

Scrutiny Health & Social Care Sub-Committee Agenda



To: Councillor Eunice O'Dame (Chair), Councillor Robert Ward (Vice-Chair), Adele Benson, Patsy Cummings, Sherwan Chowdhury, Holly Ramsey

Co-optees: Gordon Kay (Healthwatch Croydon) and Yusuf Osman (Residents' Voice)

Reserve Members: Sue Bennett, Mark Johnson, Humayun Kabir, Ellily Ponnuthurai, Helen Redfern and Manju Shahul-Hameed

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 3 October 2023** at **6.30 pm** in **Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX**.

Katherine Kerswell
Chief Executive
London Borough of Croydon
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www.croydon.gov.uk/meetings
Monday, 25 September 2023

Members of the public are welcome to attend this meeting, or you can view the webcast both live and after the meeting has completed at <http://webcasting.croydon.gov.uk>

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If you require any assistance, please contact Klaudia Petecka as detailed above.

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 20th June 2023 an accurate record.

3. Disclosure of Interests

Members are invited to declare any disclosable pecuniary interests (DPIs) and other registrable and non-registrable interests they may have in relation to any item(s) of business on today's agenda.

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. Croydon Safeguarding Adults Board - Annual Report (Pages 13 - 60)

The Health and Social Care Sub-Committee is provided with the Croydon Safeguarding Adults Board Annual Report for 2022/23. The Health & Social Care Sub-Committee is asked to:

1. Note the Croydon Safeguarding Adult Board Annual Report 2022-2023.
2. Consider whether there are any considerations or concerns it may wish to submit to the Cabinet during its consideration of the Annual Report.
3. In particular, give consideration as to whether the Annual Report provides sufficient reassurance on the performance and effectiveness of the Croydon Safeguarding Adult Board.

6. Update on the delivery of the Transformation Programme (Pages 61 - 72)

The Health and Social Care Sub-Committee is provided with a Report on the Adult Social Care Transformation Programme. The Sub-Committee is asked to:

1. To note delivery of the 2021/2024 Medium Term Financial Strategy savings.

2. To note the progress of the Directorate's transformation programme.
3. To consider a focussed report on performance be brought to the January 2024 sub-committee meeting.
4. To note the indicative strategic transformation forward plan being developed for the new medium term financial strategy period, April 2024 – March 2027.

7. Update from Healthwatch Croydon

To receive an update from Healthwatch Croydon Co-optee, Gordon Kay, on the latest report from his organisation.

8. Scrutiny Work Programme 2023-24 (Pages 73 - 78)

The Health & Social Care Sub-Committee is asked to:

1. Note the most recent version of its Work Programme, as presented in the report.
2. Consider whether there are any other items that should be provisionally added to the work programme as a result of the discussions held during the meeting.

PART B

9. 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.”

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Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 20 June 2023 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES

Present: Councillors Eunice O'Dame (Chair), Sue Bennett (reserve for Robert Ward), Adele Benson, Sherwan Chowdhury, Patsy Cummings and Mark Johnson (reserve for Holly Ramsey)

Co-optees: Gordon Kay (Healthwatch Croydon) and Yusuf Osman (Resident Voice)

Also Present: Councillors Janet Campbell (Shadow Cabinet Member for Health & Adult Social Care) and Yvette Hopley (Cabinet Member for Health & Adult Social Care) Margaret Bird

Apologies: Councillors Holly Ramsey and Robert Ward

PART A

19/22 **Minutes of the Previous Meeting**

The minutes of the meeting held on 16 May 2023 were agreed as an accurate record, subject to the correction that the Shadow Cabinet Member for Health & Adult Social Care had attended the meeting remotely.

20/22 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

21/22 **Urgent Business (if any)**

There were no items of urgent business for the consideration of the Sub-Committee.

22/22 **Integrated Discharge Frontrunner Programme**

The Sub-Committee considered a report set out on pages 13 to 40 of the agenda which provided an overview of the Discharge Integration Frontrunner programme. The aim of the programme was to transform the delivery of the hospital discharge process by bringing together partners from across Croydon

to deliver an effective, integrated system across hospital, social and community care. The report had been included on the agenda to update the Sub-Committee on the strategic direction of the programme and to provide the opportunity to comment on the potential risks and challenges.

The Chief Executive of the Croydon Health Service NHS Trust (CHS) and Croydon's Place Based Leader for Health, Matthew Kershaw, the Council's Corporate Director for Adult Social Care & Health, Annette McPartland, Rachel Flowers, Director of Public Health and the Programme Manager for One Croydon, Laura Jenner attended the meeting for this item, to introduce the report and answer questions arising.

During the introduction, it was noted that Croydon had been selected as one of only six pilot sites across the UK for the Integrated Discharge Frontrunner programme. Participating in the pilot programme provided the opportunity for health and social care partners to build upon the existing integration in the borough delivered through the One Croydon Alliance. The pilot would allow different options to be tested across the system, with the aim of improving the discharge process.

The starting point for the process was a deep dive across services to gather as much data as possible on the whole system, in order to identify the key pressure points. The data confirmed that the delays within the hospital discharge process had increased since the pandemic and although there was existing integration between teams, this could be improved. For instance, several areas of duplication had been identified, which through smarter working would deliver a better, more efficient service.

After the data gathering and analysis process, a series of workshops were arranged, with over 200 participants from across the health, social care and voluntary sectors to shape the plan going forward. It was highlighted that the voluntary sector would be a key partner in the delivery of the programme to improve hospital discharge. Healthwatch Croydon had been engaged to gather feedback from residents on their experience of the hospital discharge process, which would also be used to inform the delivery of the programme.

Following the introduction of the report, the Sub-Committee had the opportunity to ask questions on the information provided. The first question highlighted the importance of staff being able to access a patient's medical history and questioned whether the current system was able to provide sufficient access to data sharing. It was acknowledged that the system was not as good as it should be and part of the programme would be looking at the integration of IT systems to ensure there was an improved flow of data. This workstream would also look to reduce the amount of manual data entry required and the number of times patients were asked the same questions. In response to a follow-up question, it was confirmed that access to patient data held by GPs was limited due to patient confidentiality requirements.

It was confirmed that the diagnostic and data gathering process had been completed, which had resulted in the identification of a model of care the partners wanted to implement and the creation of workstreams to deliver this model. The next milestone was to have this model set up within the hospital and across the borough by October 2023. It was highlighted that this deadline was ambitious, but it had been concluded that the system should be in place ahead of the winter period. As it was an 18 month programme, there would be continued opportunity for testing and adjusting the new system as it was worked through.

It was confirmed that best practice was to start planning for a patients discharge from the point they entered hospital care, with the support required for discharge refined as they passed through the system. As part of the Frontrunner Programme, there would be a multi-agency team established to oversee the discharge process, who would be able to cross check patient data with each other to identify what support was needed following discharge.

Given recruitment within the health and social care sectors was a challenge nationally, it was questioned whether there was sufficient existing resource in place to deliver the programme. Although recruitment of health and social care staff was challenging, it was highlighted that the data gathering exercise had indicated that the current discharge service was not working as effectively as it could, with fragmented patient pathways and inefficiency identified. The aim of the programme was to deliver a multi-agency discharge process that ensured patients were supported by the right professionals for their needs during the different stages of the discharge process. As part of the data gathering process there had been demand and capacity analysis, which indicated that the capacity needed to deliver the Frontrunner programme could be created within the service through addressing the identified inefficiencies.

Although capacity had been identified within the system, it was also recognised that staff should not be expected to deliver the programme without any additional resource, which had been allocated within the budget for the programme. Different options for bringing in additional resources were being considered, although given the aforementioned challenges in health and social care recruitment it was likely any solution would take time to be delivered.

As the model included provision for patients to receive an initial visit within 24 hours of their hospital discharge, it was questioned whether the person visiting would be medically trained and continue to oversee the patient's recovery going forward. In response, it was advised that healthcare would have primary responsibility for a patient's ongoing recovery in the first 72 hours following discharge, after which responsibility would pass to either social care or another service as required. It was likely that person

undertaking the initial visit would not be medically trained, but they would be trained to identify medical issues and have access to nurses and geriatricians to provide support as needed. It was clarified that patients would only be discharged from hospital once they were considered to be medically fit and an assessment made of their needs by the multi-agency team. In some circumstances, there was also the option to use the virtual ward system to support patients in their own homes. It was agreed that it would be helpful for the Sub-Committee to visit the virtual ward service to learn more about how it worked.

It was confirmed that weekly conversations held with the five other pilot areas to share learning. As Croydon already had a history of integration between health and social care through the One Croydon Alliance, the other pilot areas were keen to learn from this experience. As would be expected from a pilot programme, each of the six areas participating were taking slightly different approaches, which would help to inform the overall outcomes from the programme.

A reference to 'overprovision' in the report was questioned, with further information requested to explain what this meant. It was advised that this was a reference to some patients leaving hospital and receiving a service that overprovided for their needs. There was caution within the system which needed to keep people safe, but in doing so it meant that support could be over provided, or support provided when an individual may have family support at home and as such did not need the full package of support provided. From the deep dive on the discharge process, it was found that 25% of patient were receiving an extended package of care, when they could have been supported in another way.

Given the importance of the role of the community and voluntary sector in supporting the delivery of the programme, it was questioned how the sector would be supported to fulfil this role. It was advised that for the work would be allocated on a contractual basis, with organisations able to bid to deliver services. This would provide a greater level of certainty on what services were available and the level of service those contracted were expected to deliver. It was highlighted that the Social Care service already commissioned the voluntary sector to deliver services and the new approach would include joint health and social care commissioning to ensure that the aims of the Frontrunner programme were being achieved.

Regarding how the allocation of support would be managed, it was confirmed that there would be a multi-agency meeting prior to discharge to agree what support a patient needed in the first 72 hours after discharge. The level of support would then be reviewed as needed during the first 24-hour visit.

The reference in the report to 'one version of the truth' in relation to the data analysis was questioned, including whether it would be possible to achieve

'one version of the truth'. It was advised that this referred to a consistent approach being used across services to identify the pressures with the system. The data used to inform the process had been gathered over the course of a year and from a variety of sources to provide the best possible understanding of the system. The data was also compared to data collected in other areas to identify any Croydon specific issues.

Further information was requested on the demographics of people going through the hospital discharge process and whether this information would be collected throughout the pilot. It was highlighted that Croydon had the biggest areas of health inequality in South West London and as such collection of data on ethnicity was essential to ensuring that there was equal access to services and that people were not being missed. There were complex needs within the borough, and as such it was important for the pilot to support the system to provide holistic support, including linking into other services such as mental health provision.

It was acknowledged that prevention was another really important area of work, which would connect into the pilot through the Integrated Community Networks (ICN). The ICNs worked to identify people whose condition was likely to deteriorate unless supported, which was provided through work with GPs and locality teams. There had also been investment into the Accident & Emergency service to help with patient frailty. Another programme set up to look at how well people were being mobilised in hospital, with a view to freeing up the time of the therapy team.

It was confirmed that the time between people being considered medically fit and then being discharged would be monitored. A full key performance indicator dashboard would be used to monitor the pilot, which would also be reviewed by NHS England throughout the process.

Reassurance was given that negative feedback would be listened to as well as the positive, to better inform the outcome of the pilot. There was a need to facilitate the system to gather patient feedback on their experience and that of their carers as well. It was confirmed by Healthwatch Croydon co-optee, Gordon Kay, that he would be able to provide an update on the patient feedback sessions at the next meeting of the sub-committee.

At the conclusion of the item, the Chair thanked the Cabinet Member, officers and representatives from partner organisations for their attendance at the meeting.

Actions

1. A request was made for the diagnostic data gathered through the deep dive on the discharge process to be shared with the Sub-Committee,

and where possible provided in terms of the number of patients involved as well as percentages.

2. A request was made for further information on the individuals and groups who had taken part in the consultation process to design the Front Runner programme to be shared with the Sub-Committee.
3. It was agreed that a request would be made to the Croydon Health Service NHS Trust for the Sub-Committee to be provided with data on the time between patients being determined to be 'medically optimised' to being discharged from the hospital.
4. It was agreed that a request would be made to Croydon Health Service NHS Trust for the Sub-Committee to be provided with further information on what data was gathered from patients about their experience following a stay in the hospital.
5. The Sub-Committee agreed that it would be beneficial to their understanding of the service for a visit to the Virtual Ward service to be arranged.

Conclusions

1. Although reassurance was given that, due to identified inefficiency with the current system for hospital discharge, there was staffing capacity to deliver the pilot, the Sub-Committee agreed that staffing was a key area of risk to be managed and that a deep dive on this would be requested as part of an update on the delivery of the Frontrunner pilot.
2. The Sub-Committee welcomed the co-ordinated multi-agency approach to delivering the programme, which built upon a history of partnership working in the borough. It was concluded that there needed to be robust oversight over all areas of the coordinated delivery to ensure the potential benefits of the programme were maximised.
3. The Sub-Committee welcomed the commitment given to gathering data on protected characteristics, which would provide reassurance on the equality of service and indicate whether any specific group required additional support.
4. The Sub-Committee welcomed the reassurance given that patient feedback would be used to inform the programme and the commitment given to ensuring the timely review of this feedback.
5. It was agreed that given the importance of the Integrated Discharge Frontrunner Programme to health and social care in the borough, an update on the delivery of the programme would be requested for another meeting of the Sub-Committee later in the year.

The Sub-Committee considered a report set out on pages 41 to 46 of the agenda which set out provisional version of its work programme to allow the opportunity for further topics to be put forward for consideration, prior to the work programme being submitted to the next meeting of the Scrutiny & Overview Committee on 25 July 2023 for sign off.

To inform the work programme of the Sub-Committee, Gordon Kay, the Healthwatch Croydon co-optee, provided an update on his organisation's latest publications. There had been two recently completed reviews, firstly on the experience of patients using the London Ambulance Service, the report for which can be [viewed here](#). The second review was on the MyCare online patient access system offered by Croydon Health Service NHS Trust. This report can be [viewed here](#). The Sub-Committee thanked Mr Kay for all the work undertaken by Healthwatch Croydon on behalf of patients.

The Sub-Committee discussed potential areas to be reviewed as part of its work programme for the year ahead. These included dental provision in the borough, the forthcoming Dementia Strategy, access to mental health services for young people, the impact of health inequalities, the availability of menopausal health services, the impact of the Integrated Care System on services in the borough and the preparation for the Care Quality Commission (CQC) of Adult Social Care.

It was agreed that the Chair and Vice Chair would review these items to establish whether they should be included in the work programme for 2023-23.

Resolved: That the draft work programme for the Health & Social Care Sub-Committee is noted.

Exclusion of the Press and Public

This motion was not required.

The meeting ended at 9.12 pm

Signed:

Date:

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LONDON BOROUGH OF CROYDON

REPORT:	Health & Social Care Scrutiny Committee	
DATE OF DECISION	3 rd October 2023	
REPORT TITLE:	Croydon Safeguarding Adult Board Annual Report 2022 - 2023	
CORPORATE DIRECTOR / DIRECTOR:	Annette McPartland, Corporate Director of Adult Social Care and Health	
LEAD OFFICER:	David Williams, Independent Chair, CSAB	
LEAD MEMBER:	Cllr Yvette Hopley, Cabinet Member for Health & Social Care	
AUTHORITY TO TAKE DECISION:	There is no decision to be taken by the Sub-Committee. The Annual Report is shared with the Sub-Committee to enable it to review the performance of the Board.	
CONTAINS EXEMPT INFORMATION?	[YES] / [NO]	No
WARDS AFFECTED:	N/A	

1 RECOMMENDATION FOR THE SUB-COMMITTEE

The Health & Social Care Sub-Committee is asked to:

1. Note the Croydon Safeguarding Adult Board Annual Report 2022-2023.
2. Consider whether there are any considerations or concerns it may wish to submit to the Cabinet during its consideration of the Annual Report.
3. In particular, give consideration as to whether the Annual Report provides sufficient reassurance on the performance and effectiveness of the Croydon Safeguarding Adult Board.

2 EXECUTIVE SUMMARY

- 2.1 This report provides the H&SC Scrutiny meeting on the 3rd October with an Executive Summary of the contents within the Croydon Safeguarding Adults Board Annual Report for 2022/23, this is an independent report which has been ratified and signed off at the Croydon Safeguarding Adult Board on the 26 July 2023 as outlined by S43 Care Act and the Statutory Guidance.
- 2.2 Following a Pre-agenda meeting on the 21st September this will provide the information for discussion on the 3rd October taking into account the feedback provided from the pre-meet. The board were thanked for the work undertaken within the report however, further work is required around the accessibility for everyone to be able to read and

access the content. This included the acronyms used [these have been removed from this summary], colour used, flow of the document so a short executive summary would be a good way to present to Scrutiny.

- 2.3 These comments will be taken forward however, time restraints to take forward these suggestions was agreed that it would not be possible for the 3rd October.
- 2.4 This Report is being presented to Cabinet by the multi-agency Croydon Safeguarding Adult Board and asked to note the work undertaken by the Croydon Safeguarding Adult Board partners. The recommendations arising from the Health & Social Care Scrutiny Committee taking place on the 3rd October 2023 will be taken forward for the 2023/24 Croydon Safeguarding Adult Board Annual Report and shared with Cabinet on 22nd November 2023.
- 2.5 The purpose of the Croydon Safeguarding Adult Board Annual Report is to detail the activity and effectiveness of the Croydon Safeguarding Adult Board between April 1st 2022 to 31 March 2023. The report is submitted by the Croydon Safeguarding Adult Board Independent Chair, David Williams. It ensures that the statutory partners (Council, Health and Police), residents and other agencies are given the opportunity to provide objective feedback on the work and effectiveness of local arrangements for safeguarding adults. The report covers the 2022/23 priorities demonstrating what has been achieved and the work which needs to continue throughout 2023/24. It is important to note that the remit for producing this report is that it is produced as a public facing document.
- 2.6 The Performance and Quality Assurance sub-group continues its robust work to develop the Croydon Safeguarding Adult Board Dashboard which has continued to improve year on year both to inform the CSAB work and also to identify gaps in service across all sectors. Following the recent review by the Partners in Health & Care (LGA) we have been taking forward the recommendations and developed an Action Plan which is regularly monitored. We have already held positive meetings with both Health and Police colleagues to identify data which can be both collected and fit for purpose in relation to the Croydon Safeguarding Adult Board's priorities.
- 2.7 Engagement and Communication across the partnership has been key to the work of the Croydon Safeguarding Adult Board. The level of engagement is evidenced within the report with more agencies being represented on the board's sub-groups along with their involvement with the process for safeguarding adult reviews. It can also be seen in both attendance at the Croydon Safeguarding Adult Board quarterly meetings and sub-groups but also at events organised by the Board.
- 2.8 Section 44 of the Care Act 2014 mandates Safeguarding Adult Boards (SABs) must arrange for there to be a Safeguarding Adult Review of a case involving an adult in its area with care and support needs (whether or not the local authority has been meeting any of these needs) if:

- a) There is reasonable concern about how the Safeguarding Adult Board, partner agencies or other persons with relevant functions worked together to safeguard the adult AND
- b) The adult died as a result of abuse or neglect (or suspected abuse or neglect) OR
- c) The adult experienced serious abuse or neglect.

However, the overall purpose of a Safeguarding Adult Review is to promote learning and improve practice, not to re-investigate or to apportion blame.

- 2.9 The Croydon Safeguarding Adult Board has seen an increase in Safeguarding Adult Reviews [SARs] which can be seen as a positive due to work carried out raising awareness of the work of the board. Two are included in this report as they have been published during the period for this report and full reports for Madeleine and Sylvia, along with 7 Minute briefings, can be found on the Croydon Safeguarding Adult Board website. They were both around the theme of transitional safeguarding and the Croydon Safeguarding Adult Board are currently in the process of organising multi agency Bitesize Training sessions similar to those which provided a success for the Catherine and VB SARs.
- 2.10 The Croydon Safeguarding Adult Board will continue to engage across the Croydon Partnership, regionally and nationally through meetings and networks. We are also working closely with colleagues from the Children's Partnership which will include transitional safeguarding.
- 2.11 There are no direct financial implications arising from this report as all priorities within the 2022/23 Croydon Safeguarding Adult Board Annual Report has been funded through the Adult Social Care budget and allocations from the statutory partners for the Croydon Safeguarding Adult Board (Health and Police).

3 BACKGROUND AND DETAILS

- 3.1 The report will be introduced by David Williams with the strategic partners present – Adult Social Care, Health and Police at Cabinet on the 22nd November. It will provide an update on the multi agency work undertaken across the partnership from the 1st April 2022 to 31st March 2023.
- 3.2 Croydon Safeguarding Adult Board Safeguarding Statistics can be found on pages 8 - 9 of the report. Slide 8 shows the number of safeguarding referrals received during this time totally 1786 with 599 closed S42 safeguarding enquiries indicating the source of the referrals. These numbers are down from last year with the continued modified the process by the local authority, whereby there is a screening of all 'at risk' contacts on being received. This has led to the number of safeguarding concerns dropping but more importantly a timely and preventative response to a significant number of cases.
- 3.3 75% of closed safeguarding enquiries were located within the community which was a similar figure to the previous year (76%), 25% were located in care homes which was

the same percentage in 2021/22. You can see from the data on page 9 that those asked if their desired outcomes were either fully or partially achieved saw an increase of 1% from the previous year (95%).

- 3.4 The data is telling us that Asian/Asian British are underrepresented for safeguarding referrals compared to the ethnicity of Croydon's population. Black/African/Caribbean/Black British safeguarding referrals are 1% below the Croydon's population percentage. This is in line with national data and there has been much work undertaken in Croydon to raise awareness within the community. The Croydon Safeguarding Adult Board Voice of the People sub-group has been leading this work and examples of this can be seen from information within the report. It has continued to engage with community groups and engaged with the BME Forum and Asian Resource Centre, the Chief Executive of the BME Forum, Andrew Brown is Vice Chair of the Croydon Safeguarding Adult Board. Bespoke workshops are currently in the planning phase with the Asian Resource Centre to raise awareness around 'Keeping You Safe' for 2023/24.
- 3.5 The report covers work undertaken and identifies further needed to be undertaken across each of the Board's priorities and some examples have been listed below:
- a) **Prevention** [pages 16 – 19]. Safeguarding Adult Reviews have continued to be commissioned with requests coming into the CSAB Safeguarding Adult Review sub-group from across the partnership. There are three further safeguarding adult reviews which are near completion and will be reported in next year's annual report. As part of the quality and improvement assurance the Croydon Safeguarding Adult Board developed a Safeguarding Adult Review Comprehensive Action Plan which monitors the progress on the recommendations from all completed Safeguarding Adult Reviews. South London and Maudsley Trust has incorporated transitional safeguarding awareness into their adult safeguarding training and also as a result of the Madeleine SAR appointment of a transitional safeguarding mental health worker within Croydon Mental Health Services and works across the health and social care sector. Work has also begun on the Safer Croydon Partnership Violence Against Women and Girls (VAWG) Strategy with the Violence Reduction Network presenting the work at the CSAB quarterly meeting.
 - b) **Commissioning** [pages 21 – 22]. Croydon Council commissioning team developed a quality monitoring risk rating for Adult Social Care providers to ensure oversight of all regulated care providers are monitored in a timely manner. This work compliments the market oversight work of the Croydon Safeguarding Adult Board Intelligence Sharing sub-group which meets bi-monthly with representatives across a wide range of agencies including the Care Quality Commission. This group has introduced a professional's feedback form in order to receive feedback on providers ahead of the Intelligence Sharing meetings. Other Safeguarding Adult Boards have shown an interest in the way in which this group operates with requests to learn more about its work.
 - c) **Quality & Improvement** [page 23 – 28]. The Performance and Quality Assurance sub-group have continued to improve the data with the focus of collecting more

robust data across all partners which tells us areas which requires further focus and identifies gaps. At Croydon's request the Local Government Association (Partners in Health & Care) undertook a three day bespoke review of the Croydon Safeguarding Adult Board (pages 24-26), the reviewer provided the board with recommendations and an action plan has been developed to take these forward. When asked the reviewer reported that the Croydon Safeguarding Adult Board could be rated 'Good' but with further work could achieve 'outstanding'.

- d) **Cross Sector Working** [pages 29 – 30]. The report evidences many examples of how agencies have been working together, these include working with the Croydon Safeguarding Children Partnership around transitional safeguarding, Hear Us engaged with the Local Government Association review, Police colleagues have chaired SAR Panels and the BME Forum have undertaken many projects working with agencies across the partnership [page 35]. Also page 6 provides examples of good practice across the partnership.

- e) **Voice of the People** [page 32]. The Voice of the People sub-group continues to grow and focus their work around producing citizen led resources with the leaflet due to be completed in September 2023. Membership now includes Advocacy For All, Hear Us, Mind in Croydon and Crisis. They provided feedback to Adult Social Care on their new online portal and was part of the Local Government Association review process with the independent reviewer attending one of the quarterly meetings and their work mentioned in the final report. The 'Keeping you Safe' presentation continues to be shared with groups/network etc with further presentations planned for 2023/24 including the Asian Resource Centre.

- f) **Communication and Engagement** [pages 34 – 35]. There is excellent engagement with the Croydon Safeguarding Adult Board with high attendance at meetings and events held with volunteers always keen to take part in the work of the Croydon Safeguarding Adult Board. Strong links are in place with other SABs both regionally and nationally with Croydon being very proactive in work undertaken by these networks. The Croydon Safeguarding Adult Board have recently taken on the role of Chairing the South West London SAB Chairs and Managers network which follows the same footprint as the South West London Integrated Care Board.

4 CONSULTATION

- 4.1 The three strategic partners [Local Authority, Health and Police] along with other organisations, the voluntary sector, residents and agencies have contributed to the annual report. Resident feedback and the Lay Member comments have also been included within the report.
- 4.2 Contributions are gathered by partners completing a template and also by continuous recording of work undertaken using the Croydon Safeguarding Adult Board meeting structure of the board and its sub-groups. This year the template included additional questions following the feedback from last year's Scrutiny, we asked agencies to provide evidence on how they measured impact on services and for residents in order to report on the effectiveness of the Board. Contributions are also sourced by attending events and workshops.
- 4.3 The Annual Report will be signed off at the Croydon Safeguarding Adult Board at the quarterly meeting and is shared across the sub-group meetings during the months of March – August 2023.

5 CONTRIBUTION TO COUNCIL PRIORITIES

- 5.1 The Croydon Safeguarding Adult Board sets its priorities each year which are highlighted throughout the Annual Report which includes safeguarding vulnerable adults in Croydon from harm/abuse.

Approved by: Annette McPartland, Corporate Director, Adult, Social Care and Health
25th September 2023

6 APPENDICES

- 6.1 Appendix A - Copy of Draft Annual Report

Croydon Safeguarding Adults Board

Annual report
2022 / 2023

“Working together
safeguarding, supporting and
making services better for
adults in Croydon who are at
risk of abuse and neglect.”



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Foreword by the Independent Chair



I am pleased to introduce my first Annual Report as the Independent Chair of the Croydon Safeguarding Adults Board [CSAB]. In this Report we can show you what services and the board have done well and identify what still needs to be done, with the aim to help support and protect the most vulnerable in our community. This is , despite significant challenges that services and the community face, including the continuing cost-of-living crisis as we move forward this year.

It has been a real privilege to lead this SAB and to see the effort and engagement by all members and groups in Safeguarding Adults work over this year. I would especially like to thank the Chairs and Vice Chairs of all the sub-groups who helped maintain our focus on the priorities set and help drive the safeguarding agenda .



As you can see from the data on pages 7 & 8, this collection of information and narrative, has improved year on year to both inform our work and identify gaps in service across all sectors. However, we recognise as a board, we still need to improve in what information we gather , but the progress we have made would not have been possible without the tireless effort of Nick Sherlock, Head of Adult Safeguarding and Quality Assurance and chair of our Performance sub-group. I offer my personal thanks to him in recognition of his commitment to improving outcomes for vulnerable people in Croydon, particularly after he recently confirmed he was to retire this year after 44 years of service to the public and community.

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would also like to thank both our Lay Member, David Congdon and Nicky Selwyn who chairs the Voice of The People group. Both are there to ensure that the perspective of those with lived experience are truly represented within Croydon and play an important role in challenging and giving oversight in the decision making of the Board (page 10).

We have published 2 Safeguarding Adults Review's (see. Pages 11 & 12), both tragic cases relating to young adults, which has helped inform one of our priorities under Cross Sector Working. With these type of cases on the increase nationally and locally, I am pleased to say work is already well under way in bringing the work of the Adult Board closer to that of the Children's Partnership, with representation at Transitional Working Group in March, aiming to look at our joint response to young adults moving into adult and mental health services. We are also participating in the development of the 11-25 strategy and in February took part in a multi-agency learning event between FJC, SAB and CSCP, reviewing how we share learning and identify gaps from the various serious reviews across all sectors, with individual cases discussed monthly and learning shared.

In addition, going forward we will be represented at joint executive meetings and share the chairing between CSCP, SAB and CSP, so we can develop working relationships across all sectors and identify opportunities for joint working where necessary. As part of this engagement, we have already started to work closely with the Children's Scrutineer, Keith Makin to help share good practice.

As the work of the board grows, we continue to hold events to help inform, monitor, and improve multi-agency working, particularly in areas and themes identified from recent SAR's. So, we were very pleased to organise a Homelessness workshop in March this year, facilitated by Patrick Hopkinson, bringing together strategic leads from housing, health, social care, Crisis and community partnership, resulting in actions across all agencies, building of new contacts and insights that will help inform the ongoing Rough Sleepers and Homelessness Strategy in 2024.

In addition, the Learning and Practice Development sub-group, (formerly the Training and Development group) now takes a thematic approach, where the group focuses on areas of risk identified across various SAR's and requires agencies to provide assurance that services are responding to Learning Events and the newly created Action Plan which follows the recommendations set out in those reviews. This is part of the continued effort of the board to ensure we can evidence change and improvement in practice.

We as a Board are also keen to reflect on our own performance and effectiveness so we made our own bid to the PCH, to have the work of the Board reviewed. This was led by Fiona Bateman, an already established Board Chair, Chair of London SAB and esteemed SAR author, who spoke to both practitioners, service user groups and board members in early 2023. She completed her review which was presented and accepted by the board in March and has resulted in a thorough action plan for 23/24. (See pages 21,22 and 23).

The work of the Intelligence Subgroup, ably led by Estelene Klassen and Stephen Hopkins, has resulted, and shown a marked improvement in providers service, commissioned in Croydon (see page 22). This group shares vital information from nursing and home care services, as well as concerned family members, to ensure that providers are supported and when necessary, challenged to improve the service they offer. Part of this role includes close liaison with CQC to maintain standards of care required.

This report reflects how all SAB members, and the vital work of the sub-groups continues to focus on the needs of the public and the community they serve. Through their commitment and willingness to both challenge and support each other, they demonstrate the need to work together in strong and flexible partnerships to improve services and prevent abuse and neglect in Croydon.



Additionally, I would like to personally thank the safeguarding adults board team of Denise Snow and Lesley Weakford who have provided support and resilience to both the Board and me to keep us all on track. Although there is still more work to do, I commend this report and when you read, please reflect on everything that is happening in Croydon to make services safer and the efforts by all to continue this journey of improvement.

David Williams, CSAB Independent Chair

Voice of the People



We are very happy with the care our father is getting at XX , also very impressed with the diligent and swift follow up action you and the nursing home took following us expressing concerns. Thank you again for this and for all you do as part of the adult safeguarding team
[Feedback from a family member for S42 Social Worker]

“Yes I was listened to, got the desired outcome, invited to meetings, supported through the process. A thorough investigation was carried out and everything was brought into the open. Process took about 3 months. Keep up the good work”
[ASC S42 Safeguarding Feedback Interview]

Would like more accountability to understand the role of anyone involved in the safeguarding process
[Age UK]

We don't all have care co-ordinators or get the right support due to high caseloads and/or discharged from services too soon.
[Hear Us]

Thank you for your thorough investigation and holding the care home to account, your efforts were much appreciated. The safeguarding enquiry looked at all the aspects that the Coroner covered today.
[Family member re Social Worker]

The positive experience was that the safeguarding representative did his job in contacting the home and asking the questions of them to ensure my Mum's care and the Care home procedures were adequate. Then contacted me to let me know and I was listened to.

Support from my social worker was the best part of the process. The police were understanding, helpful and supportive and kept me informed. To improve it is important for professional networks to take into consideration the historical factors, patterns of behaviour and sharing of information and looking at the bigger picture when dealing with safeguarding issues to ensure the best possible outcome for all parties.
[S42 Service User Feedback]

Police utilising information from Streetsafe and Walk and Talks to fix ongoing problems through partnership work carrying out a you said, we did approach.

We need better supported housing, we don't want to be housed in B&Bs where risk of exploitation is higher. If we have physical or mental health issues we need more support and a more suitable environment.

What does safeguarding have to offer me?
Both professionals and service users are unclear?

The data is telling us the lack of housing or appropriate housing in Croydon contributes to risk or safety issues for vulnerable adults.
[Hear Us]

Good Practice Across the Partnership

Health and Social Care working in partnership to improve the quality of safeguarding referrals. Development of top 10 tips to aid health colleagues in the completion of detailed safeguarding referrals.

Compliment received from consultant at CUH to S42 SW around an ongoing complex s42 enquiry involving adult with complex health needs and concerns around self neglect and neglect by mother primary carer in relation to life sustaining medication, safe discharge planned and long term plan around supporting living.

“It’s been such a pleasure working with you, you have always been supportive, so I want to wish you both the best and say thank you”

[Colleague from Shirley Oaks Hospital to SWL ICB Colleague]

“This is great news, I agree that sounds like a suitable move for Miss A. Thanks so much for your help in getting the ball rolling with this, I think it's going to have a hugely positive impact **on Miss A's** welfare. Your input has really been invaluable

Mind in Croydon made more than 20 safeguarding alerts to Croydon Council in 2022/23.

NHSE introduced a case tracker to enable ICBs to identify, track, report and monitor the number of SIs that have occurred due to a safeguarding failure, & to record and capture lessons & outcomes from safeguarding reviews.

Croydon Council Commissioning Team are undertaking resident feedback from homecare providers to ensure that the voice of our residents are heard.

Police continued to support efforts to tackle Serious Youth Violence working in Partnership with Croydon Council and the Violence Reduction Unit. The Police have and will continue to engage with local initiatives such as My Ends project this includes young people, Croydon Council, local police and head teachers. Engagement is key as the Police and Local Authority continue their commitment to working with grassroots organisations to deter young people from youth violence.

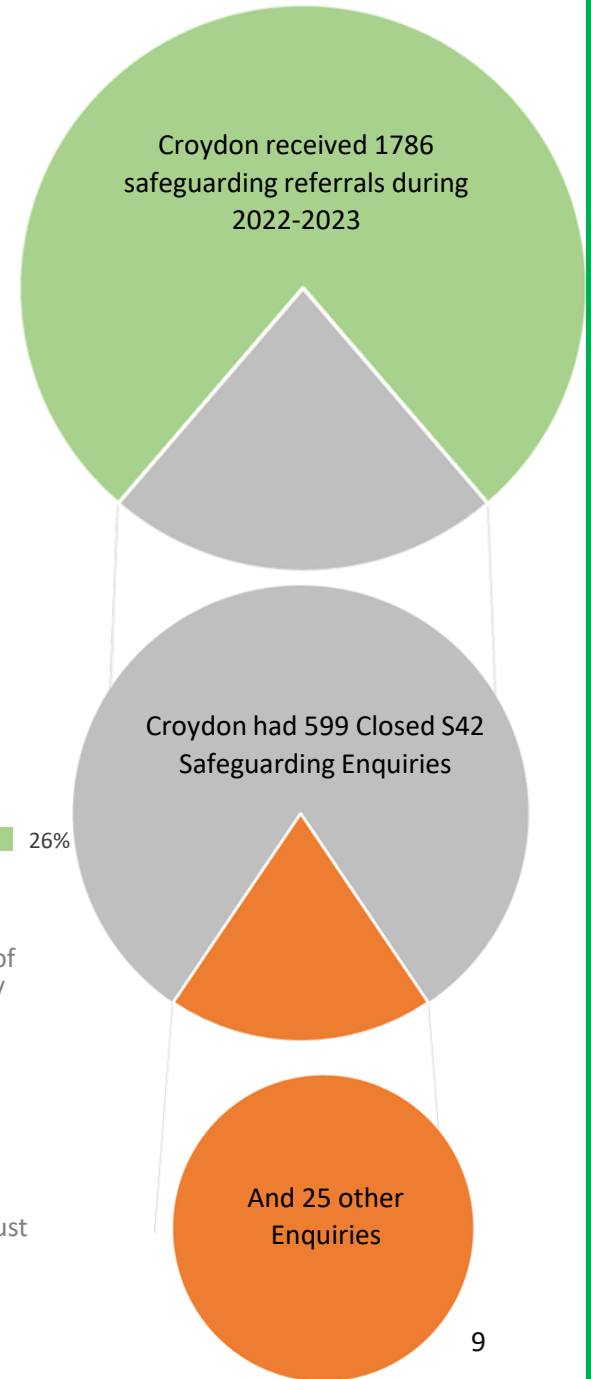
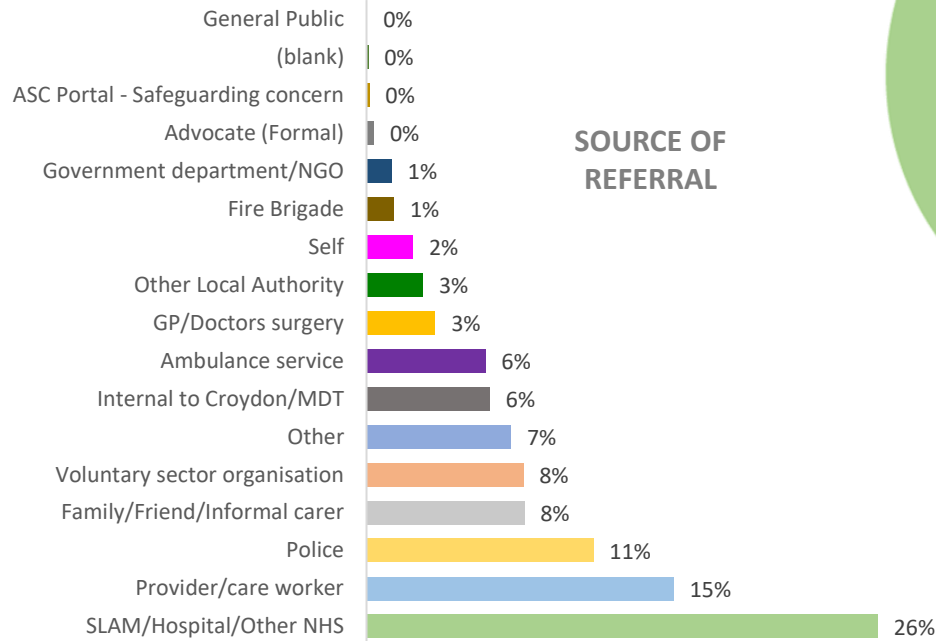
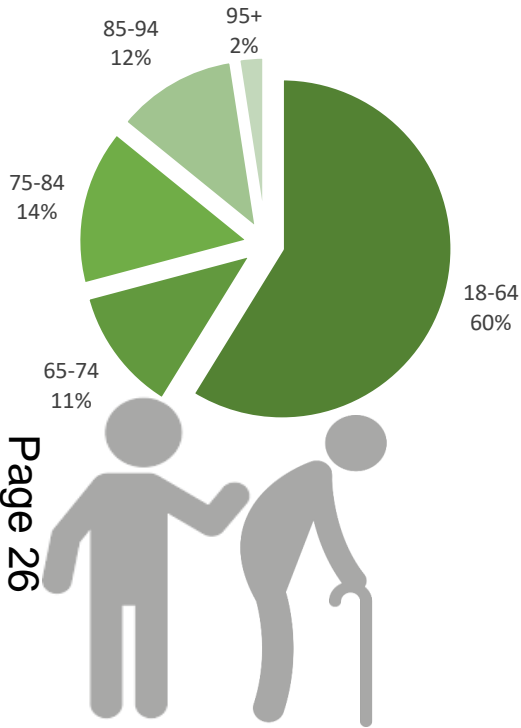
The FJC, CSCP and CSAB working together on how best to share the learning across DHRs, SARs and SPRs based on the cross cutting themes from all of these reviews. A series of learning events and the use of a shared tracker will take this work forward.

Safeguarding Statistics 2022 / 2023



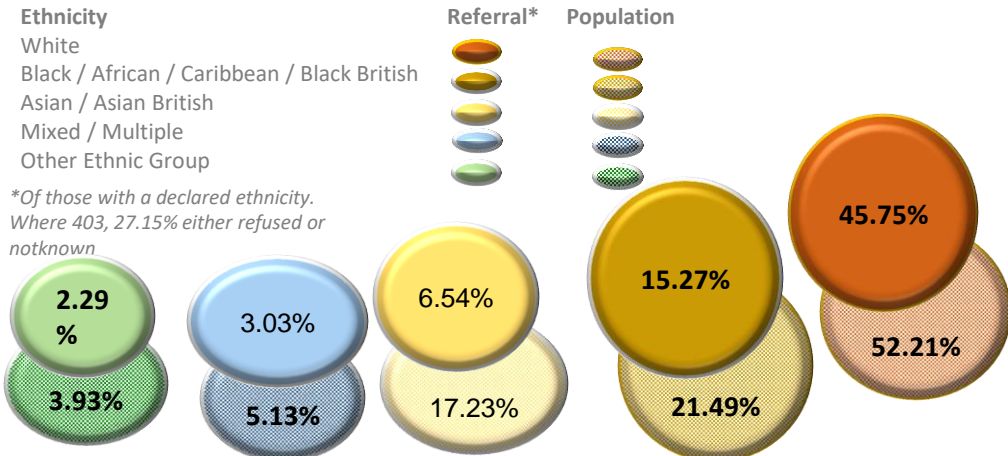


Safeguarding Referrals Received during 2022-23



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ETHNICITY OF REFERRALS vs ETHNICITY OF CROYDON POPULATION



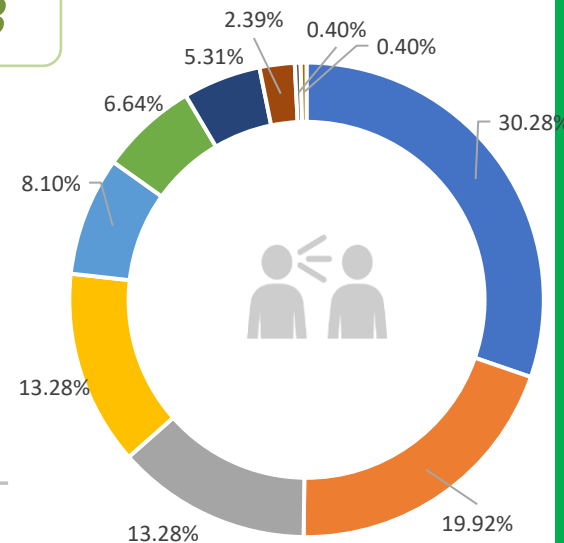
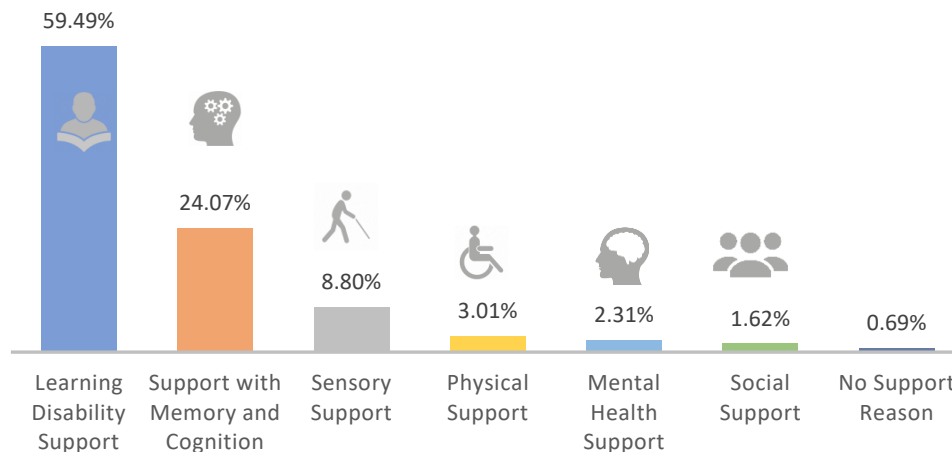
*Of those with a declared ethnicity. Where 403, 27.15% either refused or not known

Compared to the ethnicity of Croydon population, Asian / Asian British are underrepresented for Safeguarding Referrals.

However, Black / African / Caribbean / Black British safeguarding referrals are just 1% below its Croydon population percentage.

Safeguarding Closure which Ended during 2022-2023

Of the
599
 Safeguarding Enquiries started
 in 2022-23 (down from 698 in
 2021-22)



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Of which, 75% of closed safeguarding enquiries were located within the community (compared to 76% in 2020-2021)



Of which, 25% of closed safeguarding enquiries were located in a Care Home (same as 2021-2022)



Of which where a risk was identified, 94% resulted in risk reduction or removal (same as 2021-2022)



Of which, 98% of adults felt they lacked mental capacity but they were all supported by an advocate, family member or friend (same as 2021-2022)



Of which, those that were asked their desired outcomes, 95% were either fully or partially achieved. (up by 1% from 94% in 2021-2022)

228	Neglect & Acts of Omission
150	Financial or Material Abuse
100	Psychological Abuse
100	Physical Abuse
61	Domestic Abuse
50	Self-Neglect
40	Sexual Abuse
18	Organisational Abuse
3	Discriminatory Abuse
3	Sexual Exploitation

** the total number of abuse type will be higher than 599 as a client can have more than one abuse type**

The Role of the Lay Member

A Lay Member will act as an independent voice and offer a wider perspective that recognises the diversity of our local communities in Croydon. Croydon SAB currently has one Lay Member who provides this contribution to the Annual Report and sits on both the Board and the SAR Sub Group. Lay Members play an important role in the oversight, scrutiny, decisions and policies made by the Croydon Safeguarding Adults Board.

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I am a member of the Croydon Safeguarding Adult Board and the Safeguarding Adult Review (SAR) Sub group. I find the work of the SAR group very valuable, looking at some of the most challenging cases.

David Congdon

Safeguarding Adult Reviews

There are a number of common themes often involving homelessness, MH, self neglect and suicide. A significant number of SARs have been commissioned and it is vital that the lessons are incorporated into improved practice.

Not all suicides can be prevented but opportunities for positive intervention must not be missed

Croydon VOTP/London Safeguarding Voices

I currently chair the CSAB Voice of the People sub group working to deliver the workplan in line with the Board's priorities which you will find within this report. I also have the opportunity to be part of the London Safeguarding Voices Group (LSV).

The LSV group has focussed on Making Safeguarding Personal (MSP) especially the public understanding of what safeguarding is and referral pathways. I was able to be part of the co-production of the LondonADASS Safeguarding Conference in 2022 and now planning the 2023 conference.



I represent Croydon on this group and we are planning presentations to SABs currently not represented to explain the work of the LSV and encourage participation.

Nicky Selwyn

My personal contributions to this work locally, regionally and nationally include:

- ❖ Expert by experience member of a Peer Review Panel for Richmond and Wandsworth.
- ❖ Sharing of 'Keeping you Safe' materials produced by the Croydon VOTP, including learning and progress of the citizen-focussed work and materials.
- ❖ Shared learning from SARs to support LSV work.
- ❖ Championed the name change from the London Safeguarding Voices Group to London Safeguarding Voices and also suggested a less onerous and more effective meeting schedule for the group which is currently being trialled.

Safeguarding Adult Reviews [SARs]



What is a SAR?

Safeguarding Adult Boards (SABs) as a mandatory duty under Section 44 of the Care Act 2014, must arrange for there to be a Safeguarding Adult Review of a case involving an adult in its area with care and support needs (whether or not the local authority has been meeting any of these needs) if:

- There is reasonable concern about how the SAB, partner agencies or other persons with relevant functions worked together to safeguard the adult AND
- The adult died as a result of abuse or neglect (or suspected abuse or neglect) OR
- The adult experienced serious abuse or neglect.

However, the overall purpose of a Safeguarding Adult Review is to promote learning and improve practice, not to re-investigate or to apportion blame.

The CSAB published two SARs during this year and the summaries for both of these reviews outlining the background and recommendations are within this Annual Report. The link below will take you to the full reports and the 7 Minute Briefings for all SARs published in Croydon.

<https://www.croydonsab.co.uk/about-us/safeguarding-adult-reviews/>

**Madeleine
Sylvia**

About Madeleine

Madeleine was of mixed ethnicity (White British/Black Nigerian), she was 18 years old when she died and was well known to many services. She had a long history of mental health (CAMHS) support from a very young age, including being an inpatient when she was 9. She was first assessed by social care services when she was 12 and at 16 she was taken into care. She experienced 8 different placements in 5 months and was then placed in secure accommodation in Scotland. Shortly before her 18th birthday she moved from there to an Independent Living placement in Croydon. Despite having reached adulthood, coordination of her care needs remained the responsibility of LB Wandsworth's Children's Social Care. On the evening of the 13 August 2020, whilst at her placement, Madeleine took Ketamine. Staff called 111 for advice. She was taken to hospital and died on 16 August 2020.

Transitions and Transitional Safeguarding

Multi-agency support was not robust in either transition planning or in mitigating Transitional Safeguarding issues. In complex cases, transition planning requires careful multi-agency working and this was lacking with Madeleine, particularly around mental health and placement provision. The Transitional Safeguarding issues across the children's and adults divide were not fully understood for her. In situations like this, practitioners should not walk away and close down involvement when support is declined which is what happened here, but should remain curious and tenacious in seeking ways to engage young people particularly where there are complexities, eg. mental health and substance misuse, which compound their experience of services. Unfortunately there were many gaps in the service that Madeleine received.

Listening to the voice of those receiving services

Madeleine's voice was not heard by many of the people working with her: care planning was done about her, without her. This increased her anxiety and feelings of hopelessness. Neither were her family supported to understand her diagnosis or offered effective support to address behaviours and complex needs

Recommendations

- To review case files of young people with complex needs who require robust transition planning to protect them against harm. This must include information about how the voices of young people have been included within the care plans.
- To support practitioners in improving their legal literacy, particularly in relation to mental capacity for young people and knowledge about autism and how practitioners can make reasonable adjustments to services and care plans, in accordance with guidance and legislation.
- To improve multi-agency care planning for young people who transition into adult services and involve young people at every stage.
- To review protocols of oversight of young people with care and safety needs who are the responsibility of one local authority but placed in another.
- To provide more extensive information and guidance about the Transitional Safeguarding needs of care experienced by young people.

About Sylvia

Croydon Safeguarding Adult Board (CSAB), in collaboration with Bromley Safeguarding Adults Board (BSAB) and Kingston Safeguarding Adult Board (KSAB), have commissioned this Safeguarding Adult Review (SAR) after Sylvia was tragically found dead in September 2021, of a suspected drug overdose. Sylvia was a 19-year-old British Sri Lankan woman who was known for her smile, charm, love of dancing, and artistic expression. Her youth worker described her as a "beautiful soul" and provided support to her throughout her youth. Sylvia and her siblings became known to Kingston's Children's Social Care in 2007 due to concerns about her lack of education since age 11, exploitation, drug use, and missing episodes. Despite a care order in 2016, suitable placements were difficult to find, leading to frequent moves and a stay in a specialist unit for young people at risk of child sexual exploitation.

What Happened?

In 2018, Sylvia was detained under the Mental Health Act 1983, due to her drug-induced psychosis, and was placed in a Child and Adolescent Mental Health Services (CAMHS) bed with the South London and Maudsley (SLaM) Mental Health Trust. She was later diagnosed with schizophrenia, emotionally unstable personality disorder, substance misuse, and a possible mild learning disability. Sylvia, who was detained in a hospital under the Mental Health Act, went missing in 2021 and was found attempting to jump into a canal. Despite being granted s17 leave on the hospital grounds, accompanied by two staff members, she managed to evade her escorts and disappeared. Tragically, she was found deceased two days later in a flat in Croydon from a suspected drug overdose.

Recommendations

- The Children's and Adult Social Care departments for each partner SAB should introduce contextual risk assessments when arranging placements for children or adults with care and support needs who are known to be at risk of sexual or criminal exploitation or substance misuse.
- To support practitioners in improving their legal literacy, particularly in relation to working with young people who have complex health, mental health and social care needs so they are fully cognisant of their duties and powers, including safeguarding responsibilities, mental capacity assessments, and S117 aftercare support.
- Family members should be seen as valued partners in the safeguarding process for young people and young people's participation should be sought, recorded, and monitored (reviewed via case file audit), when it is safe to do so.
- To raise the profile of repeated missing episodes as a safeguarding issue, to ensure front line staff understand the police response to missing episodes and promote sustainable joint responsibility for managing risk where people go missing frequently.
- To review how services are commissioned to ensure young people are supported through the transition period either by designing bespoke services for young people 16+, extending children's services post 18, or joining waiting lists for adult services pre-18.
- Partners should agree a joined-up approach across the wider partnership to improve transition planning, including for care experienced young people. This may involve setting up a transitions panel or identifying a lead practitioner to coordinate the professional network, to enable the young person's needs and choices to be met during and post-transition¹³

CSAB Priorities 2022/2023



CSAB Priorities

Prevention	Commissioning	Quality and Improvement	Cross Sector Working
<p>Ambition: Making safeguarding everybody's business. Improve awareness of safeguarding across all citizens, communities and partner organisations. Systems are in place which prevents abuse and neglect from happening.</p>	<p>Ambition: Services reflect the needs of the Croydon residents. Where abuse occurs we remove or reduce the abuse from re-occurring. To improve and sustain quality of care providers in all sectors in order to improve safeguarding practice.</p>	<p>Ambition: Data is used appropriately to understand where risk exists within the system, robust multi-agency safeguarding data which is used to inform planning and practice. We use learning to enhance practice.</p>	<p>Ambition: Vulnerable young adults are transitioning safely into adult services, including preparing for adulthood workstreams in Croydon. To work together to share the learning from SARs and other projects.</p>

What we will do

<ul style="list-style-type: none"> • Raise public awareness: types of abuse, how to keep themselves safe, how to refer. • Learning from SARs and hold learning events. • Improve professional awareness and response around the complexity of health & care needs within the homeless cohort. • To continue to proactively seek feedback from people who experience safeguarding and their carer's and this is acted upon. • Continue the work of the VOTP sub group developing leaflets and publications with the involvement of citizens. 	<ul style="list-style-type: none"> • Provider market oversight from Commissioning Team and the Intelligence Sharing Group. • Oversight of initiatives across the partnership regarding integration and new ways of working. • Work with partners around unregulated services learning from planned work taking place across London. • Work in partnership developing any new strategies which will improve outcomes for care home residents. • To support providers through information sharing at forums, training and updates on policies and procedures. 	<ul style="list-style-type: none"> • Implement and monitor a multi-agency quarterly performance dashboard and to continue to review indicators. • Work together to make sure adult safeguarding standards keep people safe and minimise risk of harm. • Work together to make sure adult safeguarding standards keep people safe and minimise risk of harm. • Improve multi agency response to self-neglect and how to improve practice. • Commission, participate in and support SARs ensuring learning from both local and national reviews is widely shared. 	<ul style="list-style-type: none"> • Sharing learning from Safeguarding Adult Reviews with the CSCP where appropriate. • Seek assurance that young people experience a safe transition to adult services. • Seek assurances that vulnerable young adults are transitioning safely into adult services, including preparing for adulthood workstreams. • CSAB to continue to engage with colleagues on a regular basis with the CSCP. • CSAB should consider providing more extensive information and guidance around Transitional Safeguarding.
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CSAB Priorities 2022 - 2023

PREVENTION



What has been done

- Homeless Workshop for Strategic Leads across the partnership held on 9th March 2023. This was a well attended event which produced clear recommendations and outcomes.
- Age UK have emphasised Making Safeguarding Personal throughout their training programme and all staff, volunteers and board members must attend at least one annually. The impact has been when discussions around safeguarding are taking place they are referencing the usefulness of the training.
- SLaM incorporated Transitional Safeguarding awareness into adult safeguarding training. The session requested students to reflect on how they will translate the learning into practice. A SLaM psychologist who attended the November 2022 training reported that “since attending the course I have been more aware of my responsibilities and built this into my regular conversations and supervision with staff”.
- Designated Nurse contributed to the Transitional Safeguarding work undertaken by the London Modern Slavery Leads Network, 7 minute briefing and resources shared widely through SANN.
- MPS continued to focus on domestic abuse and rape and a dedicated Risk Management Team continues to use tools available to provide DVPN (Domestic Violence Protection Orders) whilst working with partners in MARAC, This Unit has seen a number of successes this year with high harm offenders targeted and action taken to support vulnerable victims.

What needs to be done

- Age UK to include SAR cases into their training and to share more widely SAR reports across staff.
- Age UK to send offers of training relating to safeguarding to all staff.
- Age UK to continue to help the public to have a greater understanding of what abuse is, how to recognise it and how to report it across all communities.
- CHS to strengthen transitional safeguarding processes across the system, this should take a partnership approach and include adult and children services.
- Raise greater awareness among providers of the Risk & Vulnerability Multi Agency Risk Panel (RVMP).
- Need to measure the safeguarding data against other Councils and use other comparative data (public health/ deprivation / domestic violence) to look at ‘hot spots’ in order to inform the preventative agenda. To consider how we use and present data.
- Improvement in the use of data to support the preventative agenda.
- On going focus on self neglect and hoarding – the recent SARs have shown how difficult it is to intervene and manage these situations for operational staff across agencies.
- Police to continue to ensure they are capturing all learning from Safeguarding Adult Reviews and making sure this is disseminated across the BCU to provide tools and experience to maximise opportunities to safeguard adults.

CSAB Priorities 2022 - 2023

PREVENTION



What has been done

- MPS continued to support plan for tackling local violence against woman and girls in line with the MPS strategy. The creation of the Predatory Offenders Unit provided a valuable tool in tackling some of the high harm offenders. This unit has had some outstanding success in targeting some high harm offenders and the Unit has seen a number of successes this year with high harm offenders targeted and action taken to support vulnerable victims.
- Health recommissioned the Identification and Referrals to Improve Safety (IRIS) programme in Croydon for 12 months. Bromley and Croydon Women's Aid awarded a grant to deliver specialist domestic abuse training to clinical and non-clinical staff in all GP practices. They recruited the 2nd advocate educator in May 2023 with the train 4 trainer training provided by IRISi in May 2023. This is work in progress.
- Work began on the Safer Croydon Partnership VAWG Strategy with the Violence Reduction Network presenting the work to the CSAB quarterly meeting,



What needs to be done

- Continue to monitor and drive VAWG initiatives with the aim to eradicate VAWG in London, and for every woman and girl to be able to participate fully in life in our city without experiencing or fearing harassment, abuse or violence from men [Police].
- The Local Authority has received funding for 12 months to create a temporary S117/Personal Health Budget (PHB) Project Team. Work has commenced by beginning a desktop review of all S117 cases open to ICB/SLP, Older Adults, Transitions, Mental Health and Disabilities, ensuring that everyone to whom the Council and ICB/SLP owe a S117 aftercare duty has a care plan setting out their section 117 aftercare and when this will be reviewed.
- Bromley and Croydon Women's Aid programme to continue with the start up of the steering group meetings and the local team will then start delivering training and accept referrals from GP practices.
- The new VAWG Strategy will outline Croydon's ambition to make domestic abuse and violence against women and girls 'everyone's business' whilst implementing a co-ordinated community response to tackling the issues surrounding VAWG. Implementation of the strategy is planned for April 2024.
- LB Croydon ASC development a multi agency Self Neglect Protocol.

Prevention

The Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system levels. SWL ICB use the data to focus preventative work and highlight the most vulnerable.



REDUCING HEALTHCARE INEQUALITIES

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1



MATERNITY
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2



SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3



CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4



EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

5



HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management



SMOKING CESSATION
positively impacts all 5 key clinical areas

CSAB Priorities 2021 - 2022

PREVENTION



What has been done

- CHS has increased the number of domestic abuse champions across the Acute Trust. Delivery of Elder Abuse training to the Safeguarding Adults National Network (SANN) and ICB colleagues. CHS will be evaluating training delivery and monitoring of Domestic Abuse referrals to see if there has been early intervention and support.
- ASC ongoing redesign of safeguarding processes which is shortening the times between a concern being reported and the triage process in order to decide the appropriate action.
- ASC have focussed on reducing waiting lists in Older People and Disability Services as SARs had shown how large waiting lists were. The evidence is that there has been a reduction in waiting lists.
- CHS Safeguarding teams have produced posters, information leaflets and update Think Family resources to raise awareness across Acute and Community of safeguarding. These are available on the ward, community clinics and available on the CHS intranet.
- Oliver McGowan Mandatory Training on Learning Disability and Autism provided for health and social care staff. This is new training and is the Government's preferred training.
- Trauma Informed Practice Training held with the aim to address the need for partnership organisations to become more trauma informed. The training received extremely positive feedback asking for more sessions for this to be considered mandatory training. Future dates have been arranged for 2023..



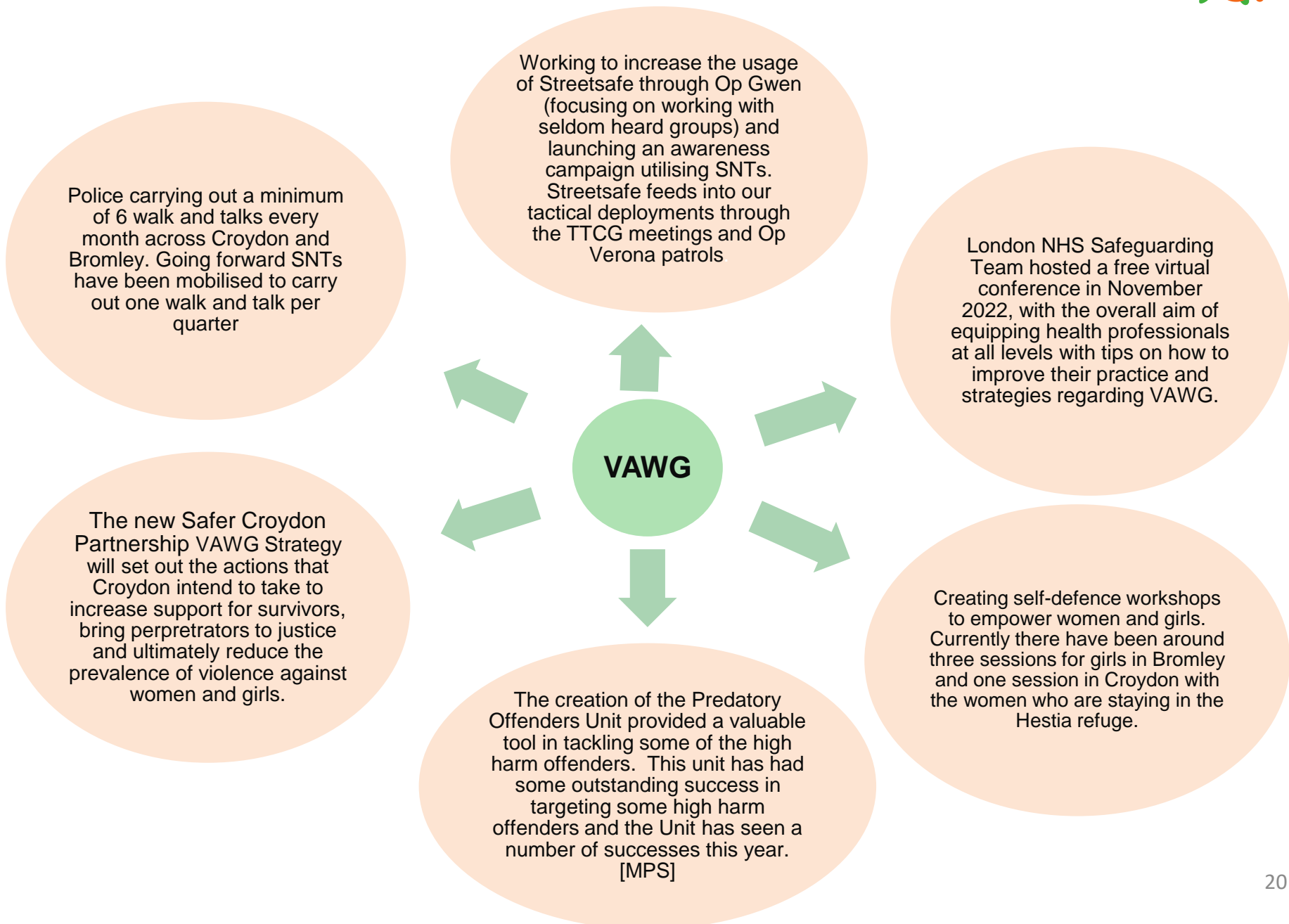
South West
London
Integrated
Care System

Integrated Care Systems [ICS] have four key purposes:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Supporting broader social and economic development

Croydon are part of the SWL ICS along with the boroughs of Sutton, Merton, Kingston, Richmond & Wandsworth.

Croydon SAB Chair and Manager meet quarterly with the SWL SABs with Croydon taking on the chairing and support for these meetings for 2023/24.



COMMISSIONING

What has been done

- A dedicated Police Mental Health Team that works with partners to provide best practice and assist in reducing calls to service and providing the best possible response. Expanded the one front door strategy to include vulnerable adults and children and reduce delays and increase the pace of information sharing between partners. Volumes and trends are monitored to make sure that Police are meeting targets in identifying harm, sharing information and identifying dedicated units to target the root cause of crime and vulnerabilities.
- Refresh of the Provider Concerns Policy. It was important to enforce the importance with regards to collaborative working between Quality Team, Complaints and Safeguarding. Also added to the Policy the introduction of non-engagement of a provider with the quality team and/or safeguarding under thresholds for Provider Concerns so this has been added to the thresholds under 'major' concerns.
- Croydon Place – Service Provision: The Two Hour Urgent Community Response (UCR) Service provides care home residents with urgent assessments, care and treatment for a short time. The service is designed to reduce preventable hospital admission and for resident to recover in their care home residence, and supporting their independence.
- MPS continued to provide support and advice to officers working with Mental Health leads to make sure officers are delivering an effective service with inputs to improve service delivery. The success is monitored by an internal mental health dashboard which is used to monitor performance, identify trends and provides input to a dedicated central improvement team to determine what training and inputs are required to assist front line staff.

What needs to be done

- Out of Borough placement monitoring due to be implemented, moving to an automated reporting of CQC rating changes if they move to 'requires improvement' and 'inadequate' for out of borough placements for early intervention with relevant host authorities.
- Croydon Council to continue improvements on the monthly provider report by adding list of CQC registered providers within Croydon that are requiring improvement or inadequate.
- Hear Us would like to see improved solutions/response to geographical barriers eg Croydon resident housed outside borough or in hospital and better communication.
- Strengthen collaboration between health and social care to drive quality improvements required for LeDER.
- Police continuation of the Crisis Assessment Team (CAT) care program on the BCU with Police and Mental health professionals working together to attend urgent crisis calls, assisting with early diversion and assessment. This will reduce the need for Police to use Section 136 Powers (a power to detain those being suspected of being mentally ill in Public places and allows them to be conveyed to a place of safety).
- Continue to develop the monitoring of the whole care market and reporting of this on a regular basis.
- Reduce the amount of providers who have Requires Improvement and Inadequate as their ratings.
- To work with CQC around the providers requiring improvement and inadequate to look at prioritising improvement work, this is especially relevant around Home Care where we need to see if they are inactive services.

CSAB Priorities 2022 - 2023



What has been done by Croydon Council Commissioning:

- Reviewed the provider business failure policy to ensure that is reflective of potential risks of failure and key interventions to be put in place. A clear policy enables them to react and intervene where required. Developed quality monitoring risk rating for ASC providers to ensure oversight of all regulated care providers are monitored in a timely manner. This is evidenced via a new monthly report that is under continuous review. This compliments the work of the CSAB Intelligence Sharing meetings (ISC).
- Developed a professional's feedback form to receive feedback ahead of the bi-month ISC meeting. This has enabled early intervention by acting on feedback from multiple professionals and multiple partners which supports our residents.

Croydon Provider Ratings

Care Homes	Outstanding	Good	Requires Improvement	Inadequate	Not yet inspected	Total
April 22	3	99	23	1	0	126
April 23	2	105	15	1	1	124
Homecare	Outstanding	Good	Requires Improvement	Inadequate	Not yet inspected	Total
April 22	1	67	9	0	56	133
April 23	1	94	15	1	29	140
Supported Living	Outstanding	Good	Requires Improvement	Inadequate	Not yet inspected	Total
April 22	0	22	1	1	11	35
April 23	0	28	6	0	6	40
TOTALS	Outstanding	Good	Requires Improvement	Inadequate	Not yet inspected	Total
April 22	4	188	33	2	67	294
April 23	3	227	36	2	36	304

- Provider ratings have been improved with the Commissioning team's support, we have recently seen an inadequate provider move to a good CQC rating following support from the Quality & Market Management Team and Market Facing Safeguarding Quality Officer. Data collected shows improvements [see table above]. Lower number of providers within provider concerns due to improved intelligence of issues that are happening to support early identification of poor performance.

CSAB Priorities 2022 - 2023

QUALITY & IMPROVEMENT

What has been done

- At Croydon's request the Local Government Association [Partners in Care and Health] undertook a three day bespoke review of the CSAB in preparation for CQC inspection. The review looked at the effectiveness of the board [see pages 23-25].
- Age UK present to their Board data where they can compare their safeguarding data for Croydon with national statistics. The board are now able to see the impact they are having in relation to safeguarding as the graphics are more informative.
- SLaM have identified key data to help monitor and improve their response to safeguarding young people within adult mental health services. Focussed on collecting data on self neglect. The data is presented quarterly to the CSAB.
- The appointment of a Care Home Health Facilitator based in Croydon, Learning Disability Team. This has enabled representation for people living with LD at various forums and support to provider services caring for this cohort of people.
- Development and implementation of a new bespoke strategy meeting tool to assist partners and police in scheduling strategy. This has saved many hours of time for all agencies where strategy meetings were unable to go ahead because there were scheduling issues that meant meetings could not take place. The tool is monitored internally and shared at a multi agency improvement group, all partners have an input into the tool and its effectiveness enabling changes where necessary.

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What needs to be done

- To take forward and deliver the recommendations from the Partners in Care and Health (PCH) LGA review report.
- Work on the CSAB Dashboard to continue to improve the quality of data collected across the partnership,
- Police to provide increased data sharing with partners to share information and identify opportunities to work smarter and more efficiently. This includes data on areas such as modern day slavery and child abuse with the data tailored for external partners. This will prove useful for partner initiatives around safeguarding projects including self-neglect.



Partners in Care and Health
Independent evaluation of
safeguarding practice in Croydon

Fiona Bateman



Safeguarding Circle

Key Findings

- CSAB is able to evidence that it complies with their statutory responsibilities to publish a strategic plan and annual report. These are shaped by learning from previous SARs and from their available data and discussions with partners, including citizens. The range of policy and practice guidance available to partner organisations' staff is good.
- CSAB also has effective mechanisms in place to track actions arising from SAR recommendations and report what each organisation has done to apply lesson (via their sub-groups) to the main board.
- Currently CSAB receives some relevant data to assist members undertake their responsibilities under the Care Act. Suggestions have been made how this can be improved. In particular there are too few performance indicators to demonstrate safeguarding adults activity of partner organisations. Given the upcoming CQC assurance framework, there is a significant reputational risk to the Council and partner organisations (particularly the ICB and police as statutory partners) if it isn't possible to adequately evidence that their data collection and ability to analyse their safeguarding function is robust.
- The Local Authority has mechanisms in place to ensure managerial oversight of decisions within the s42 enquiry process. Data could be collated and reported to the CSAB to demonstrate compliance with Care Act guidance. Reporting that data and expanding capacity would enable CSAB and member organisations to better understand why there continues to be a perception that feedback is not routinely provided to referrers and overcome any remaining barriers.
- CSAB would benefit from brief quarterly reports from multi-agency safeguarding panels/ forum on any notable improvements to practice and issues raised, particularly if any gaps in public awareness or partner training needs are identified.

Recommendations

- 1 The Local Authority, working with CSAB statutory partners (ICB and Police), should urgently explore and agree suitable resources to ensure CSAB have adequate insight into all key performance measures. This should be designed so that reports are accessible for CSAB members. As a minimum all Safeguarding Adults Collection ['SAC'] KPI data should be provided in table/ pie chart formats alongside the Croydon demographic profile and that indicates if data is improving or worsening.
- 2 To provide assurance that the safeguarding risks assessment guidance is utilised during referral and triage, it would be prudent to identify means by which concerns are graded against green, amber and red descriptors and report on the timeliness of response within those categories.
- 3 CSAB should receive quantitative data from closure forms completed at triage (including number of green, amber and red concerns) and at the closure of a s42 enquiry on the percentage where feedback has been provided. Consideration should also be given to strengthening the integrated scorecard so that it includes indicators from CSAB members to enable the partnership to '*hold partners to account and gain assurance of the effectiveness of its arrangements*'.
Page 44
- 4 CSAB to agree a simple reporting format for chairs of quality assurance panels and practitioner forums to report key qualitative data to the CSAB.
- 5 Whenever a new service is commissioned by the Council or ICB, especially if this is intended to provide statutory functions within the safeguarding process (e.g. advocacy), the contract of service should provide clear obligations for senior management to induct key personnel within the new services and will also need to be introduced to senior leaders and significant persons within partner agencies. Presently, CSAB has details on its website about how to raise a concern during office hours and outside of these. CSAB partners should consider providing assurance about how, within their own organisation, they maintain up to date information about key personnel.

CSAB Priorities 2022 - 2023

QUALITY & IMPROVEMENT

What has been done

- Safeguarding Adults National Network (SANN) commissioned a Task & Finish Group to collate a resource about People in Position of Trust (PiPOT) process. 7 minute briefing has been produced and shared.
- CHS reviewed MCA and Best Interest forms and amended on electronic records to improve quality assurance of DoLS compliance and the application of MCA 2005.
- CHS data is saying that there has been improved compliance with safeguarding mandatory training at all levels in line with the intercollegiate documents for adults & children and young people. Training data presented to the ICB and CHS Governance has improved.
- The safeguarding data for ASC is recorded in the national return known as the Safeguarding Adult Collection (SAC) which provides a comparison with the national and local data. The feedback and data suggests that ASC safeguarding are responding appropriately. Data is showing improvements in response for example the period between receipt of concern and triage.

What needs to be done

- Increase involvement with workstreams across adult and children services ie 11 – 25 partnership strategy & improvements in transitional safeguarding.
- CHS continue to work to improve the application of MCA 2005 and Best Interest Principles via training and learning opportunities, supervision, visible presence in clinical areas to raise awareness and support practice.
- Development of variety of robust safeguarding supervision models to support the delivery across both Acute and Community, work to be completed by the CHS Safeguarding Team in collaboration with Trust colleagues.
- Local Authority to agree and communicate a clear PiPOT process for local providers to adhere to.
- A key area to focus on within ASC Safeguarding is feedback to people, especially when it is decided to look at other ways of addressing issues other than a S42 Safeguarding Enquiry.
- ASC currently developing a Quality Assurance Frameworks to be completed shortly.

CSAB Priorities 2022 - 2023

QUALITY & IMPROVEMENT

What has been done

- Safeguarding Practice in Older People Team following the Head of Safeguarding and QA raising concerns around open safeguarding cases before S42 around timeliness and number cases. They have now in place weekly data report from ASC performance team highlighting how many cases open to each locality team with a weekly comparison report. Cases shown as still opened a communication is sent to the Social Worker to ensure they are on track and taking the appropriate action. This has reduced the number of days cases are open so are now in a position with the handful of cases opened to email the allocated SW giving them a deadline to resolve it. This is the best way of spotting SWs who may need support from senior staff.
- Croydon Police used feedback direct from participants in schemes undertaken over the year with regards to VAWG. This information is captured on detailed quarterly returns. This is discussed at the Tactical Tasking & Coordination Group [TT&C] which is a part of the police response to operational priorities. The process enables senior managers, through this TT&C Group, to consider and agree tactical options and align resources to priorities. This means they can allocate resources effectively and make sure they are supporting victims, targeting perpetrators and having the right conversations with seldom heard groups to deliver an effective response.

What needs to be done

- Take forward the proposal to hold a workshop on referrals across the partnership covering both the S42 process and the criteria for safeguarding enquiries but also the Safeguarding Adult Review request process.
- CSAB to continue to monitor the LGA Action Plan following the recent review by the Partners in Care & Health. The work around data collection has begun and progress made however, across the partnership new initiatives are coming into place which requires further work with an example of exploring how PowerBi can be used to enhance the CSAB Dashboard and presentation of data.
- The Learning and Practice Development sub group will continue to review themes from SARs at their quarterly meetings with Mental Health being the next theme specifically around hospital discharge, Section 75 and information sharing.
- CSAB to continue to monitor the Comprehensive Action Plan for Safeguarding Adult Reviews. It has been agreed to circulate the plan widely on a monthly basis across the partnership requesting updates on the recommendations, how has the work been progressed and what has been the challenges.

CSAB Priorities 2022 - 2023

CROSS SECTOR WORKING



What has been done

- Age UK have anonymised real life cases in training which also includes SARs. This has enabled staff, volunteers and members to have a clearer understanding of SARs.
- Statutory services acknowledged that Age UK staff's 'professional judgements' to be taken more seriously with staff feeling more confident when making a referral.
- SLaM have actively engaged with CSAB in exploring and reflecting on the gaps and needs for young people transitioning into adult services. This has led to the appointment of a transitional safeguarding mental health worker within Croydon Mental Health Services and works across the health and social care sector.
- In ASC the Transitions team recruited a new Service manager and two new team managers, giving the team stability.
- MPS review incidents involving vulnerable adults and care homes, increasing the volume of SAR referrals. The police have chaired SAR Panels and are key partners in reviews.

What needs to be done

- Ongoing awareness of transitional safeguarding training (in combination with CAMHS and children's safeguarding training) to be explored with SLaM.
- Improvement of recognition and response to self neglect, improving number of referrals made in relation to self neglect, use of data on number of referrals to be audited and an action plan to be instigated to improve recognition and response.
- Data suggests we need to work in partnership to bridge the gap between referral and communicated outcomes eg referrer receiving an outcome in a timely manner. [SLaM].
- Now that Liberty Protection Safeguard (LPS) has been put on hold by the Government there is a need to refocus back on DOLS and shorten the waiting list.
- To ensure that Mental Capacity principles are embedded in the frontline practice across all agencies.
- Improvements are on their way with regards to Transitional safeguarding due to two recent Safeguarding Adult Reviews and an action plan, working across both children and adults.

CSAB Priorities 2022 - 2023



CROSS SECTOR WORKING

What has been done

- WAVE training has begun across the Police BCU to allow staff in licensed venues to know how to spot vulnerable people and what to do when they do. This is part of our focus on the night time economy.
- A focus by ASC on transition: a working group with Children Services to ensure there is a seamless approach to the transition and active work to reduce waiting times. There has been a reduction in the waiting list/time for transition service in ASC. It was recorded as 212 on 04th April 2022 and reduced to 11 cases on the 20th of April 2023. It is currently (as at May 2023) sitting at 10 cases.
- Hear Us took part in the PCH [LGA] review providing feedback from service users and carer perspectives which was included in the final report.

What needs to be done

- CSAB to continue engaging with work across the partnership which includes the Drug & Alcohol Related Deaths Panel, Self Harm & Suicide Prevention Strategy and BCU Death Overview Panel.
- MPS to maximise the new BCU Organisational Learning hub that has been set up to capture learning, feedback and results of reviews. This will be put into a specific format where it can be captured, evaluated and disseminated. This tracker will also mean that we can continue to monitor learning over a longer period of time and check is has been delivered in an effective manner.
- CSAB to build on the links and discussions with colleagues around Asylum Seekers and Displaced People in order to learn more around the work currently being undertaken and address how the Board can be involved.

FJC
Care and support in Croydon for those experiencing domestic abuse

You can make an appointment by contacting us on: 020 8688 0100

We are open Monday, Wednesday, and Friday, 9am-5pm and Tuesday, Thursday 8am-7pm.

CROYDON
www.croydon.gov.uk



Transitional Safeguarding

Working group jointly with Adult Services, Children Services and the CSCP to ensure there is seamless approach to transitions and actively work to reduce waiting times.

Take forward the recommendations from both the Madeleine and Sylvia SARs. (including joint delivery with the CSCP where appropriate)

11 – 25 Strategy group includes ASC

Learning Events

Learning events to be planned, one held in April 2023 looking at cross-cutting themes across DHRs, CSPRs and SARs.

A new VAWG workshop has been created that is being presented to schools to open the conversation with young people through the Schools team and SNTs. The workshop focuses on bystander training, Streetsafe and includes wider conversations about VAWG. [Police]

Joint Working

Commitment from Police to tackling Serious Youth Violence and ensuring violence reduction means putting communities, young people and their families at the heart of tackling the issue.

Joint Executive Meetings specifically to tackle cross cutting themes such as Transitions, Harmful Practices, Mental Health

To continue to engage and share information via regular meetings between the CSCP and CSAB Managers.

CSAB Priorities 2022 - 2023

VOICE OF THE PEOPLE



What has been done

- Adult Social Care have been working on a new online referral portal. This was presented at the VOTP sub group meeting with volunteers coming forward to test out the new online form. The feedback from the VOTP was positive, that it works and easy to use. The portal was also presented to the April CSAB meeting and after monitoring by ASC feedback will be required to a future board meeting on results in 6 months.
- The VOTP sub group have continued to expand their membership which now includes Advocacy for All.
- Hear Us accepted the invitation to the membership of the VOTP sub group. Attending these meetings has helped the Hear Us designated safeguarding lead feel more supported and confident regarding safeguarding procedures and issues within their organisation. Sharing information with staff (8) and volunteers (10).
- Police are developing a Domestic Abuse information leaflet with partners in Croydon which will be translated to ensure we are educating and reaching seldom heard communities.
- The Croydon VAWG Strategy and themes will be shaped by a comprehensive Call for Evidence on VAWG and this will include a victims and survivor survey to better understand lived experience.

What needs to be done

- Age UK to recruit more ethnic minority representatives for their Board.
- Improve number of people offered an advocate.
- To hold a Lived Experience challenge event – how do we communicate purpose and identify tangible outcomes [SLaM].
- The CSAB VOTP resources are being developed and should be designed to be as accessible as possible.
- CSAB VOTP group to continue to raise awareness of 'Keeping you Safe' by attending forums/meetings.
- VOTP group to look at undertaking a new project around transitional safeguarding.

Safeguarding Adults 'Keeping you Safe' involves helping people to protect themselves when they are experiencing or at risk of abuse, neglect or self-neglect.

It can help people with an age-related frailty, learning or physical disability, long term illness, mental health condition, substance dependency or another condition like this to be safe.

Some people may not be able to speak up about what is happening to them.

This leaflet gives examples of when Safeguarding Adults can help and contact details you may need.



"I'm safe because support staff know and understand me"

Help and Advice

If someone is experiencing or at risk of abuse, neglect or self neglect, there are people who can help.

Please note: if a person is at immediate risk of harm or danger call the police straight away on 999.

If you are worried about someone in a care home, hospital, hospice you can speak to a member of staff or the manager. You can also contact Adult Social Care

Contact Croydon Adult Social Care:

Tel: 020 8726 6500 between 8.30 am – 5.00 pm Monday to Friday
Out of Hours 020 8726 6500 and ask for Duty Social Worker

Email: CroydonAdultSupport@croydon.gov.uk

Supporting people to be safe in Croydon



Supporting people to be safe in Croydon

Mind in Croydon

In January 2023 we started rolling out a Peer Support InReach Project, recruited a team of Peer Support Workers with direct, lived experience of mental health issues, to work as part of in-patient wards in Croydon, Greenwich, Lambeth, Lewisham and Wandsworth to provide support to people as they leave hospital and journey towards being settled in the community and living independently. The team use their lived experience to help people to build skills to manage their home and finances, connect with family and friends, pursue social and vocational interests, to get more involved in their local community and to stay healthy and mentally well. The support is person-centred and may include mentoring, coaching, facilitating access to community activities, practical support with managing bills, shopping, work or study and emotional support. The team meet people before they leave the ward, work with them to develop their own support plan and visit them at home as they transition back into the community. The project is still developing and the impact is measured in the service being offered to all inpatients across rehabilitation wards across six locations.

We have reflective practice for our staff . In some teams this is led by Consultant Clinical Psychologist, we know that the trauma that many of our client's experience can be difficult to process for the staff supporting them . We want to keep our workforce well and able to support the population of Croydon in this vital work. This is reducing staff sickness rates.

We realised that we could be doing much more to ensure that our work was truly reflective and informed by people with lived experience of mental health so sought funding to support the running of a **Lived Experience Panel**. The panel commenced in March 2023 and was able to feedback and inform on what they like about Mind in Croydon Services and where we could do things better. They were also able to help inform new ways of working and strategic direction. We hope this will make our services better and tailored to reflect the needs of Croydon residents.

We have committed to:

- use our platform to raise ideas and concerns of people with lived experience to stakeholders including mental health professionals and commissioners;
- to bring new service ideas to the panel for their consideration; and
- to feedback findings from the panel to Senior Management and Trustees of Mind in Croydon.



CSAB Priorities 2022 - 2023

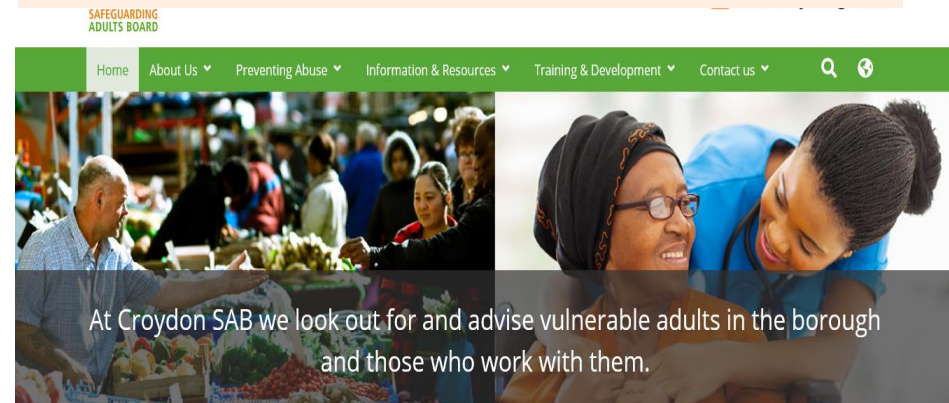
COMMUNICATION & ENGAGEMENT

What has been done

- Members of the CSAB and VOTP Chair presented 'Keeping you Safe' presentation to Hear Us at their Service User Mental Health Open Forum. Hear Us reported that mental health service users, carers and staff are now more aware of how to make a safeguarding referral and feel more confident. This was reflected in the Hear Us evaluation and feedback from attendees. 31 people attended and confirmed improved general awareness of safeguarding.
- CSAB Independent Chair and Board Manager has continued to engage in both national, regional and local networks. These include London and National SAB Chairs, London and National Board Managers, South West London Chairs and South West London Chairs and Managers group. The latter of the groups Croydon has agreed to chair and support for the next 12 months.
- Health colleague used the Madeleine SAR in a learning workshop during National Safeguarding Adults Week
- Working across Croydon, Bromley and Kingston SABs on the Sylvia SAR proved to be a valuable piece of work highlighting excellent communication and engagement. Joint working during the SAR and on publication along with planned shared learning.

What needs to be done

- ASC work on the new portals due to go live in May 2023, the portals facilitating access for the public to ASC, particularly safeguarding, have been redesigned with the full involvement of partners and people. Evidence of impact will be measured via feedback and usage of the new portals.
- CSAB to raise awareness around the Data Sharing Agreement signed by all statutory partners and Mental Health.



CSAB Priorities 2022 - 2023

COMMUNICATION & ENGAGEMENT

BME Forum Partnership Working

Off The Record, joint working and planning for the Cultural Competency training workshop with SLAM staff. We look to fulfil a total of 3/4 training sessions virtually with Off The Record.

Working in partnership with **Clear Community Web** to help the elderly in growing and developing confidence in IT skills, looking at Mobile Phone Boot Camp where we have over 25 in attendance in each session.

AGE UK, this involves working with the older community supporting their needs through mental health, wellbeing support, practical help, frailty support and advice. Supporting the mature age group, our work intertwines with the needs and demands of the elderly in the region, working in partnership

Working alongside **Dementia Action Alliance** learning and exploring how we could work together to make Croydon a Dementia Friendly Community.

BAME Domestic Abuse Partnership is a strategic meeting in working together in partnership to support and reduce domestic abuse within the Croydon Borough. We look at ways to help safeguard and support those that are affected by domestic abuse.



Andrew Brown
Chief Executive BME Forum
CSAB Vice Chair

www.Cbmeforum.org



Governance & Accountability

Safeguarding Adult Board [SAB]
Statutory Partners are:
 Local Authority, Police, SWL CB



Core duties of the SAB

- Publish an Annual Report
- Develop and publish a Strategic Plan
- Undertake Safeguarding Adult Reviews

The SAB will embed the requirements of the overarching Care Act to:

- Assure that local safeguarding arrangements are in place as defined by the Act and working well across all relevant agencies.
- Prevent abuse and neglect where possible
- Provide timely and proportionate responses when abuse or neglect is likely or has occurred

CSAB
 Chair: David Williams
 Vice: Andrew Brown

Chairs/Vice Chairs
 Chair: David Williams
 Vice: Andrew Brown

Safeguarding Adult Review
 Chair: Dr Shade Alu – CHS
 Vice: Anna Reeves - SLaM

Performance & Quality Assurance
 Chair: Nick Sherlock - LBC
 Vice: Estelene Klaasen – SWL ICB

Voice of the People
 Chair: Nicky Selwyn
 Vice: Vicki Blinks

Learning & Practice Development
 Chair: Stuart Hart - Police
 Vice: tbc

Intelligence Sharing
 Chair: Estelene Klaasen, SWL ICB
 Vice Chair: Steve Hopkins - LBC

Task & Finish Groups
Health: Estelene Klaasen – SWL ICB
MCA/DoLS: Ernest Johnson - LBC

CSAB Sub Groups

All sub groups will have a Chair & Vice Chair agreed by the Board to ensure governance and accountability. Each Sub group develops a work plan reporting to the board on progress against the strategic priorities, themes from SARs and this will inform the Safeguarding Annual Report. Both the Health and MCA Task & Finish Groups undertake specific projects as and when required.

Chairs/Vice Chairs Sub Group

The Chairs monitor and review the CSAB Strategic Plan progress and priorities. Have oversight of the Board's work through its sub groups.

Performance & Quality Assurance

Working together to oversee, support and monitor the quality of care across the partnership in order that safeguarding standards keep people safe and minimise risk.

Safeguarding Adult Review

Considers requests which may meet the statutory criteria, to make arrangements for and oversee all SARs. Key element of the group is to seek assurance that recommendations are acted upon and learning is shared widely.

Learning & Practice Development

The group to have a clear focus around themes from SARs looking at a different theme for each meeting. How do we measure outcomes and can we evidence this and what difference has it made to practice and for our residents.

Voice of the People

Support a person centred approach and focus on demographic groups which are under represented in safeguarding data. Raise awareness of safeguarding and what it means to the resident with the voice of the resident heard and acted on.

Intelligence Sharing

Support the CSAB with regards to prevention by managing the provider market through frequent market oversight. It allows colleagues from all aspects of health and social care, including CQC representation, to share good practice and concerns.

Six Safeguarding Principles



Empowerment
Talk to me,
hear my voice

Protection
Work with me
to support me
to be safe

Prevention
Support me to
be safe now
and in the
future

Proportionality
Work with me, to
resolve my concerns
and let me move on
with my life

Partnership
Work
together with
me

Accountability
Work with me,
know you have
done all you
should

Types of Abuse

Types of Abuse	
Physical abuse	Might involve being hit, slapped, kicked, hurt in other ways, being locked in a room or held down, or misuse of medication.
Emotional abuse	When you are made to feel sad, afraid or not important. This could be by shouting at you, calling you names, making fun of you, not letting you see your family or friends or bullying you on social media.
Sexual abuse	Made to take part in a sexual activity when you don't want to. Includes sexual harassment, inappropriate looking or touching or being shown sexual videos or pictures when you don't want them to.
Financial or material	If someone takes something that belongs to you without asking, or makes you give them things. It might involve theft, fraud and exploitation.
Neglect	When you don't get the help you need. It might be someone not giving you your medication or not providing your care needs, not giving enough food or denying your religious or cultural needs.
Discriminatory [Hate Crime]	When someone treats you badly because you are different to them based on your age, gender, sexuality, disability, race or religious belief.
Modern slavery	Includes human trafficking and forced labour. When someone is forced to work with little or no pay, or threatened with violence if they do not work.
Self neglect	When a person is unable to care for themselves & feels unable to accept support, significantly affecting their health and wellbeing.
Organisational	If abuse is caused by an organisation
Domestic Violence/Abuse	When abuse happens between partners or by a family member

Funding arrangements for the CSAB

The Safeguarding Board is jointly financed by contributions from partner agencies and it is acknowledged that organisations give their time and resources to support the functioning of the board. The Board has again successfully managed a balanced budget, despite there being no increase in member contributions.

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Income 2022/2023

£15,000 South London & Maudsley

£21,670 SWL ICB

£21,670 Croydon Health Services

£101,928 London Borough of Croydon

£5,000 Met Police

Total £165,268

2022/2023 Expenditure:

Staffing

IT Equipment

Website design & support

Training

SARs [includes SAR legal costs]
Reserves have been carried over and the budget for 2022/23 proposes to utilise some of the reserves for future SARs as the national/local picture shows a trend of commissioning SARs is increasing.

Total £

Glossary



ADASS	Association of Directors of Adult Social Services	LPS	Liberty Protection Safeguard
ASC	Adult Social Services	LSV	London Safeguarding Voices
BME	Black and Minority Ethnic	MASH	Multi agency Safeguarding Hub
SWL ICB/ICS	South West London Integrated Care Board South West London Integrated Care System	MCA	Mental Capacity Act
CHS/ CUH	Croydon Health Services/Croydon University Hospital	MPS	Metropolitan Police Service
CAMHS	Child & Adolescent Mental Health Service	MSP	Making Safeguarding Personal
CSCP	Croydon Safeguarding Children Partnership	PCH	Partners in Care and Health
CSAB	Croydon Safeguarding Adult Board	PIPOT	Person in position of trust
CQC	Care Quality Commission	SANN	Safeguarding Adults National Network
DASS	Director of Adult Social Services	SAR	Safeguarding Adult Review
DoLS	Deprivation of Liberty Safeguards	SLaM	South London & Maudsley NHS Foundation Trust
DVPN	Domestic Violence Protection Orders	VAWG	Violence Against Women and Girls
IRIS	The Identification & Referral to Improve Safety	VOTP	Voice of the People
LD	Learning Disabilities		
LFB	London Fire Brigade [Croydon]		
LAS	London Ambulance Service		
LGA	Local Government Association/		

How to contact the CSAB

Denise Snow, Board Manager
Denise.snow@croydon.gov.uk

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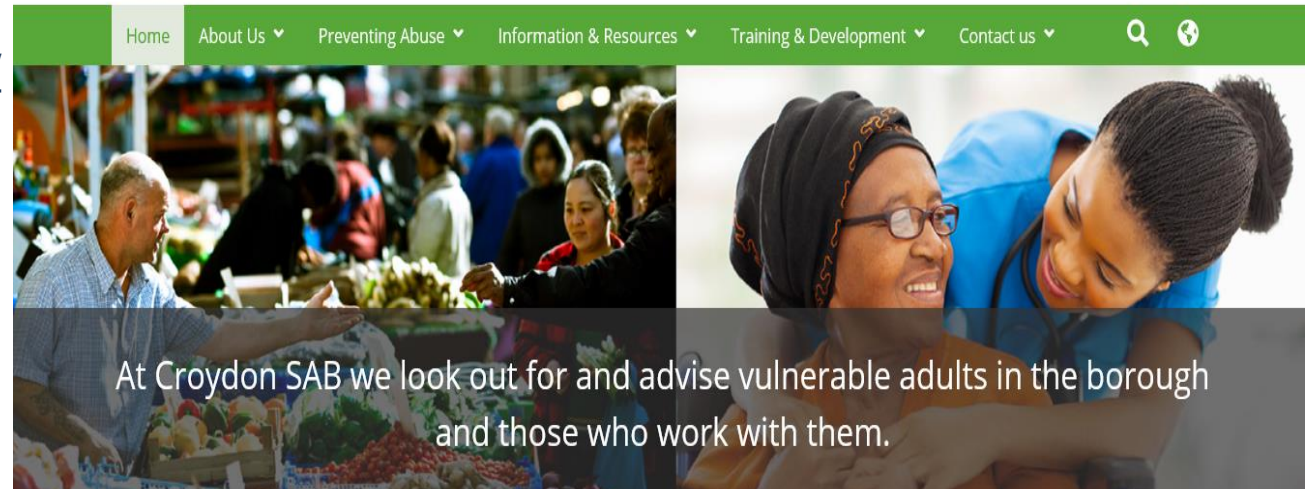
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LONDON BOROUGH OF CROYDON

REPORT:	SCRUTINY HEALTH AND SOCIAL CARE SUB-COMMITTEE
DATE OF DECISION	02 October 2023
REPORT TITLE:	Adult Social Care and Health Directorate 2023-24 Transformation Performance Progress Report
CORPORATE DIRECTOR	Annette McPartland Corporate Director Adult Social Care & Health
LEAD OFFICER:	Bianca Byrne Director of Adult Social Care Policy & Improvement
LEAD MEMBER:	Councillor Yvette Hopley Cabinet Members for Health and Adult Social Care
AUTHORITY TO TAKE DECISION	The ASC Transformation has been identified as a priority in the Sub-Committee Work Programme
WARDS AFFECTED:	All

1 SUMMARY OF REPORT

- 1.1 This report continues the regular budget and savings progress updates to the Scrutiny Health and Social Care Sub-Committee. It provides the Adult Social Care and Health Directorate's financial performance at Period 3 (June 2023); and current transformation progress in relation to the 2021-2024 medium term financial strategy.
- 1.2 On financial performance, it should be read alongside the Council's 27 September 2023 Cabinet report; [2023/24 Period 3 Financial Performance Report](#).
- 1.3 On transformation performance, the core focus is on 2023/24 delivery within the strategic managing demand programme.
- 1.4 The report also provides an overview update to the Directorate's preparation for a Local Government Association peer challenge in November 2023. This is in preparation for the roll out of the Care Quality Commission's assurance programme.
- 1.5 Finally, the report sets out the indicative strategic transformation plan being developed for the new medium term financial strategy period, April 2024 – March 2027.

2 RECOMMENDATIONS

- 2.1 For the reasons set out in the report, the Sub-Committee is recommended:
- 2.1.1 To note delivery of the 2021/2024 Medium Term Financial Strategy savings.
 - 2.1.2 To note the progress of the Directorate's transformation programme.
 - 2.1.3 To consider a focussed report on performance be brought to the January 2024 sub-committee meeting.
 - 2.1.4 To note the indicative strategic transformation forward plan being developed for the new medium term financial strategy period, April 2024 – March 2027.

3 DIRECTORATE GENERAL FUND REVENUE BUDGET SUMMARY

Table 1 showing the revenue forecasts for the directorate

Net Budget	Actuals to Date	Forecast	Forecast Variance	Prior Month Forecast Variance	Change in Forecast Variance
(£m)	(£m)	(£m)	(£m)	(£m)	(£m)
129.8	43.0	131.0	1.2	1.3	(0.1)

Table 2 showing the directorate variances

Division	Net Budget (£m)	Actuals to Date (£m)	Forecast (£m)	Forecast Variance (£m)
Adult Social Care Operations	111.3	38.4	112.8	1.5
Adult Strategic Commissioning, Policy & Improvement	16.7	4.1	16.6	(0.1)
Central ASCH	1.8	0.5	1.6	(0.2)
Total ASCH	129.8	43.0	131.0	1.2

- 3.1 At period 3, the ASCH directorate has a forecast overspend of £1.2m (0.9%) against a budget of £129.8m.
- 3.2 The ASCH Directorate has challenging savings targets totalling circa £10m to deliver in 2023-24 on placements and care packages through demand management, commissioning and review of care packages.

Risks

- 3.3 Risks continue in the provider market from inflation including higher fuel, labour and property costs which may result in claims for increased fees and/or financial instability with the potential for 'handing back' contracts. The potential reprovisioning costs if providers exit the market could be significant.

Adult Social Care Operations - Forecast overspend of £1.5m

- 3.4 Staffing across this division demonstrates a forecast underspend (broken down by area below) owing to periods of vacancy above the £1m MTF5 5% vacancy factor saving applied to staffing budgets in 2023-24. There is a national shortage of both social workers and occupational therapists and recruitment to many roles is proving challenging. The periods of vacancy are a barrier to achieving savings as staff are focused on statutory delivery rather than delivering transformation to improve performance, data management and reduce operational risks across the directorate.
- 3.5 Localities & LIFE have an underspend of (£1.6m) owing to a staffing (including agency spend) underspend of (£0.1m) and a net underspending on care costs (£1.5m).
- 3.6 Working Age Adults has an overspend of £4.0m. This comprises an overspend on care of £4.3m which is partly mitigated by an underspend in staffing of (£0.3m). The overspend includes savings not yet evidenced of £1.9m, against a challenging target of £5.3m. It should also be noted that this area was overspent by £2.3m in 2022-23. The service has committed to achieving further savings which will be reflected once robust plans have been developed.
- 3.7 Provider Services has a (£1.0m) forecast underspend on staffing owing to vacancies.
- 3.8 Mental health services have a forecast overspend of £0.1m owing to a £0.3m overspend on care packages partly mitigated by a (£0.2m) underspend on staffing. The overspend on care is owing to increasing demand and costs, work is ongoing to bring this area to a balanced budget.

Adult Social Care Policy and Improvement – Forecast underspend of (£0.1m)

- 3.9 The Policy and Improvement division is forecasting an underspend of (£0.1m) owing to staffing vacancies.

Central ASCH – Forecast underspend of (£0.2m)

- 3.10 The underspend is a result of the delays in recruitment to fixed term and temporary positions to provide additional capacity to improve performance, data management and reduce operational risks across the directorate.

4 PERFORMANCE

4.1 Our 2021/24 performance objectives are to continue reducing activity/expenditure to:

- The English average or below for older adults by March 2024.
- The London average or below for younger adults by March 2024.
- Whilst fulfilling all our statutory responsibilities.

4.2 In January 2023 the Directorate provided this Sub-Committee with positive key analysis of the year on year performance movement between 2020/21 and 2021/22.

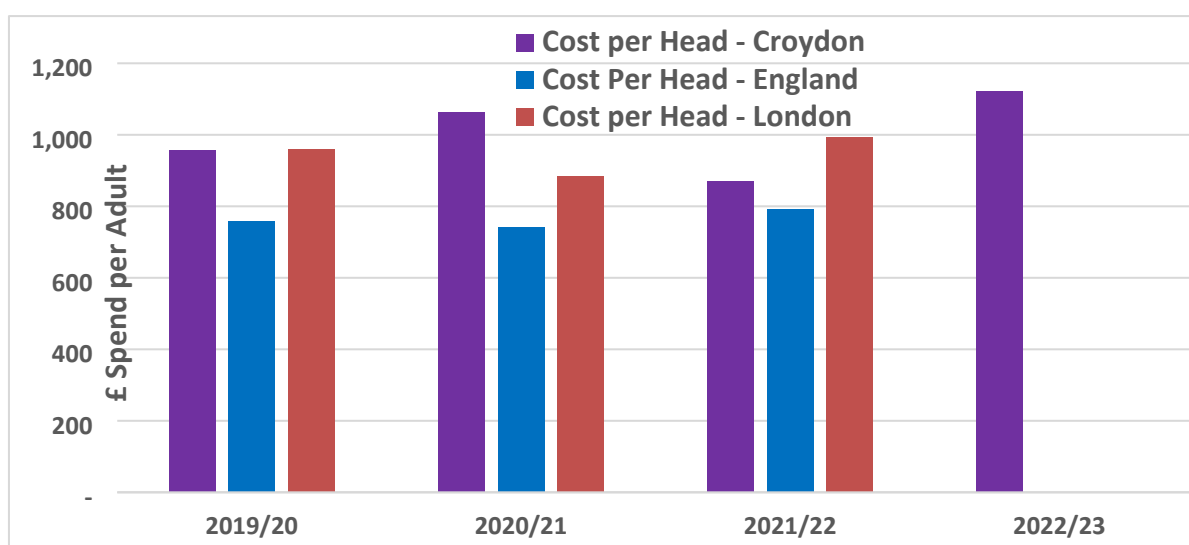
4.3 Although the Directorate does have its 2022/23 data, benchmarking our performance against the targets is challenging without updated comparative data. In particular as we do not know the further impact of Covid, cost of living and demographic pressures, as well as the delivery of savings in other local authorities.

4.4 The Directorate is anticipating the publication of the Local Government Association's 'Use of Resources (2022/23)' benchmarking report for adult social care in England. This is expected during the Autumn and will evidence Croydon's direction of travel against the England and London targets.

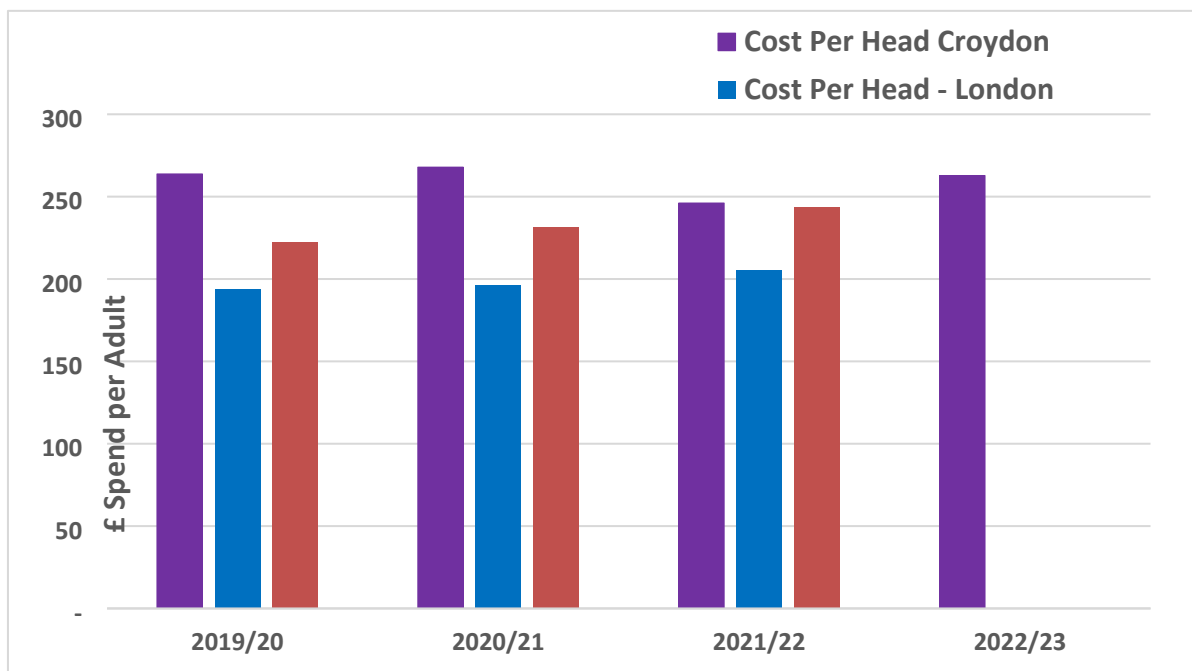
4.5 Our recommendation to the Sub-Committee is that once the Use of Resources report is published, as happened in January 2023, a focussed report on performance is brought to the January 2024 Sub-Committee meeting.

4.6 As an interim position, the tables below provide the performance indicators, where there is equivalent benchmarking available, and the published Croydon position for March 2023.

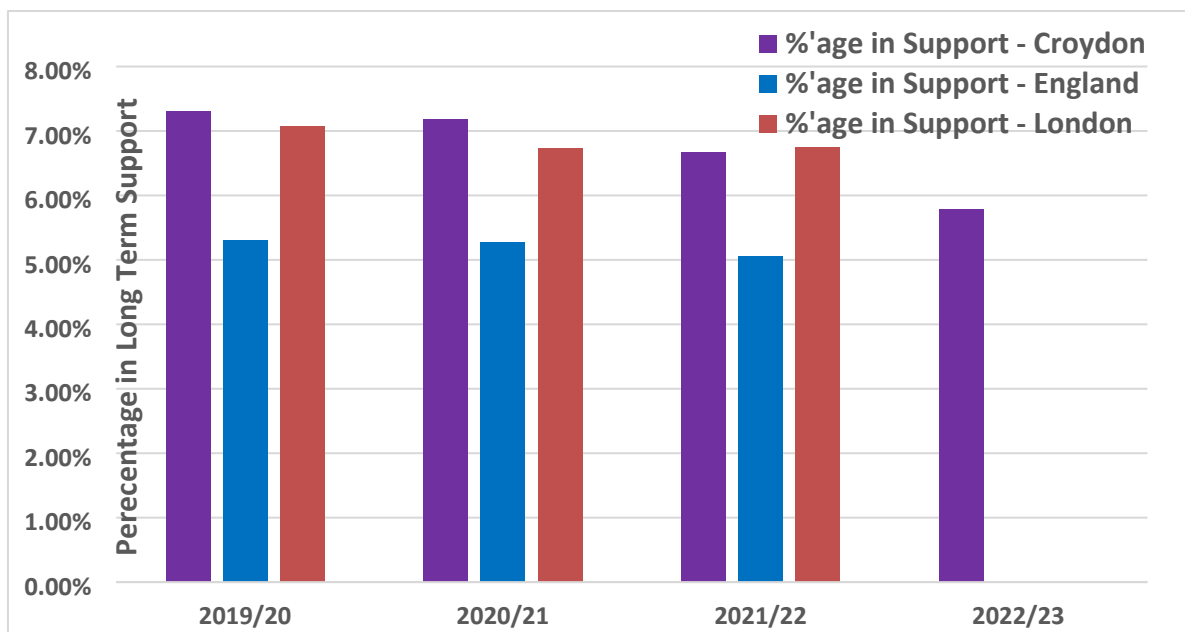
4.7 **Chart 1: Changes In over 65 spend per Adult in Long Term Support**
(MTFS target is the England average)



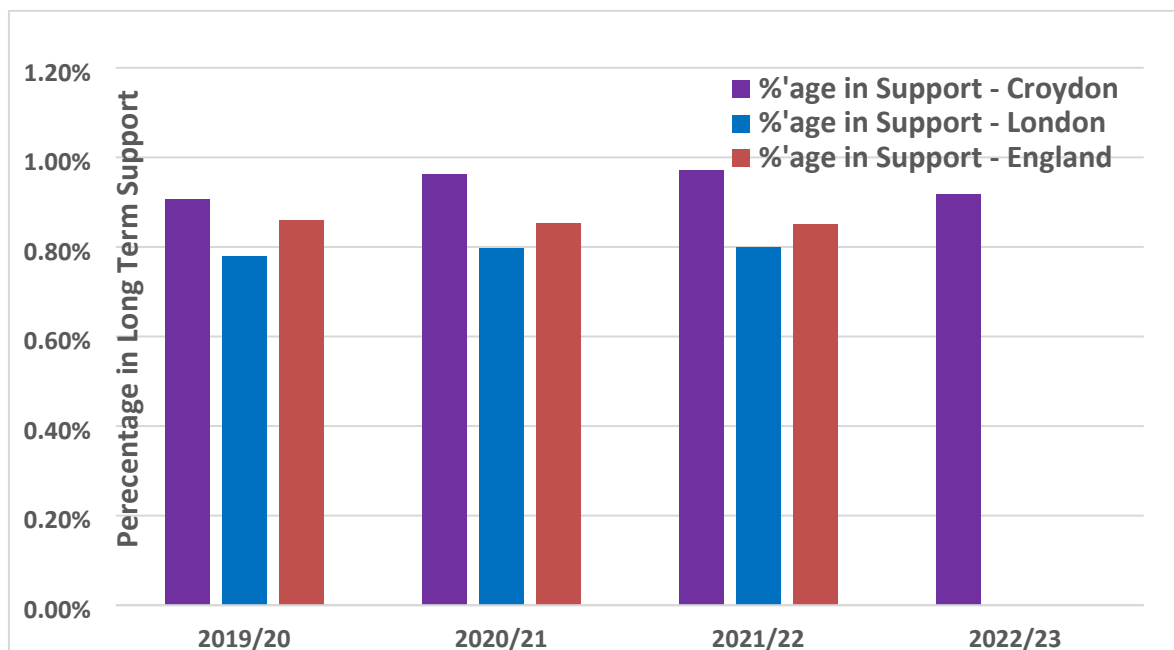
4.8 **Chart 2: Changes In 18-64 spend per Adult in Long Term Support**
 (MTFS target is the London average)



4.9 **Chart 3: Changes in over 65 % of population in Long Term Support**
 (MTFS target is the England average)



4.10 **Chart 4: Changes in 18-64 % of population in Long Term Support**
(MTFS target is the London average)



5 STRATEGIC MANAGING DEMAND TRANSFORMATION

5.1 The programme aims to manage demand at every stage of intervention across the Adult Social Care and Health (ASCH) pathway by working with partners to provide residents with the right help at the right time. As a system we will facilitate access to non-statutory preventative services, where appropriate, to improve wellbeing and/or we will intervene early to help residents stay well, live independently and prevent further need for services.

5.2 The focus areas are:

- Prevention, improving Information, Advice and Guidance (IAG) both digitally and in the community.
- Establishing a comprehensive front door, with a view to longer term integration.
- Front Runner Programme, reported to Scrutiny in June 2023 (formerly capacity and demand model for out of hospital care and intermediate care).
- Intermediate care (inclusive of but wider than reablement).
- Long term care and support; the principles of promoting independence and progression for all client groups.

5.3 Key achievements within the programme in 2023/24 are described below.

Information advice and guidance

5.4 **Phase 1:** Content for the Adult Social Care webpage revisions have been submitted by service leads and are being reviewed and updated by Croydon Digital Services.

- 5.5 **Phase 2:** Webpage content is being reordered to improve flow and accessibility of information. A new page articulating how residents can access support in their local communities is being developed, through 'Simply Connect' and Community Hubs.
- 5.6 Work is underway to improve the links between the community hubs and the front door. The message about reducing reliance on statutory services is landing with partners, especially primary care, and this is being further enhanced by the workforce training that is being delivered on Strengths Based Conversations through the Healthy Communities Together programme. There is regular attendance by our front door staff at the Mental Health and Wellbeing Hub each week. In the six weeks that they've been attending there have only been three referrals for statutory support. As resourcing at the front door increases there are plans to align this same approach to libraries and other community hubs.
- 5.7 '*What to expect from community hubs*' videos are being prepared and will be uploaded to the Simply Connect webpages shortly, their aim is for people to see what is happening in their area. Links to these videos are also going to be available from the council's webpages under a new '*support in your community*' page.
- 5.8 The Healthy Communities programme is also developing a set of key operating principles for Community Hubs.

Pathway reviews: helping to establish a comprehensive Adult Social Care Front Door that finds solutions for people and their problems

- 5.9 The reviews have mapped the current processes and pathways into adult social care for a range of services and have identified what is working well and areas for improvement. This has been an extensive area of work which has recently finished. The reviews have included a deep dive in the following areas:
- Occupational Therapy and Disabled Facilities Grant
 - Transitions from Children's Services
 - New packages of care and reviews; relating to Older People, Disabilities and Mental Health and Mental Health Transitions
 - Dementia
 - Brokerage and Placements
 - Carers and Respite
 - Active Lives and Careline
 - Sensory Impairment
 - Vulnerable Adults
 - Integrated Care Networks+
 - Homelessness and rough sleeper pathways
- 5.10 Only one pathway review is outstanding and relates to Safeguarding, this will take place after the new Head of Service is in post likely to be in October/ November 2023.
- 5.11 The pathway reviews are crucial pre-work to support the diagnostic report described below in section 6 of this report.

- 5.12 A key gap that has been identified through this work is the Council's preventative response to vulnerable adults who approach Adult Social Care with multiple support needs, including lower-level mental health concerns. This cohort may not be eligible for Adult Social Care, due to the absence of care needs, however, if left unchecked, their needs could escalate and lead to further demand for statutory services. Work is underway to address this unmet demand and enhance our early intervention and prevention offer. Business cases have been submitted for welfare and benefits advisors, workers who support rough sleepers and vulnerable adults. A conversation about how to support vulnerable adults is in train with other Council services and being led by Adult Social Care.
- 5.13 The Transitions pathway mapping work has led to improved joint working with Children's Services. The Transitions Service Improvement Plan has been enhanced to include the recommendations that were put forward by this pathway review. Additionally, presentations to Children's Directorate Management Team and other conversations between Directors of Children's and Adult Social Care has resulted in the development of Transitions Task and Finish working group. Children's and Adult services have committed to review high priority areas jointly.

Development of portals in Adult Social Care

- 5.14 Our case management system, Liquid Logic, has the functionality to improve interactions between residents, professionals and adult social care via online portals. Many local authorities are using them as a way of improving the customer experience whilst managing their business objectives. The portal forms that have recently been created are listed below, they went live on the 15th of May 2023 and are beginning to improve the quality of referrals into Adult Social Care.
- 5.15 The following portal referral forms have been developed:
- Adults self/professionals' referral and professionals form
 - Occupational Therapy self/professionals' referral form
 - Assistive Technology/ Careline referral form
 - Online Financial Assessment form

Reablement

- 5.16 We are reviewing our response to people who approach the council with care and support needs through a comprehensive reablement offer at the front door which aims to build a person's independence resilience and divert the deployment of unnecessary and costly care packages. A project has recently been scoped and approved, there will be close working with the Front Runner programme to ensure that reablement is flexible enough to meet the needs of people in the community as well as those discharged from hospital.

Direct Payments

- 5.17 Direct Payments, we are working hard to implement a Direct Payments by default approach. There is a dedicated project exploring how we can make the take up process more accessible.

6 2024 – 27: DIRECORATE TRANSFORMATION PLAN

6.1 The Council is moving through its star chamber process, through which annual revised budgets and savings targets are proposed, challenged, reviewed and agreed. This will define a new 2024-27 Medium Term Financial Strategy (MTFS). Within this, the Adult Social Care and Health Directorate will have saving requirements.

6.2 To enable delivery of these requirements, the Directorate is in the process of starting a two phase procurement of a strategic deliver partner, to support delivery of the transformation and savings required over the next 3 years.

6.3 The approach is a central strategy for the Directorate to identify and enable evidenced savings to be agreed and delivered; as well as a substantial transformation of the core service model. This will enhance the pace of delivery within the existing Strategic Managing Demand programme.

6.4 The approach has been in development for some months. The Corporate Director and Directorate Management Team have spoken to other local authorities where a similar approach has been taken, to fully understand the opportunities and risks and organisational requirements.

6.5 The programme is expected to be delivered over 20 – 30 months. The successful partner will work alongside the Directorate Management Team; through a two-phase process, with a 'go / no go' gateway between phases. They will deliver:

Phase 1: An end to end operating model diagnostic to identify opportunities to further transform our services, significantly improve the outcomes and independence of our residents and deliver annualised financial benefits.

Phase 2: Design and implement the new structures, processes and ways of working; enabling delivery of our statutory duties and a sustainable budget reduction.

6.6 A sample of the opportunities to be reviewed within the diagnostic are likely to include:

- The assessment and reablement offer so that working age adults and older people can become more independent and receive a more consistent offer at the end of the assessment process.
- Across older people and working age adults, of the residents who go onto a long-term package of care; how can these individuals be systematically identified and initially referred to short-term support packages maximising their independence.
- Across older people and working age adults there is the opportunity to reduce / step down inappropriate residential placements, which is anticipated to substantially enhance their independence.
- Opportunities for improving our provider market and commissioning new services.
- Support and challenge to social care managers and practitioners across children's and adults' services to work together to ensure a smooth and gradual transition for young people into adulthood, with an emphasis on the development of young peoples' independent living skills appropriate to their needs.
- Opportunities with the Housing Directorate.

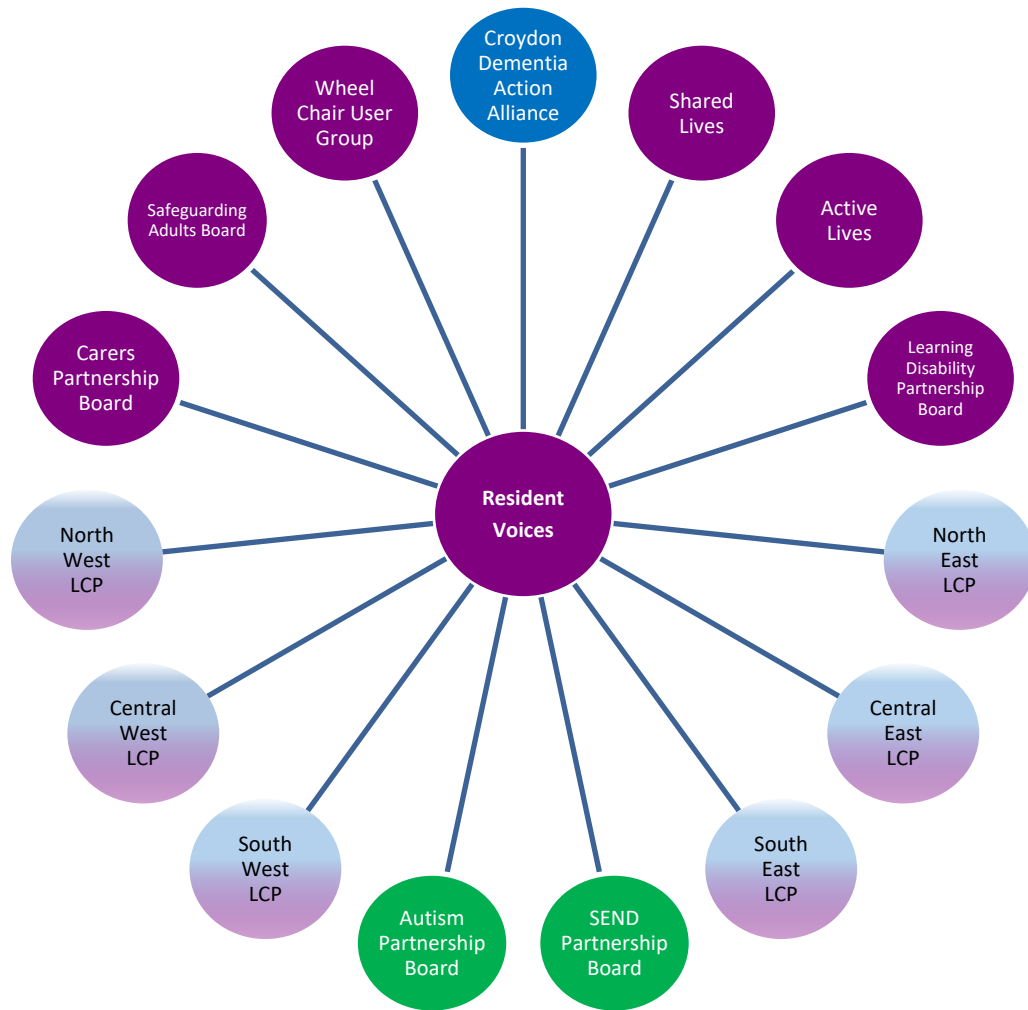
- Staff ways of working will be improved with a view to reducing duplication and administrative tasks; enabling an increase in productivity and contact time with residents.
 - A legacy of skills transfer and development to encourage the delivery of this and future programmes.
- 6.7 Phase one is a hard stop, go/no go stage. To move into the phase two design and implementation; there must be Directorate, Corporate and Executive Mayor sign off on the proposed performance and savings metrics; and the blueprint for the operating model. All of the above must maintain delivery of our statutory duties. The delivery partner will also lead on the implementation and then transition of the services to business as usual, aligned to a strict benefits realisation governance, process, and in line with our Strategic Managing Demand programme.
- 6.8 Once benefit realisation is signed off by the agreed governance mechanism, the transformation, with a lessons learned log, will be signed off by the Corporate Director for Adult Social Care and Health.
- 6.9 The expected procurement timeline will be to have the Delivery Partner confirmed by early November. The Directorate is committed to ensuring staff and residents with lived experience form part of the tender scoring process and ongoing programme of work.
- 6.10 Dependent of the outcome of the procurement, the expectation is the diagnostic report will be completed by March 2024.
- 6.11 In terms of equality impact, a strategic and overarching impact assessment has been drafted for approval. It sets out the principles and approach the Adult Social Care and Health Directorate will take in developing and implementing the core requirements of its 2024 – 2027 statutory delivery, transformation plans and Medium Term Financial Strategy (MTFS).
- 6.12 It will be a living document. Updated at relevant points to ensure evidence and impact considerations are captured and inform decisions. Where there is substantial service or policy change identified through the diagnostic, specific equality impact assessments will be initiated at the design phase of implementation. This will include an expectation of proportionate co-production/engagement with residents, carers, staff and partners.
- 6.13 At present, the evidence has not identified specific potential for discrimination and we have taken all opportunities to advance equality and foster good relations, subject to continuing monitoring and review.
- 6.14 There is a firm commitment that all potential changes occurring as a result of the diagnostic and new operating model will require detailed equality impact assessments to support decision making / recommendations.

7 PREPARATION FOR CARE QUALITY COMMISSION ASSURANCE

- 7.1 The Health and Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessment of local authorities' delivery of regulated care functions set out in Part 1 of the Care Act.
- 7.2 The directorate has established an Assurance Programme to ensure improved delivery of our statutory functions and in preparation for the response to the CQC's new single assessment framework.
- 7.3 The overall Single Assessment Framework applies to Local Authorities (LA), Providers and the Integrated Care System (ICS).
- 7.4 We are using this framework to consolidate on-going improvement activity, celebrate excellent practice and identify areas for improvement and how we will address them.
- 7.5 As part of these preparations, The Local Government Association will deliver a Peer Challenge exercise starting in November 2023.
- 7.6 As part of the preparation, a development session is being planned for October 2023 with Councillors on this Sub-Committee and also on the Health and Wellbeing Board.

8 RESIDENT VOICE

- 8.1 The Resident Voices model (below) continues to gain momentum.
- 8.2 Most recently the group agreed its vision, "**Ensuring that people with lived experience of Adult Social Care and / or Health in Croydon are listened to, involved and valued**".
- 8.3 The wider elements of the model shown on the following page, are described below.
- 8.4 **Resident Voices:** a core group of residents with lived experience, supporting and challenging delivery of the Adult Social Care and Health Strategy. The group has membership on our Managing Demand Programme, the Health and Social Care Scrutiny Committee and Health and Wellbeing Board.
- 8.5 **Local Community Partnerships (LCP):** The six LCPs are co-supported by council and health partner resources, alongside Croydon Voluntary Action. Each has independent chairs, and developed localised commissioning plans.
- 8.6 **Partnership Boards:** The Boards are primarily subject matter expert led, with advocacy agencies supporting residents / resident voice on the Board.
- 8.7 **Active Lives:** Co-producing service improvements with our residents who use our directly provided sessional based day services.
- 8.8 **Shared Lives:** Co-producing service improvements with our residents who live in a Shared Lives placement.



■ Directorate supported
 ■ Healthy Communities Together
 ■ Other Council supported
 ■ Health

8.9 The most recent session was held on 31 August 2023. It focussed on the planning for the November 2023 Peer Challenge, related to the Care Quality Commission assurance programme.

8.10 A session will be held with the group in October, in preparation for the tender exercise for the strategic delivery partner procurement described above.

9 NEXT STEPS

9.1 Following receipt from Sub-Committee Members on further areas for focus, officers will prepare detailed reports for presentation at the designated future meeting.

CONTACT OFFICER:

Annette McPartland
Corporate Director, Adult Social Care & Health

LONDON BOROUGH OF CROYDON

REPORT:	HEALTH AND SOCIAL CARE SUB-COMMITTEE	
DATE OF DECISION	03 October 2023	
REPORT TITLE:	Health & Social Care Sub-Committee Work Programme 2023-24	
CORPORATE DIRECTOR / DIRECTOR:	Stephen Lawrence-Orumwense, Director of Legal Services	
LEAD OFFICER:	Simon Trevaskis, Senior Democratic Services & Governance Officer Email: simon.trevaskis@croydon.gov.uk Telephone: Extn:27207	
LEAD MEMBER:	Cllr Eunice O’Dame, Chair of Health and Social Care Sub-Committee	
AUTHORITY TO TAKE DECISION:	The Health & Social Care Sub-Committee is able to review and suggest updates to its work programme.	
KEY DECISION?	No	REASON: Not applicable
CONTAINS EXEMPT INFORMATION?	No	Grounds for the exemption: Not Applicable
WARDS AFFECTED:	ALL	

1 **HEALTH & SOCIAL CARE SUB-COMMITTEE WORK PROGRAMME 2023-24**

- 1.1 This agenda item has been included on the agenda to give the Health & Social Care Sub-Committee the opportunity to consider its work programme for the 2023/24 municipal year.
- 1.2 Set out in Appendix 1 is a copy of the work programme for 2023-24, which at this time, has only be provisionally planned until the next meeting. Following this meeting, further work can be undertaken to scope the areas suggested to allow the further development of the work programme.
- 1.3 At its meeting on the 6 June 2023, the Scrutiny & Overview Committee set the following principles as a guide for setting work programmes in the year ahead. The three principles are:-
 - 1. **The Public’s Money.** Scrutiny wants reassurance that taxpayers’ money is put to best use. At a time when the Council is making cuts to balance the books, it has no money to waste. In the middle of a cost-of-living crisis, every pound of public money should be valued. Scrutiny will aim to look at the impact of any financial decisions on the public and the Council’s finances, including knock-on effects.

We will aim to research best practice and to provide suggestions as well as criticism.

2. **The Public's Services.** Scrutiny wants reassurance that services are improving. This is about leadership, culture and organisation as much as it is about budgets. We will seek reassurance that even in difficult financial circumstances, we are still meeting our duty of care to the most vulnerable. Scrutiny will listen and learn from the public's experiences of service performance to guide its work on Croydon's transformation.
3. **The Public's Voice.** Scrutiny wants to make sure that the Council is transparent, open and engaging with the people it exists to serve. Scrutiny will monitor the planned improvements in governance for Croydon's local democracy, as well as inviting public voices into the Scrutiny process itself. The Mayor was elected on a mandate to "listen to Croydon" and Scrutiny will hold the executive to account for this pledge.

1.4 From an initial discussion with the Corporate Director for Adult Social Care & Health, The Chair and Vice-Chair, were advised that the key priority areas for the service were:-

- Delivering the required savings, while making sure they did not have a detrimental impact on residents.
- Delivering the Transformation Programme.
- Preparing for the CQC Assurance process.
- Croydon Adult Safeguarding Board – Annual Report.

1.5 The Sub-Committee has the opportunity to discuss any other items that it wishes to may wish to add to its work programme related to either health or social care.

1.6 The Sub-Committee is able to propose changes to its work programme at any time during the year, but in line with Constitution, the final decision on any changes to any of the Committee/Sub-Committee work programmes rests with the Chairs & Vice-Chairs Group, following consultation with officers.

2 RECOMMENDATIONS

2.1 The Health and Social Care Sub-Committee is recommended:

- 1 Note the most draft version of its Work Programme, as presented in the report.
- 2 Consider whether there are any other items that should be provisionally added to the work programme for scoping as a result of the discussions held during the meeting.

3 REASONS FOR RECOMMENDATIONS

3.1 Setting a work programme provides an opportunity for the Sub-Committee to ensure it is focussed on high priority issues affecting the services provided to residents.

2. WORK PROGRAMME

2.1 The proposed work programme is attached at Appendix A.

Additional Scrutiny Topics

2.3 Members of the Sub-Committee are invited to suggest any other items that they consider appropriate for the Work Programme. However, due to the time limitations at Committee meetings, it is suggested that no proposed agenda contain more than two items of substantive business in order to allow effective scrutiny of items already listed.

Participation in Scrutiny

2.4 Members of the Sub-Committee are also requested to give consideration to any persons that it wishes to attend future meetings to assist in the consideration of agenda items. This may include Cabinet Members, Council or other public agency officers or representatives of relevant communities.

Appendices

APPENDIX A: Work Programme 2023/24 for the Health & Social Care Sub-Committee.

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Health & Social Care Sub-Committee

The below table sets out the working version of the Health & Social Care Sub-Committee work programme. The items have been scheduled following discussion with officers and may be subject to change depending on any new emerging priorities taking precedent.

Meeting Date	Item	Scope	Directorate & Lead Officer
20 June 2023	Front Runner Pilot Scheme	The Health & Social Care Sub-Committee is presented with a report on the Discharge Integration Frontrunner programme, which aims to bring together transformation efforts from across Croydon to develop an effective, integrated system across hospital, social and community care.	Adults Richard Eyre
	HSC Work Programme	To discuss areas of scrutiny for inclusion in the Sub-Committee work programme in 2023-24	
3 October 2023	Croydon Safeguarding Adults Board – Annual Report	To review and comment upon the Croydon Safeguarding Adults Board annual report ahead of its consideration by the Mayor in Cabinet	Adult Safeguarding Denise Snow
	Transformation Update	To receive an update on the delivery of the three-year transformation programme in Adult Social Care.	Adults Richard Eyre
30 January 2024	ASC Budget deep-dive	The Health and Social Care Sub-Committee is asked to review the information provided on budget proposals.	Adults Richard Eyre
12 March 2024	CQC Assurance	To receive an update on the CQC Assurance process.	Adults
			Richard Eyre

Areas to schedule

The following items haven't been scheduled into the work programme but have been previously identified as areas of scrutiny to be scheduled during the year ahead.

Unallocated Items	Notes
A review of the cost of out of borough placements	Arising from the discussion on mental health provision in the borough
Commissioning for Community Sexual Health Services	To feed into the commissioning process of community sexual health services by the Public Health team.
Dementia Strategy	
CAMHS & SLAM	A review of the mental health services available for young people focusing on the transition between services.
Menopausal Health Services	To review the availability of menopausal services in the borough
Integrated Care System	To review the impact of the new ICS approach to services in the borough.
Dental Services	To review the provision of dental services in the borough.
Prostate Cancer Services	