to materially increase programme scope will be taken as part of the Council's decision making process.

1.3 Delegate to the Interim Executive Director of Social Services and the Executive Director of Resources in consultation with Cabinet Member for Families Health and Social Care and the Cabinet Member for Finance and Treasury the signing of the final 9 year Alliance agreement on or around 1/04/2018 and extension / appropriate award of the in scope service contracts.

2. EXECUTIVE SUMMARY

2.1 The purpose of this report is to update the Cabinet on the progress of the first year of the One Croydon Alliance ("the Alliance") an Integrated Health and Social Care system consisting of the following partners:

- Croydon Council (as provider and commissioner)
- Croydon Clinical Commissioning Group (CCG)
- Age UK Croydon
- Croydon GP Collaborative
- Croydon Health Services NHS Trust
- South London and Maudsley Mental Health NHS Foundation Trust

and to recommend the extension of the One Croydon Alliance Agreement for a further 9 years with a wider remit of whole system health and care transformation. Cabinet delegated the decision to sign the agreement in December 2016 (*minute ref:* A124/16) to award the Alliance Agreement and award the 'in scope' Service Contract (s) to commence on or around 1 April 2017. The delegated decision was signed in April 2017.

2.2 The key purpose of the One Croydon Alliance is to improve the lives of Croydon residents and deliver more effective health and social care outcomes. The transition year programme has demonstrated significant achievements and progress in what can be achieved when the whole system works together in an integrated and focused approach.

2.3 The year one transformation components of Living Independently For Everyone (LIFE) service and the Integrated Community Networks (ICN) programme have delivered significant successful outcomes that include 80% of reablement package ceased within 6 weeks compared to 18% prior to the changes and pre-Christmas admission avoidance and length of hospital stay reductions enabling the closure of 56 escalation beds. Intervention at the earliest stage with 180 people through multi-disciplinary working has prevented further escalation of needs and new life opportunities and an additional 200 people seen through the LIFE service since its commencement in October. All of these changes improve the quality and independence of service users. In light of the success of the transition year and the delivery of key transition criteria the report recommends the extension of the One Croydon Alliance agreement for a further 9 years.

2.4 The Alliance vision has always been to extend the model of care and approach adopted for over 65s if successful to other areas of the social care and health economy. There has been significant investment in establishing the Alliance and transition year has completed a number of workstreams and proceeded through three checkpoints at given points in May, August and October to provide assurance of progress. The Alliance members are agreed on its governance and has developed a range of appropriate commercial options to support the journey to a mature accountable care system.

2.5 Therefore, the Alliance provides an ideal vehicle to further extend social and health care integration, ensuring person centred care that is multi-disciplinary in nature and supports a more sustainable set of public services in Croydon. However it is recognised that any extension of programme scope needs further work to evidence return on investment. Each sovereign organisation needs to use its own governance to make individual decisions about scope and service area. In the Council therefore the decision would follow our usual democratic decision making process. In addition if the Alliance scope grew it is recognised that new partners particularly from the Voluntary and Community Sector would need to be involved and there will be a requirement in the Alliance Agreement to review membership when programme scope changes.

3. DETAIL

3.1 A full background and rationale for the decision to sign the original Alliance agreement is contained in the December 2016 Cabinet report at appendix 1.

3.2 The signing of the original Alliance Agreement was for a single Transition year with the option to extend for a further 9 years. The purpose for the Transition year was to provide assurance that the chosen overall health and care model would effect a transformation in services to meet the outcomes identified by our over 65's as crucial to delivery of quality health and care services.

3.3 The assurance areas identified as necessary for Cabinet to agree an extension were the:

- performance of Year 1 Transformation programmes
- achievement of Year 1 Transition Criteria / Workstreams

4. Year 1 Transformation Programmes

4.1 The transitional transformation programme of LIFE and ICN has demonstrated how an integrated whole system approach to health and social care can improve the lives of Croydon residents and achieve more effective health and social care outcomes proving the concept that health and social care systems integration and the One Croydon model.

LIFE

4.2 The LIFE Programme has established an integrated reablement and rehabilitation service across the Borough, comprising services from Adult Social Care, Croydon Health Services and Croydon University Hospital. The long term ambition of LIFE was that it will see key services brought into a new LIFE integrated reablement and rehabilitation service – a new intermediate care service. The iBCF funding has allocated £1.2m in the first year to funding integrated care for the LIFE service care packages. Over the medium term the cascade impact of admissions being avoided and reducing peoples lengths of stay in hospital means people require less intensive and long term care packages and can be reabled back to independence more quickly and successfully. All of this contributes towards the 5% per annum efficiency target for social care for in scope services, alongside improved contracting, equipment provision and care market management.

4.3 The integrated service model ensures a one name, one budget one team approach, use of an agreed single eligibility assessment and review process, and increased entry pathways - all working to the same key outcomes. This service will contribute to reductions in systems duplication, in non-elective hospital admissions and bed days, will enable targeted and focussed effective use of more community services upstream for people to reduce high cost packages of care and create capacity with an increase in flow at an earlier stage for people in need of the service. Services are more person and outcome focused improving the person experience of health and care.

4.4 A key component of the LIFE service is Discharge to Assess (Home First Pathway 2), and from September 2017 Croydon Health Services NHS Foundation Trust introduced this pathway 2. The service is now live in all wards in CUH, having seen over 185 people in the first 10 weeks of operation. We are seeing a 20% reduction in length of stay for people in hospital and the need for long term care packages post rebalement go down significantly (up to 80% in some cases from a previous performance of 18% as shown in the dashboard below). This service ensures people are supported through a multi-disciplinary approach to reduce their length of stay in hospital, assess them in the best place to determine care, and establish outcome focused care plans that aim to reable and maximise independence. The service is receiving referrals from the community and working in A&E to prevent admissions. CHS and Council staff have moved in together at a CHS community site, forming a truly integrated service with high morale.

ICN

4.5 The Integrated Community Networks (ICN) Programme is comprised of the following features:

- Huddles (proactive weekly case management by multi-disciplinary team working from GP practices)
- Complex Care Support (specialist support for issues such as mental health and frailty and support for care homes);
- My Life Plan (Co-ordinate My Care – shared care record);
- Personal Independence Coordinators (PICs – person centred support for non-medical issues);
- Active and Supportive Communities (people and communities as assets)

4.6 The key aim is to engage, empower and build-up the Huddles so they are responsive, timely and flexible to individual needs. Huddles focus on preventing admissions and focus on high risk and need people who have more than one long term condition initially and aims to enable individuals to support their own health and independence. Care is organised around the individual, breaking down the boundaries between health and social care and the voluntary and community sector, and between formal and informal support.

4.7 An accelerated ICN Huddle programme is being implemented and the number of Huddles rolled out had exceeded business case plans by October 2017, in December over 30 practices had huddles with all 57 GP practices planned to have them by March 2018. Early indications show a potential 14% different in non-elective admissions of patients from early adopter GP practices that have huddles when compared to those without, as shown in the dashboard in 4.10 and figures 1 and 2 below. Professional report significant positive impact for them and their patients working closer together, removing barriers to seamless care.

4.8 The development of the voluntary sector model of care to support people with their non-medical needs is in progress, to provide critical access to support, information and guidance that is proactive and preventative in nature, will see reductions in calls for GP consultations and more connected and thriving communities, carers and individuals.

4.9 The model of care is developing to support people with more complex needs, requiring additional expertise and input from mental health specialists or community geritricians.

4.10 Impact on activity and outcomes of the Alliance Out of Hospital Programme

On 1st December 2017, CHS communicated that due to the efforts of the discharge to assess teams, the hospital has 56 fewer escalation beds in use in comparison to the status 10 days before. This means that 56 patients are in the right inpatient beds and CHS would have the potential of saving approximately £10,000 per day.

Figure 1 and Figure 2 shows the OOH Outcomes Dashboards as at 5th December 2017.

Figure 1: Out of Hospital Outcomes Dashboard

High Level Metrics	All Croydon GP Registered Population	All Croydon GP Registered Population Against CCG Operational Plans	Croydon University Hospital (Croydon CCG GP registered patients)	TACS HRGs Only (Croydon GP registered population)
Non Elective Admissions	6% (18,063 to 19,267)	-1% (19,497)	3% (13,164 to 13,571)	-3% (7,359 to 7,190)
A/E Attendances (exc planned)	30% (69,039- to 90,015)	-6% (95,673)	86,482 (April to Sept 2017 only)	
Non Elective Bed days	8% (81,806 to 88,402)	10% (80,565)	5% (68,244 to 71,849)	-2% (42,911 to 41,866)
Non Elective Excess Bed days	-16% (4,527 to 3,802)	-15% (4,378)	-24% (3,457 to 2,637)	-25% (2,611 to 1,953)

Period: Apr–Sept 2016 v Apr-Sept 2017

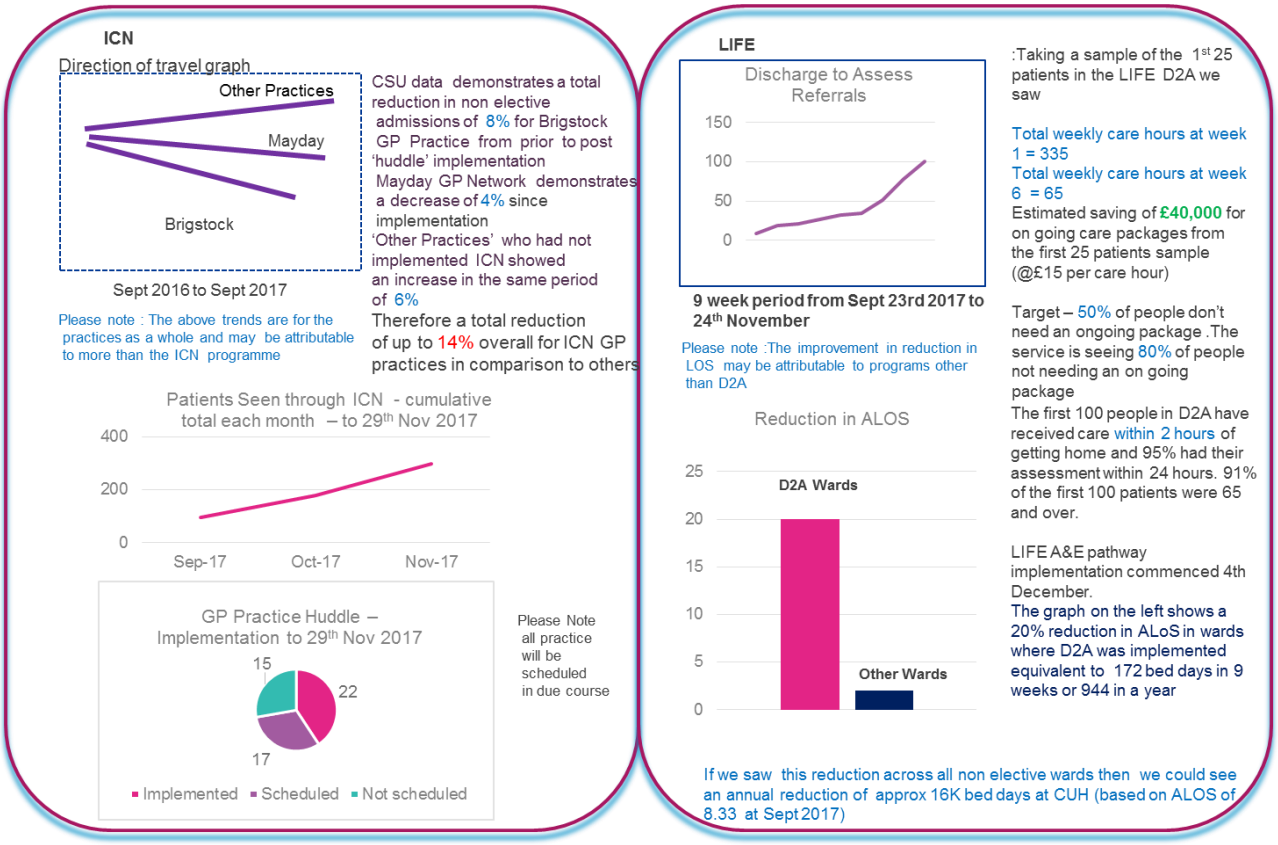
We have included 4 views of high level outcome Indicators covering all population non elective (excluding maternity, baby units and planned follow ups at A/E) .

Data is displayed for all Croydon registered GP populations, against CCG plans, for Croydon University Hospital and for the selected HRGS identified to be impacted by TACs & OOH projects.

The CCG financial savings at month 6 (for 2017/18) are £2.5 million as opposed to planned CCG savings of £275k.▲
These savings are based on TACS HRGs and is a combination of TACS and out of hospital savings

GP Registered Population *(April-Sept 2016 v April to Sept 2017)*				Croydon University Hospital (April 2017 v Sept 2017)				Social Care Indicators	
Average LOS	5.43	5.44	▶	% Type 1 Attendances	49%	43%	▶	Proportion of older people still at home after 91 days after discharge from hospital into reablement (offered the service) **2016: 1.9%; 1.4% at Q2 2017/18**	▼
0-1 day say non elective	8.771	9,274	▼	Attendance /Admission Ratio	3.14:1	2.81:1	▼	Proportion of older people still at home after 91 days after discharge from hospital into reablement **2016: 91.3%; 95.5% in Q2 2017/18**	▲
Delayed transfer of care days	4,318	5,167	▼	4 Hour wait	88.8%	90.9% (94.8% on 31/10)	▲	Admissions to Nursing Homes **413.7 per 100k pop in 2016** **183.3 per 100K at Oct 2017**	▲
% DTOC from Social Care	19% (Sept 2016)	35% (Sept 2017)	▶	Escalation Beds	49 (30 Sept 2017)	10 (5th Dec 2017)	▲	Time taken to ASC Assessment (within 35 days) **80% in 2016 ; 72% in Q2 2017/18**	▼

Figure 2: Out Of Hospital High Level Dashboard



4.11 A key component of the ICN programme are the Personal Independence Coordinators (PICs) employed by Age UK Croydon Alliance partner. The PICs are a member of the core ICN team and are independent of Health and Social Care Services; they work intensively with people with long term conditions. Initial data shows an increasing trend in the number guided conversations and the proportion of people meeting their goals. A case study shows the impact and success of a PIC intervention and is detailed below.

.

Background

- Robert is 77 years old.
- He lives alone
- Same rented accommodation for 30 years
- His wife was bed bound and he cared for her

In January 2016 he experienced shortness of breath and rapid weight loss

- Admitted to hospital where he stayed for 11 months on and off
- Discharged in November 2016
- Wife passed away in that period
- He did not return to work

Outcomes achieved as a result of PIC intervention:

- Attendance allowance granted
- More independence at home
- Heating installed in some rooms
- Garden work done
- House clean
- Healthy living and gained weight
- Started driving again

4.12 The ICN model is supported by building up our community and preventative services. The model of care aims to do this through aligning our provision of voluntary and community services within each of the six GP networks through appointing Local Voluntary Organisations and opening points of access, building awareness of assets and improving access and capacity.

5. Care for Extension

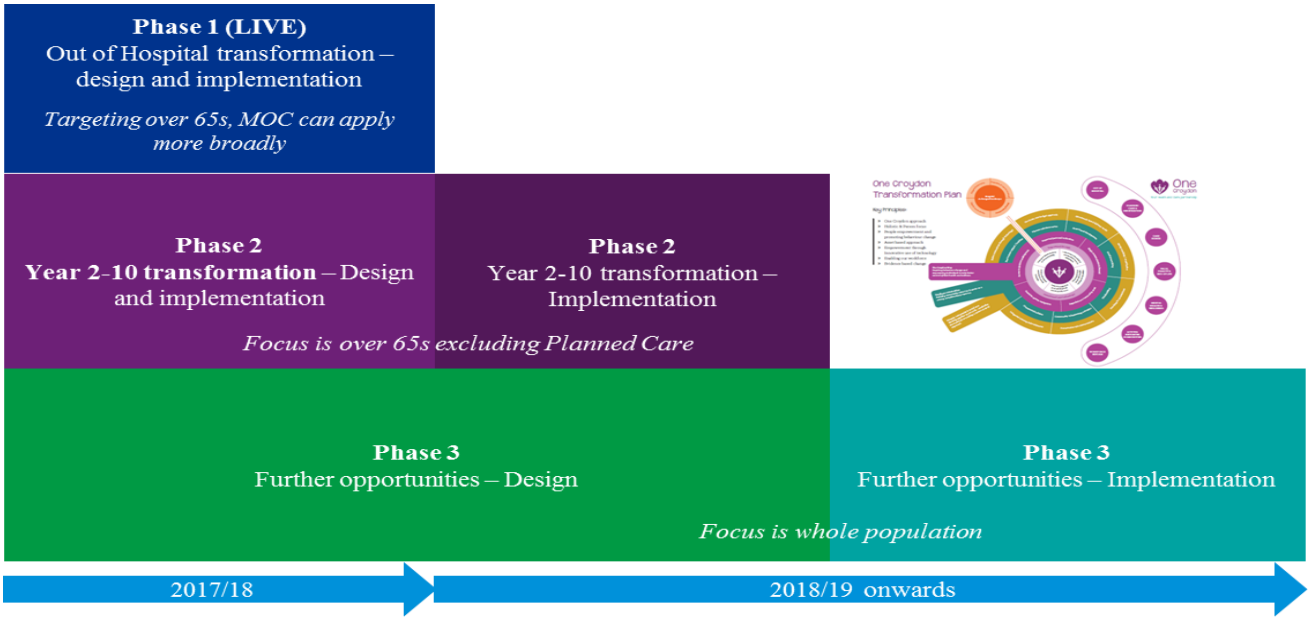
5.1 When developing the Alliance Agreement partners agreed the decision to extend for the full 9 years was to be predicated on the Transition Programme meeting a number of Transition Assessment Criteria for the OOH models of care and a further 10 Transition Workstreams, including the commercial aspects, alliance agreement and contracting, risk share, organisational development and communications and engagement. There has been sufficient progress on the assessment criteria over the transition year to enable the Council to take the extension decision. The impact of transformation on outcomes have been detailed above; below sets out the further case for extension.

.

Scope of transformation

5.2 It is proposed that the Alliance carries out transformation in phases throughout the 10 year agreement period. The proposed transformation scope aligns with the Alliance vision of achieving whole system transformation. As shown in Figure 3, the transformation phases may run concurrently. It should be noted that transformation is not limited to three phases and further phases may be added to the scope. The total ambition for the Alliance and demonstrates the impact that the Alliance can have during the 10 year contract period.

Figure 3: Alliance transformation scope



***MOC**: Model of Care*

5.3 The following provides an overview of the **phase 2 transformation plans** and the potential impact.

Table 1

Workstream	Non-financial benefits of transformation	
Phase 2a		
Planned Care and repatriation	The overall vision of Planned Care is to transform local healthcare whilst promoting and embedding behaviour and cultural change across patients, public, and clinical workforce by introducing new pathways and models of care. Transformation will be induced by: • Promoting behaviour change by supporting patients and public take ownership of their health and lifestyle through initiatives such as Health help now, make every contact count and altogether better. • Enabling cultural shift across the clinical workforce through peer review initiatives, shared decision-making guide and GP and consultant joint educational workshops. • Enhancing clinical connectivity to support a multidisciplinary approach which provides a range of skills in the community.	£1.4million
Falls, Frailty	Falls and frailty has a potential to make a significant impact on people's lives.	£0.5million

Workstream	Non-financial benefits of transformation	
and End of Life	The plan aims to make Falls 'everybody's business' through a system wide awareness and management to Falls and End of Life. Key aspects of this programme include: • Wellness and mental health – part of holistic falls management. • Integrated Falls system. • Significant focus on upstream prevention and management. • Focus on development of community based support. • Effective advanced care planning and co-ordination across care organisations and. • Developing the competencies of workforce.	
Care Homes	The vision for the care home market is to create the conditions within the health and care economy that allow homes to provide the highest quality of care to their residents and that this care is affordable. This will be achieved through a number of ways including: • Coordinating existing support services, use of technology in identifying risks and connecting with professionals. • Ensuring that there is shared care plans in place. • A commissioning and pricing strategy that will provide greater opportunities for improving outcomes and optimising buying power. • While there are existing initiatives around this, there is scope for enhancing the impact and coverage of workforce development through improved coordination and "branding" of the support services.	£1.9million
Phase 2b		
Mental Health	The aim of this programme is to ensure there is joined up working with primary care so that people with dementia and severe mental illness have consistent and high quality physical health checks and access to the same treatment as those without mental disorders. Key aspects of this programme include: • Improving Mental Health Urgent & Crisis Care – Implementing the Core 24 Standards in Liaison Psychiatry. • Work within integrated care network to practitioners in "multi-agency huddles" and health coaches to provide mental health training and consultation/advice on how to best manage people on their caseload with mental health problems. • Exceed dementia diagnosis and outcomes through collaborative working with primary care and a Dementia responsive system.	Calculation of potential financial savings is still in progress.
Active and supportive communities	This workstream recognises that residents do more care and support than the entire formal health and care system. People don't just need; they give. Transforming a model of care means changing the way people use services, not just the way we deliver them. Key system changes that will impact include: • One Communication, engagement, information and advice. • Community organisations become the first port of call for information, advice and support. • Management of Social isolation and social inclusion.	Calculation of potential financial savings is still in progress.

Workstream	Non-financial benefits of transformation	
	• Employing technologies to help people understand and manage their health and care.	

5.4 Table 2 lists the proposed initiatives for the **Phase 3 transformation** scope with detailed business cases and potential savings being further developed

Table 2: Indicative Phase 3 transformation scope

Initiative	Potential activity change
1. Locality based care	• Locality model: alignment of all health and care provision to localities. • Development of neighbourhood teams within each locality i.e. direct interaction, mentorship and support between domiciliary and community teams. • Increases our coverage much beyond risk patients identified and managed in ICN.

2. ICN and LIFE plus	• Reduction in A&E and NEL admissions through expanding the reach of the current ICN team to an additional 5% of the risk stratified population.
	• Increasing the number of people LIFE teams reach by 35%. For this cohort:
	  ○ 50% patients in cohort avoiding admission
	  ○ 50% reduction in Length of Stay for 50% of patient cohort.

3. Addressing social isolation	a. Befriending services estimated cost per person of £80 generating benefit of £300 b. Local area coordinators estimate that for every £1 invested, up to £4 of social value is generated. c. Community navigators cost £480/person but generate a benefit of £900/person.
4. Social prescribing	• A 100% success rate for all alternative social prescribing services at a cost rate of £100 per patient per year
5. Dutch community model (Buurtzorg)	(Founded in the Netherlands in 2006, Buurtzorg is a unique district nursing system tht is based on giving district nurses far greater control over patient care). • 50% reduction in overall hours of care • Costs per patient are approximately 40% less
6. Corporate and back office integration	• 25% reduction in overall cost of corporate and back office functions across Council, CHS and the CCG.

Initiative	Potential activity change
7. Embedding urgent and emergency care model	• Realisation of Urgent & Emergency Care (U&EC) pathway through change management support and service review

The Alliance Potential

5.5 The current model of care, as captured in the Out of Hospital business case, provides the Alliance a head start and develops a robust platform to develop subsequent transformational programmes. When considering a 10-year ambition, the Alliance clinical and professional stakeholders, through a number of forums across the last 1.5 years, have articulated their ambition across a range of areas.

5.6 The Alliance's ambition for whole system transformation was further developed recently and aligned with the wider ambitions of the Croydon Transformation Board and similarly aims to "radically upgrade prevention" to improve the lives of people in Croydon. The ambition also recognises the potential opportunities reflected in the Croydon Strategic Review and Right Care benchmarks.

5.7 The vision is for a future where individuals are able and willing to take active responsibility and decisions for their health and wellbeing supported by strong community services and technological solutions. This will result in a shift in resources from more intensive support in hospital and residential care to less intensive services more focused on preventions and early intervention and a reduction in the reliance on acute secondary care solutions and interventions. These areas will be used to check our plans for the right size of ambition and will be further worked up in 2018.

6. Governance Arrangements

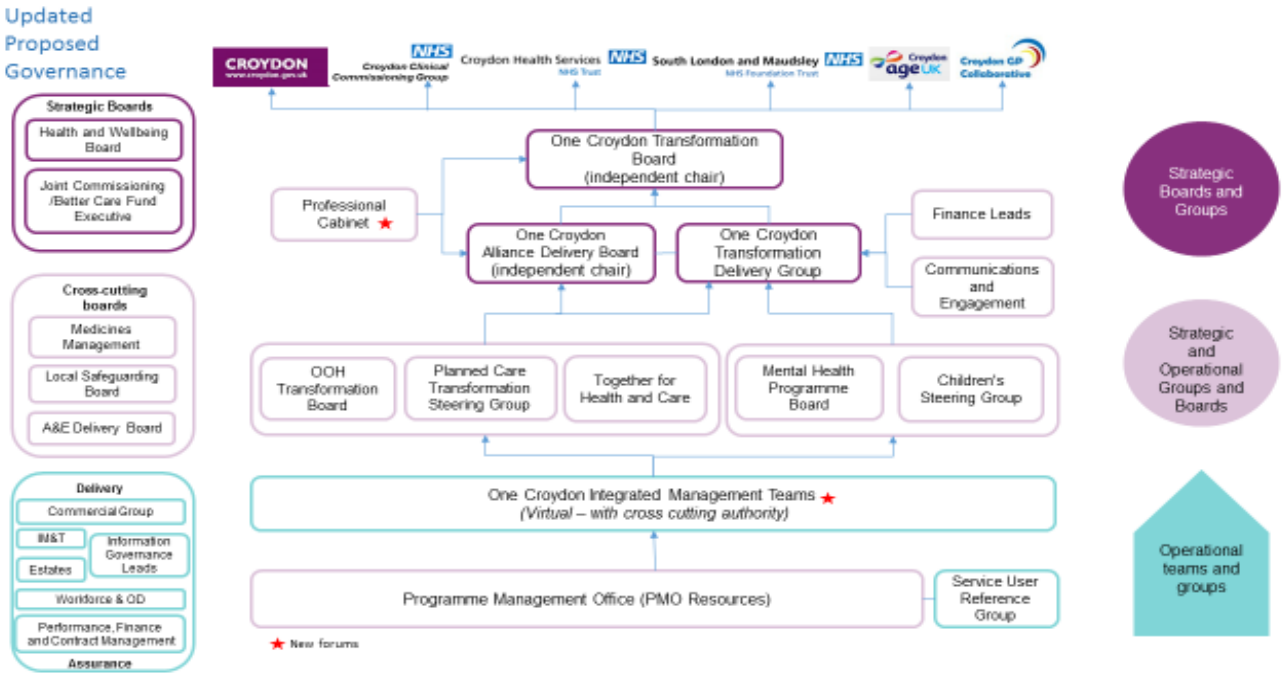
6.1 To ensure effective decision making the Alliance have reviewed and streamlined the governance framework. Within this proposed framework all strategic decisions of the Alliance are still subject to the governance of the sovereign organisations and in the Council case where applicable will be Cabinet decisions.

6.2 The proposal is a director level Alliance Delivery Board with the Croydon Transformation Board (CTB) holding the vote on key strategic decisions and oversight for the Croydon whole system (subject to sovereign organisations governance). The strengths of the proposed structure are:

- Aligns with the Alliance vision of driving whole system transformation and strengthens the influence of the Alliance on the strategic direction of Croydon.

- Provides the Alliance with the flexibility to adapt to an expansion of Alliance programme scope. For example, if a population cohort is included in the Alliance programme scope, the relevant strategic and operational group can be added on to the governance structure.
- Reduces fragmentation and duplication in the existing governance arrangements.
- Provides oversight to both the implementation and delivery stages of the transformation programmes.
- Enables proactive monitoring of risks and implementation of actions for risk mitigation, through operational engagement.
- Provides assurance to the governing bodies of the Alliance member organisations about the delivery and outcomes of the transformation programmes.
- Integrates the various workstreams and functions such as Finance, operations, contract and performance management, IM&T and workforce strategy across the Alliance organisations to enable continued engagement of stakeholders, information sharing and management of the transformation programme.

The governance structure proposed is set out below:



7. Contract and performance management approach

7.1 Each organisation in the Alliance has its own contract and performance management approach, processes and culture. The Alliance contract and performance management approach has been developed collaboratively with the contract managers of the member organisations. It takes in to consideration that organisations need to adhere to their own organisational policies and regulatory requirements while providing assurance to all Alliance members that

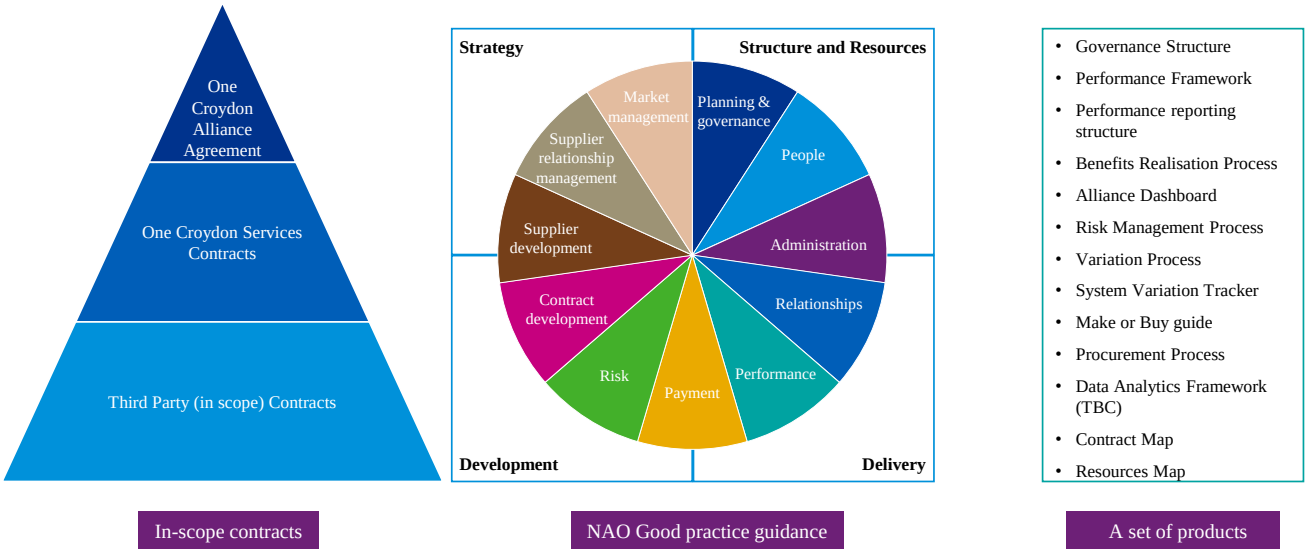
the system objectives are being realised and that risks are identified and mitigated.

7.2 The Contract and Performance Management plan is developed with a vision to:

- Recognise discrete and relational elements of contracts;
- While achieving information collation and sharing;
- To enable continuous progress and performance review; and,
- Support the delivery of a successful transformation programme.

7.3 Figure 4 shows the proposed Contract and Performance Management approach. The contracts that are in scope are the Alliance agreement, in-scope Service Contracts between Alliance member commissioners and providers as well as any Service Contracts that commissioners may have with third parties that are not Alliance members (but still fall within the Alliance scope).These in-scope contracts will be managed based on the NAO Good practice guidance and through the use of products or tools that enable monitoring and management of the contracts.

Figure 4: Contract and Performance Management Approach



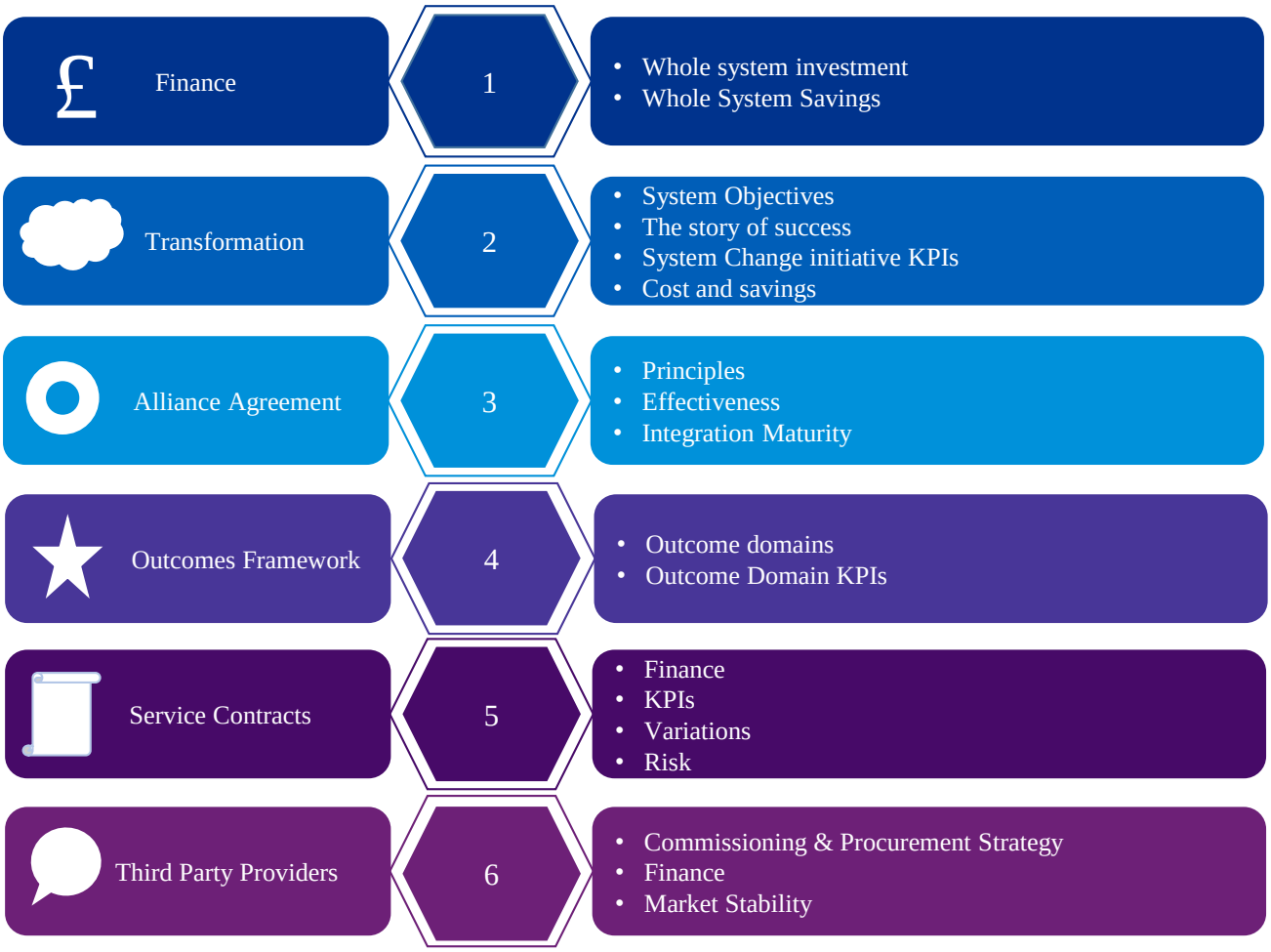
Performance management framework

7.4 One of the key tools that would support monitoring of performance across the in-scope contracts is the Performance Management framework. As shown in Figure 5, the Performance Management framework consists of six categories. Each of the categories has a set of metrics that will be measured and reported against. The performance management framework will be supported by:

- A **data analytics framework** that enables collection and analysis of data from across the system. The data analytics framework is currently being developed and tested for the OOH transformation.
- A **governance structure** (which sits within the proposed governance structure described in section 6) that enables risks and issues to be identified and escalated for resolution/ mitigation.

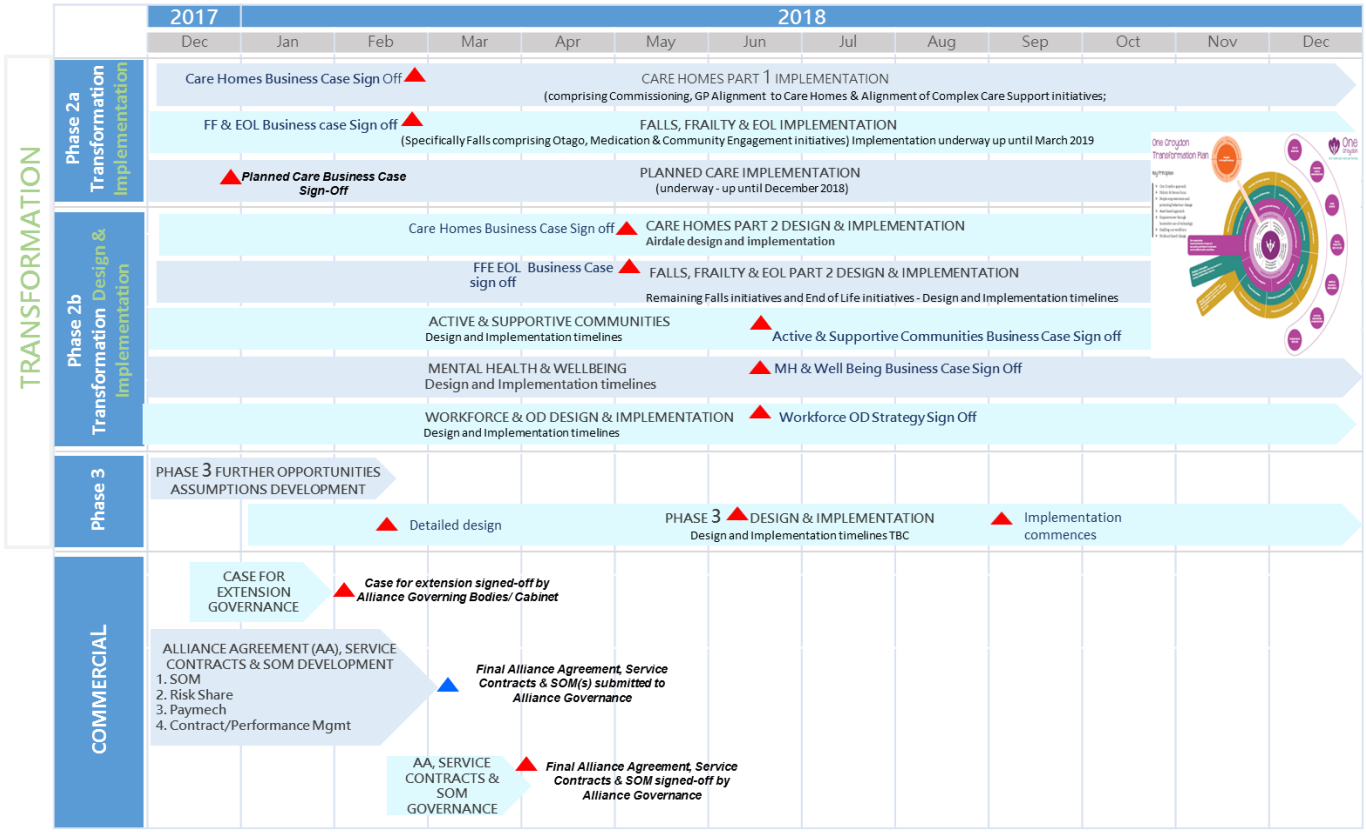
Each of the above components and proposed arrangements are described in the subsequent sections.

Figure 5: Proposed performance management framework



8 Key Programme Milestones

8.1 The following shows the plan for delivering the programme next year.



9. Commercial Proposals

9.1 The Case for Extension sets out the proposed direction for developing the Alliance commercial model. Key elements include:

- Extending the commercial framework provided by the Alliance Agreement
- Addressing misalignment of incentives within current payment mechanisms caused by the combination of PbR contracts for acute services and block contracts community services
- Strengthening performance and risk management
- Developing approaches to risk and gain sharing across the Alliance

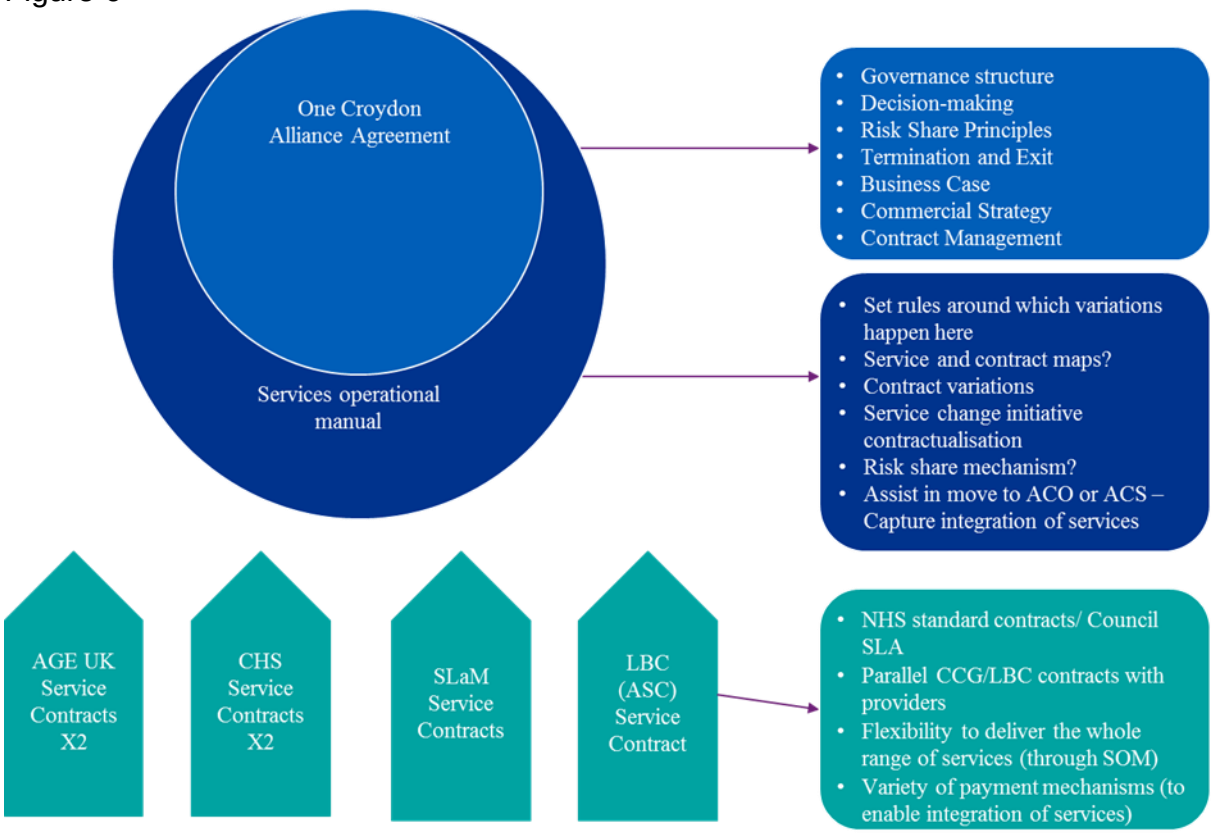
Table 3 – Key milestones for commercial negotiations

Workstream	Key milestones	Timing
Year 2 contract	Confirmation of 2018/19 operational and financial plans by end of January 2018.	February 2018
	Agreement of 2018/19 (Year 2) contracts and risk share.	March 2018
Phase 3 transformation	Development of Phase 3 transformation plans.	June 2018
Year 3-4 contract	Confirmation of 2019/20-2020/21 operational plans. Agreement of 2019/20-2020/21 (Year 3-4) contracts and risk share by March 2019.	October 2018
	Confirmation of 2019/20-2020/21 financial plans.	December 2018
	Agreement of 2019/20-2020/21 contracts and risk share.	March 2019

Proposed Commercial Framework

9.2 It is proposed that the Alliance Agreement will be extended from April 2018 Year 2 to provide a commercial framework for continued implementation of Transformation Business cases as shown in the Figure 6 below. This will include the addition of a Services Operations Manual (SOM). The SOM will facilitate the contracting, record of variations of integrated services delivered by multiple Alliance members, as well as common system protocols and risk share.

Figure 6



9.3 An Alliance working group has been established to identify opportunities to improve alignment of incentives development and overarching approach to outcomes based payments and risk/gain sharing to improve alignment of incentives. The Alliance working group agreed on a set of design principles and parameters to be used for the risk share against a Notional Alliance Budget, as shown in Figure 7.

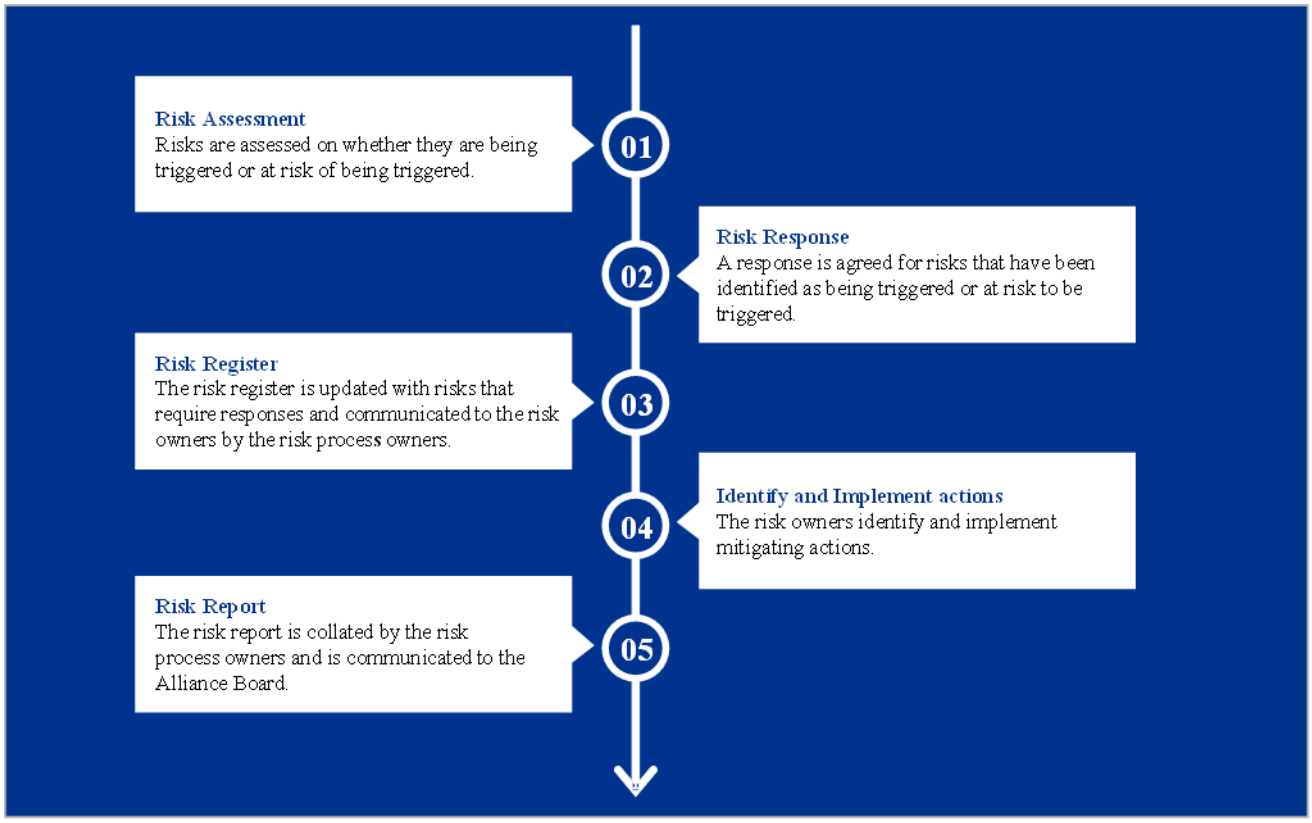
Figure 7: Alliance risk and gain share principles

9.4 The Alliance has developed an Outcomes Framework to measure achievement of objectives and to demonstrate progress on delivering commitments to the Croydon population. Measuring outcomes and publishing of results is vital for transparency, accountability and to promote shared ownership of goals across the Alliance. This will strengthen non-financial incentives for improvement and should impact very positively on behaviours.

9.5 The Alliance Agreement also sets out a clear intention to introduce outcome based payments. In particular in point 2.4 of the Alliance Agreement it states that *"We have agreed to form Our Alliance to progress the work of the Commissioner Participants to introduce outcomes based contracting for the delivery of the Services and, in particular, to establish an improved financial, governance and contractual framework for the delivery of the Services".* The long term aim is that this forms an integral part of a capitated payment system for the Croydon.

9.6 Alliance working provides significant opportunities for collaboration to strengthen performance and risk management. The Alliance has already demonstrated the benefits of such collaboration in the way it has collaborated to reduce Escalation Beds at CHS. Going forward there are opportunities to embed good practice in joint performance and risk management within the Alliance approach to governance and integrated operational management. Figure 8 is a proposed risk management process.

Figure 8: Proposed Risk Management Process



Next Steps

9.7 Engagement with Alliance Members has demonstrated that further work is needed to address the prerequisite conditions described above before contract and risk/gain sharing negotiations can progress. Agreeing contract values (£) for 2018/19 and for future years depends on prior agreement of operational and financial plans for transformation. By agreeing the plans and the contract values (£) the inherent risk of the plan will be more transparent. The Alliance members will then be in a better position to understand the risks and decide on their position.

Table 4: Key milestones for commercial negotiations

Workstream	Key milestones	Timing
Year 2 contract	Confirmation of 2018/19 operational and financial plans by end of January 2018.	February 2018
	Agreement of 2018/19 (Year 2) contracts and risk share.	March 2018
Phase 3 transformation	Development of Phase 3 transformation plans.	June 2018
Year 3-4 contract	Confirmation of 2019/20-2020/21 operational plans. Agreement of 2019/20-2020/21 (Year 3-4) contracts and risk share by March 2019.	October 2018
	Confirmation of 2019/20-2020/21 financial plans.	December 2018
	Agreement of 2019/20-2020/21 contracts and risk share.	March 2019

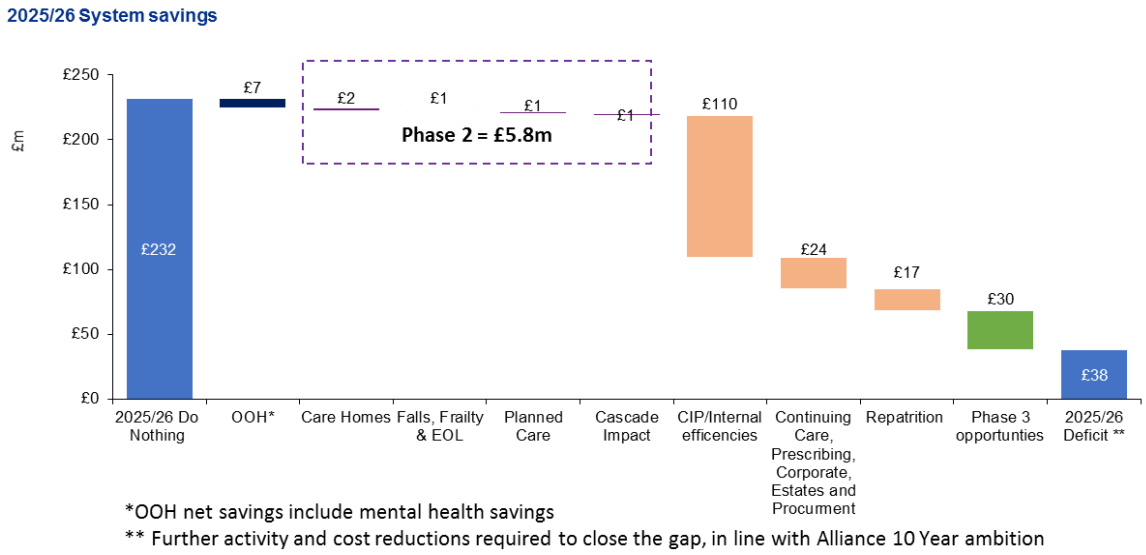
10. CONSULTATION

10.1 The outcomes for the original OBC contract were produced by the residents of Croydon in 2014 leading to the 6 'I statements' around which all models of care are designed. The Alliance has an active residents and patients group which meets regularly to consider progress on the current models of care and the design of new ones. As the Alliance partners bring forward additional scope and new models of care further consultation and engagement will be needed.

11. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

11.1 The following demonstrates the potential impact of the transformation phases and efficiencies over a 10 year period on the "Do Nothing" position which shows the health and care system to be unsustainable if transformation and collaboration does not take place.

Financial Bridge Diagram



*OOH net savings include mental health savings

** Further activity and cost reductions required to close the gap, in line with Alliance 10 Year ambition

11.2 The Council's in scope spend is currently c£42m per annum. The council has a 5% savings/efficiency target per year to meet after demographic and non-demographic growth has been added. The following shows the in scope budget as at December 2017.

Indicative projections for OBC in-scope services	2015/16 Actuals	2016/17 Actuals	2017/18 Part year forecast	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Base line spend (£m) included Fixed costs	45.4	46.0	47.3	45.4	45.4	45.4	45.4	45.4	45.4	45.4	45.4
+ Demographic Growth (£m)				2.5	3.5	4.5	5.6	6.8	8.2	9.6	11.1
+ Non Demographic Growth (£m)				1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0
+ Inflation ('Do Nothing' base case) (£m)				0.8	1.2	1.7	2.2	2.7	3.3	3.9	4.6
- Council efficiency savings (£m) 5% per year				- 2.4	- 4.7	- 7.1	- 9.5	- 11.9	- 14.3	- 16.7	- 19.1
Total 'Maximum Affordable OBC Budget' (£m)	**45.4**	**46.0**	**47.3**	**47.2**	**47.3**	**47.5**	**47.7**	**48.1**	**48.6**	**49.2**	**49.9**

The effect of the decision

11.3 As can be seen from the table above a "do nothing "position for over 65's would produce an additional £19.1 million budget pressure by year 9. The financial modelling of "a do nothing position" for the council for whole system is currently being worked up. However it is clear that without transformation the pressure on the council's budget would be significant and possibly not sustainable. Our ability to be able to provide high quality services in adult social care would be extremely challenged. Working together as an Alliance is demonstrating the positive impact across the system, already reducing people length of stay in

hospital, avoiding admissions and long term care packages. The positive outcomes through reablement and recovery model are known and we are starting to see a real impact on the residents of Croydon receiving these services and a more motivated multi-skilled workforce working together.

Risks

11.4 The risks of a "do nothing" position are substantially worse than risks presented by the alliance model. However as we change models of care it is clear that initially some activity in social care has risen, and even though we are seeing longer term reductions in the amount of care needed per resident, nonetheless the risk is there. This is however mitigated by the risk share principles and risk management plan as part of the planned final alliance agreement and also the investment plans contained in the out of hospital business case

11.5 In undertaking this transformation there are also delivery risks in terms of the significant cultural changes and new ways of working to deliver the new models of care and the need to ensure over time that funding is shifted from the acute care sector into community, social care and prevention. Within the Alliance programme of work is a detailed workstream in relation to cultural change and organizational development. The risk share and clear criteria for transition from payment by results to capitation are hard wired into the agreements to move forward and the risk share will mitigate the resources risks during block payment period.

Approved by: Lisa Taylor, Director of Finance Assets & Risk

12. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

12.1 The Solicitor to the Council comments to follow.

Approved by: ((name) head of ....law/ interim head of .....law) on behalf of the Director of Law and Monitoring Officer

13. HUMAN RESOURCES IMPACT

13.1 There have been a number of staff consultations, integrating service teams across providers in the alliance. Some staff have co-located in community services. We will continue to need to work to reform and change our workforce for a modern health and social care economy in Croydon.

(Approved by: [*A. N. Other*] on behalf of the Director of Human Resources)

14. EQUALITIES IMPACT

14.1 An equalities impact assessment was conducted at the beginning of the Outcomes Based Commissioning process. As programme scope changes, we need to conduct individual impact assessments.

15. ENVIRONMENTAL IMPACT

15.1 There is currently no or limited environmental impact.

16. CRIME AND DISORDER REDUCTION IMPACT

16.1 There is currently no or limited crime and disorder impact.

17. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

17.1 The work on the new model of care in Croydon is demonstrating positive impact on our residents in terms of outcomes as well as financial impact. The collaborative nature of this works means we can provide person centred care that is multi-disciplinary in nature further our ambition to integrate our health and social care services for Croydon residents.

CONTACT OFFICER:	Rachel Soni, Alliance Programme Director, Matt White, Head Of Older People's commissioning and Brokerage]
APPENDICES TO THIS REPORT:	Appendix 1: Cabinet Report December 2016
BACKGROUND PAPERS:	None

Croydon Council

REPORT TO:	**Adult Social Services Review Committee** **31 January 2018**
SUBJECT:	**Improvement Plan for Community Mental Health Services**
LEAD OFFICER:	**Pratima Solanki – Director of Adult Social Care**
CABINET MEMBER:	**Councillor Louisa Woodley** **Cabinet Member for Families, Health & Social Care**

1. RECOMMENDATIONS

The committee is asked to note the contents of the report.

2. EXECUTIVE SUMMARY

2.1 A Care Quality Commission report published in October 2017 found areas requiring improvement in South London & Maudsley NHS Foundation Trust's community based mental health services.

2.2 The report was an in-depth look at safety, effectiveness, caring, responsiveness and leadership across Lambeth, Southwark, Lewisham and Croydon. As a whole, the services were rated as 'good' for leadership and caring, but 'requires improvement' in the domains of safety, effectiveness and responsiveness.

2.3 There were a number of concerns relating to Croydon services. This report provides a brief update on the improvement plan that has been put in place and provides assurance that services are improving for Croydon residents.

3. DETAILED REPORT

3.1 Background

3.1.1 Services to adults with mental health needs in Croydon are provided through Croydon Integrated Adult Mental Health Services (CIAMHS), a partnership agreement between Croydon Council and South London & Maudsley NHS Foundation Trust (SLAM). SLAM are commissioned by the relevant CCGs to provide inpatient and community services to residents of Lambeth, Southwark, Lewisham & Croydon. In Croydon, Local Authority staff are made available to work in the Community teams under line management arrangements provided by SLAM.

3.1.2 In October 2017 the Care Quality Commission published a report on the South London & Maudsley NHS Foundation Trust and found the following:

Overall rating for the service:	**Requires improvement**
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Good

3.1.3 The inspection and subsequent rating was across all four Boroughs but the key areas identified for improvement in Croydon were:

1. Ensuring that all patients had up to date risk assessments and management plans
2. Ensure that each patient has a person-centred care plan
3. Ensure that patients referred to the Croydon assessment and liaison team, receive an assessment within trust target timescales
4. Ensuring that patients who require a Mental Health Act assessment are assessed without undue delay

3.2 Response

3.2.1 The Trust responded by engaging with Commissioners from Croydon Clinical Commissioning Group and partners in Croydon Adult Social Care to develop a Croydon specific Improvement Plan across all areas highlighted by the Care Quality Commission's report.

3.2.2 So far actions have included:

Regulation 12: Safe care and treatment

1) Focus groups/engagement with care coordinators have been implemented to understand current challenges in completing robust and timely risk assessments and risk management plans
2) Development has begun on a comprehensive training package which includes risk assessment and management quality standards
3) There is an implementation of plan in place to deliver targeted training across all community teams
4) Monitoring in individual supervision, team audit and relevant governance meetings on a monthly basis
5) A Quality Improvement programme is being implemented with external support to ensure the Croydon Duty system is robust. So far this has led to the development of a screening tool and clearer referral criteria, which has streamlined the process allowing targeted and appropriate face to face assessments.

Regulation 9: Person-centred care

6) As part of improving quality there is the piloting of an improved community care plan underway with care coordinators using QI methodology from the the Institute for Health Improvement
7) A comprehensive training package which includes community is being developed to raise care plan quality standards
8) There is an implementation plan in place to deliver training across all community teams; co-delivered with experts by experience
9) There is a developing sustainability plan building on current team processes to maintain the positive changes that have been achieved within existing resources
10) All managers and supervisors are monitoring in progress against targets in individual supervision, team audit and relevant governance meetings on a monthly basis

Regulation 12: Safe care and treatment

11) Develop clear protocol for escalation for teams including the recording of delay on Datix and reason for these
12) Review in monthly risk meeting
13) Present data to SMT to further develop Trust approach across multiple stakeholders
14) Utilise existing Police Liaison forums to raise and discuss issues

Regulation 12: Safe care and treatment

15) Three additional band 6 agency staff have been recruited to increase assessment capacity
16) Aim to increase Consultant Psychiatrist cover by 6 sessions within 3 months to enable faster assessment and decision-making times.
17) Trust target timescales reviewed and agreed the following:
    > Crisis appointments will be seen within 24 hours
    > Urgent appointment times, currently 1 week
    > Non urgent appointments will be seen within 4-6 weeks

3.3 Monitoring

CIAMHS have put in place close monitoring to ensure continuing progress against these areas including:

- Monthly local and service level audits
- Monthly trust-wide audits
- Annual trust-wide audit
- Daily reviewing of incidents data

3.4 Progress

A recent review of progress found improvements in the following areas:

1. The number of Croydon clients with an up to date care plan is now within expected targets.
2. Number of Croydon clients with an up to date risk assessment and management plan is now within expected targets.
3. Reduction in waiting times for clients referred to mental health services.
4. Reduction in the number of patients referred to Out of Area placements following a Mental Health Act assessment.

3.5 Quality Assurance

A Quality Assurance visit took place on 10th January 2018 to inspect Community Mental Health Services in Croydon. The team was led by the Croydon CCG Director of Quality & Governance and feedback received indicate that improvements have been made as a consequence of actions taken following the CQC report published in October 2017. More detailed feedback will be available by the time of the Adult Social Services Review panel scheduled for 31st January 2018 and can be provided to the panel orally.

CONTACT OFFICER:	Paul Richards, Head of Service for Adult Mental Health and Substance Misuse 020 3228 0404
APPENDICES:	Appendix 1 – SLaM Community CQC Inspection Findings
BACKGROUND DOCUMENTS:	Full CQC report available: http://www.cqc.org.uk/provider/RV5/reports

NHS
Croydon
Clinical Commissioning Group

SLaM Community CQC Inspection Findings

Longer, healthier lives for all the people in Croydon

NHS
Croydon
Clinical Commissioning Group

Key Areas Identified:-

Risk Assessments

- Not meeting timescales to assess
- High levels of patients with no risk management plan in place
- Risk assessments not being reviewed

Caseloads

- Higher than trust targets

Care Plans

- Compliance with completing

Packages of Care

- Completing funding applications more effectively

NHS
Croydon
Clinical Commissioning Group

Key Areas Identified cont:-

Psychological Therapies

- Long waiting times

Sickness

- High levels of sickness

Staff Vacancies

- High levels of vacant posts

Medication

- Out of date Capacity to consent and prescription not reviewed and updated

Pathway Issues

- Internal and external referral issues

Next Steps:-

- 4 Borough Action Plan has been created by SLaM
- Croydon CQRG has requested Local Action Plan
- SLaM to share local Action Plan by 4th December 2017
- CCQ Quality Lead to monitor actions alongside SLaM


NHS
Croydon
Clinical Commissioning Group
onger, healthier lives for
all the people in Croydon

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank