

Croydon Council

REPORT TO:	ADULT SOCIAL SERVICES REVIEW PANEL 26 JUNE 2019
SUBJECT:	Croydon Adults Peer Review
LEAD OFFICER:	Guy Van Dichele Executive Director Health Wellbeing and Adults
CABINET MEMBER:	Councillor Jane Avis Cabinet Member for Families, Health & Social Care
WARDS:	ALL
CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON: This report addresses the following corporate plan priorities: <ul style="list-style-type: none">• Invest in the voluntary and community sector to reduce inequality and increase the resilience of communities and individuals• Expand the One Croydon Alliance from older people to the whole population where appropriate• Revise Croydon's joint mental health strategy to prevent mental health problems and ensure early intervention• Support the development of a culture of healthy living• Improve and reduce differences in life expectancy between communities• Build upon the support and assistance given to carers	
FINANCIAL IMPACT There are no financial impacts.	

1. RECOMMENDATIONS

- 1.1. To note the contents of the report.

2. EXECUTIVE SUMMARY

- 2.1. This report provides a progress update on the 'Borough Feedback' recommendations presented to Full Council in July 2018, which emerged from last June's London Association of Directors of Social Services (ADASS) 'Use of Resources' peer review.

3. PROGRESS UPDATE ON PEER REVIEW RECOMMENDATIONS

- 3.1. The report sets out the recommendations (highlighted in purple) from the peer review under their original thematic headings, and provides a current state (as of June 2019) health and social care system progress response.

4. OVERALL BUDGET RECOMMENDATIONS

- Low provider rates and the fragile market present a significant financial and operational risk. The work underway to identify the true cost of care will be the start to address this. The outcome of this work will need to be factored into the future budget preparation.
- Maintaining the focus on the risk-sharing arrangements within the Alliance will be crucial for the council's financial position.
- The challenge for service managers to continue transforming whilst retaining what is already being delivered and having sufficient capacity to do both.
- Budgets held at senior level – appetite for more responsibility at Team manager level. Continuing the recent cultural change could allow for more budgetary devolution – Could this be extended across all partners? Finance staff are aware of the opportunities to both support and challenge more if they develop their skills (e.g. modelling).
- Applying the same focus to under 65 services than has been given to over 65s would be beneficial (e.g. linkage of financial and activity).
- Service users are seeking reassurance on the future of the budget.

Progress

- 4.1. Nationally, in the Chancellor's Spring Statement he advised that a 2019 'Spending Review' will set three year government departmental budgets for resource spending. This aligned with the eventual publication of the long awaited social care green paper, and it's alignment to the NHS Long Tern Plan, are crucial elements to enable developing Croydon into an integrated care system (the Council and NHS); and to provide assurances on the health and care system budget and resource requirements for Croydon.
- 4.2. Locally, assurances that the health and care system is structurally prepared, can be assessed through key strategic developments, including; the signing of the One Croydon Alliance 10 year partnership agreement, publication for comment of the draft Croydon health and care plan, launch of the joint governance (committees in common) for Croydon Health Services and Croydon Clinical Commissioning Group; and with these organisations sharing a place based leader, expected in post by July 2019. Additionally, the Alliance (and captured in the Council's corporate plan and specific delivery plan) has approved scoping for the Alliance to move beyond a 65+ delivery model, to a locality based whole population integrated care system.
- 4.3. Within the adult social care disabilities service, a 'cost of care tool' has been developed that enables adult social care to forecast future budget requirements through a series of scenario based tests. For instance, the impact of reducing the ratio of residents in residential care, moving those where appropriate, to supported living; or increasing the number of residents in receipt of a direct payment. The One Croydon Alliance already has a series of agreed business cases (e.g. Out of Hospital) that have informed its 10 year agreement. Additionally for the Alliance, there is the need for a continuous system leadership level conversation on risk share and mitigation, in particular related to reallocation of budgets, and this continues to be part of discussions and decision making within the One Croydon governance processes.

- 4.4. The potential for joint and integrated commissioning arrangements across health and social care will be assessed in the journey to full integration by 2021. Working with partners in the One Croydon Alliance which is progressing to an all age model, appropriate commissioning decisions and the bringing together of strategic planning and commissioning intentions will be key milestones.
- 4.5. Fragility of the care market remains a concern, but work is progressing to address inequity in funding across providers. In the older people's provision, a 2% uplift was applied to all provision. For providers in the under 65s provision, the uplift strategy for this financial year will be based on taking a proportionate approach. Providers paid at the lower end will be uplifted in line with that of benchmarked averages. Providers at the higher end or who have recently had uplifts applied will not be increased. This approach will ensure greater consistency in rates paid with a view to undertaking blanket uplifts in future as currently occurs with the older people's providers. The Quality Monitoring Team undertake financial checks assessing the financial stability of providers they suspect are having financial difficulties which is considered as part of wider provider intelligence. A tried and tested provider failure procedure is in place.
- 4.6. Operationally, the new Council human resources and financial monitoring system, MyResources, is now live. In year budget forecasting and monitoring has now been devolved to team managers.

5. BENCHMARKING DATA

- Performance data – Outside of the Alliance, there is an opportunity to improve the triangulation of finance data with performance data. This should impact on practice and commissioning intentions.
- The new client management system provides the opportunity to resolve the current 'work arounds' which have impacted on data quality outside of the Alliance, and to consider a solid strength-based practice model (evidence – case audits).
- Further detail and analysis of data on the diversity of service users in receipt of direct payments could inform market development including personal assistants.
- Opportunity to develop shared insights from data analysis and intelligence to inform practice delivery.

Progress

- 5.1. The Council is implementing a series of new tools (below) that will support performance data both outside of, and inside the One Croydon Alliance. Ultimately these should all come together to support Croydon becoming an integrated care system by 2021.
 - Liquid Logic, the new case management system for adult social care.
 - ContrOCC, the finance system that links care and support plans and costs.
 - MyResources, new tool for Council staff to manage staff establishments, budgets, provider payments and income.

- Dynamic purchasing system, the system to procure all future care provision. In developing the strategy for the Dynamic Purchasing System (DPS), there has been close scrutiny of finance and performance data to inform commissioning plans.

5.2. Direct payments is a further key area of transformation in Croydon's adult social care service. The aim remains to increase resident choice, control and personalisation by putting in place the policies, systems and support to be able to increase our 500 residents with Direct Payments to over 1,300 and also significantly increase the amount of carers. Effectively making a direct payment the first choice for all community based care and support from December 2019. During 2019/20, key deliverables will include:

- Commission a Personal Assistant Development Service to skill up and increase the local Personal Assistant workforce.
- Implement the Virtual Wallet online Direct Payments System.
- Consult and agree on new Direct Payments policy.
- Produce new staff and resident guidance for Direct Payments.

5.3. Shared insights will also emerge from the One Croydon Alliance population health management workstream; which is focussed on improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities across the borough's entire population through use of data and evidence base. Additionally, the community led support, good conversations practice model being implemented in adult social care, will develop a performance and evaluation framework focused on individual care and support plan outcomes, tracking waiting lists and budgets, and staff learning and development. This model once successfully tested, is expected to move to One Croydon Alliance system level implementation.

6. COMMISSIONING AND THE MARKET

- The market position statement could be developed further by incorporating more granular analysis supported by performance and activity data so the need for different types of services is clearly quantified – e.g. how many people are coming through transition over the next 2-5 years, and scoping housing and support needs.
- The good practice, success and rigour around strategic commissioning and planning processes within the Alliance work could be applied more widely across all areas of commissioning to refine and develop commissioning priorities and plans to accelerate delivery in under 65 groups particularly mental health and learning disability.
- The approach to the Alliance has resulted in a clear understanding of the roles and skill mix needed to deliver – This learning could be applied more broadly to wider commissioning arrangements.
- There is an opportunity to further develop the understanding of the provider market issues through the planned work around the real cost of care. It will be important that this delivers the granularity needed to align the management of the care market with the Medium Term Financial Strategy [MTFS] strategy.

- Further development of Croydon's market to increase the proportion of services users with direct payments and full personalisation.

Progress

- 6.1. The market Position statement (MPS) had only very recently been completed at the time of the peer review. It had been uploaded onto the Croydon Observatory and has been promoted several times in conversations with providers, including at provider forums. It sets out the Council's current position and direction of travel for commissioning. Since publishing the MPS there has been a lot of work undertaken to further understand future demand including number of units required for supported living and the number of children who will transition to adult services. This will be included in the next refresh of the MPS with information about the detail of the commissioning strategy for the new dynamic purchasing system and the increase in direct payments.
- 6.2. The potential for joint and integrated commissioning arrangements across health and social care will develop. The One Croydon integrated contracting mechanism – the 'Service Operations Manual' can expand to include other types of provision, and joint priorities are being considered for the short and longer term.
- 6.3. Commissioners are supporting with the roll out of direct payments and the procurement of systems and external support including a personal assistants service. The last two provider forums have had a focus on direct payments and developing services and cost models that will increase market options for residents.
- 6.4. Overall, the monthly provider engagement meetings, which started about 18 months ago, have focussed on how we work together to find good quality, affordable housing for supported living in Croydon. The first meetings were held for disability and mental health providers on the Integrated Framework Agreement. As a result we developed a pen portrait process that has enabled us to set up 3 new supported living schemes and find new placements for over 30 people with complex health and care needs. We are now in the process of setting up 18 new flats for supported living with the providers that we have developed better relationships with.
- 6.5. As we progress, transform and integrate our provision to develop seamless care and support for our residents, we will develop new models of care that will require innovative commissioning processes and development of strategic partnerships, as well as in-house provision development.
- 6.6. The nature of the Dynamic Purchasing System supports innovation in commissioning, in that new providers can apply to the system at any time and new 'LOTS' – service categories can be added at any time, allowing for new models of care to develop in a timely way rather than waiting for long contracts to expire.
- 6.7. A focus on quality is imperative. Our commissioned providers will need to demonstrate how they meet the metrics in our outcomes framework.

7. MANAGING DEMAND

- Managing the market is an issue, particularly in dementia care where concerns raised regarding staffing ratios in nursing homes.
- A large number of care homes but high percentage of imported people and self-funders.
- Getting in touch – impact of digital transformation and online information: ensuring accessibility for all residents.
- An increased emphasis on asset-based interventions for people with Learning Disabilities in Transitions from Children's to Adults Services.

Progress

- 7.1. Commissioners and operational staff have been taking forward a number of actions to improve care and support in accommodation based settings. There is a workstream under the adult social care (Adapt) transformation board to take forward insourcing and redesigning several areas of care and support with a view to improving quality. Strategies are also being developed to enable more options to support with shifting the balance from residential care to more supported living models. This promotes the principle of least restrictive options for vulnerable adults and enables the Council to have greater control over the management of properties.
- 7.2. A paper is going to Cabinet later this year requesting permission to take forward the procurement of care and support via the dynamic purchasing system (DPS), and this will include residential and nursing care which are currently all spot purchased. This should provide greater stability for the market and the proposed quality ranking system will ensure those providers who are performing well receive the most business.
- 7.3. The market position statement and ongoing conversations with the provider market make it clear that we are seeking less residential care and more supported living options in Croydon. There has been a good offer of support for providers who want to pursue de-registration and have properties that can be developed into supported living. Nursing care options continue to be limited and it is anticipated that this will be addressed through the creation of the DPS, which won't guarantee business, but will give anticipated activity levels.
- 7.4. Due to be launched in the autumn, Croydon adult social care will have a new digital arm to its service offer - [adultsupport.croydon](https://adultsupport.croydon.gov.uk). In line with the Care Act, the website will enable residents and carers to access adult social care related information and advice, and a 'digital market place' of free and paid for services from the voluntary and community sector, and from private domiciliary and residential / nursing care providers. The website will also enable anyone with a direct payment to transact with service providers, and access a personal assistant (PA) register. The website does not replace face to face or telephone based support options, but compliments it. It is linked to the newly developed Croydon Adult Support team (the front door), which has pulled together the fragmented service for adults previously provided across the contact centre, centralised duty team and gateway service. Members of the public can now call directly into the Croydon Adult Support, where a team of social workers, health

and wellbeing co-ordinators, occupational therapists and safeguarding staff, can focus on a whole person / family approach.

- 7.5. The adult social care Adapt programme has two workstreams with interdependencies to the transitions from children's to adult services. The 'disability and commissioning workstream' is focussed on advanced care and support planning for those who will enter the adult service. The 'active lives workstream' is focussed on reducing the reliance on buildings based, non-sessional services; through an increased outreach locality based skills development offer; providing young people with a disability, a clear route to adulthood and independent living.

8. CONTROLS AND PROCESSES

- Challenges of ICT and different systems – What gets recorded? Solutions? Have not fully resolved ICT system integration and sharing/recording of info.
- Review of recording mechanisms that aid/prompt a strength-based way of assessment/ review.
- There is scope to improve the system for monitoring care spend – domiciliary and residential care.
- Outcome-based assessment? Not really clear how outcomes are being set at assessment and then reviewed. Robust evaluation of outcomes i.e. savings/budget and improved outcomes for service users, of Alliance and integration?
- Better understanding of revised continuing health care guidelines by some Adult Social Care staff will ensure appropriate share of risks. The mandatory training programme will begin to address this.

Progress

- 8.1. Croydon have rebranded its Information Technology (IT) service into Croydon Digital Services (CDS), with a new framework and approach in place to support adult social care and wider services to enable digital solutions. This includes the website adultsupport.croydon with embedded virtual wallet for direct payment users, and personal assistants register.
- 8.2. Work relating to the Croydon Digital 'systems' has prioritised the development and implementation of the new Liquid Logic adult social care case management system. As part of the move to an integrated care system, solutions will need to also focus on integrating this with One Croydon Alliance partner IT systems, wherever possible, and through robust joint discussions / reviews of partners systems.
- 8.3. Adult social care officers also attend the One Croydon Alliance IT Board where collaborative IT and Digital discussions for the future requirements of Digital systems are underway, looking at working better together, identifying a more robust customer experience, providing choice and control and also assessing where resources can be maximised and duplication is minimised.
- 8.4. On improving the system for monitoring care spend - domiciliary and residential

care; the successful implementation of the new adult social care Liquid Logic content management system, and the linked financial system, ContrOCC, will be key drivers to achieve the improved monitoring.

- 8.5. On outcomes / strength based assessments and reviews, as mentioned previously, the community led support, good conversations practice model being implemented in adult social care, will develop a performance and evaluation framework focused on individual care and support plan outcomes, tracking waiting lists and budgets, and staff learning and development. This model once successfully tested, is expected to move to One Croydon Alliance system level implementation. A key element of the 'good conversations model is that it enables staff and residents to focus on what is strong for the individual and their family / carer, not what is wrong.
- 8.6. One Croydon have a shared Health and Care Plan – a whole population outcomes framework has been developed to measure progress towards outcomes and service user experience.
- 8.7. Within the One Croydon Alliance a strength based approach is further evidenced in the LIFE service, where successful reablement depends on the development of person-centered goals toward which people will work with the support of the LIFE service. The LIFE reablement assessment and plan focusing on people's strengths and what they want to be able to achieve. Goals are a joint undertaking between the individual and the LIFE service. The plan is signed by both parties, which formalises people's commitment to achieving goals. Where appropriate, the individual's family and friends will also be involved in goal-setting.
- 8.8. Additionally the One Croydon Alliance community based, Personal Independence Co-ordinators, use the Short Warwick and Edinburgh Mental Well-being score and a Loneliness scale to measure impact on well-being and loneliness for people at 1st engagement, end of active engagement and at a 2 month review, along with personalised goals. In 2018/2019, 93.2% of personalised goals were met and in an evaluation of the well-being score from all clients until the end of August 2018, their well-being score on average improved from 22.9 baseline to 25.3 at end of active engagement to 26.8 at 2 month review (17% overall increase). The PIC Evaluation also evidenced from the focus groups that 88% of people reported improvements to their physical health, including increased mobility, weight loss, improved nutrition and overall health. It also evidenced that 15% were no longer housebound following intervention from the PIC service. Some quotes from the evaluation were as follows:
 - "I was stuck in my flat for nine months, now I can go downstairs into the lounge, my worker is helping me to venture further and I am thrilled"
 - "They helped me pick myself back up emotionally and got me walking again – Its wonderful"
 - "I was flat bound for 4 months then the PIC help me and I have gone on holiday, I cannot believe the change since they got involved"
- 8.9. On continuing health care (CHC), a new Hospital Discharge CHC pathway has been designed jointly by Croydon Clinical Commissioning Group (CCG) and the Council. This will be piloted for 6 months commencing in July 2019. This

pathway follows a 'Discharge to Assess' model whereby people with complex health and care needs will not have to wait unnecessarily in hospital for a full CHC assessment. Following a positive CHC checklist in hospital, the CCG will fund an interim care package to support them at home or, if appropriate, a placement in a nursing home, while they wait for a CHC assessment and eligibility decision. This will reduce the number of people delayed in hospital whilst a funding decision for their care is made and will increase the number of people who receive an assessment of their care needs in the community.

9. PARTNERSHIPS

- Ensuring that staff changes in partnerships do not dismantle the delivery. Provide reassurance to service users.
- Savings within the Alliance need to be distributed more quickly to where needed.
- Further develop end of life planning.
- Continue the focus on communications across partners.
- How to maintain the shared ways of working.

Progress

- 9.1. Croydon's health and care plan, to be published in July 2019, sets out a portfolio of programmes for integrating services for the whole population. The plan needs to close a significant financial gap across of the system of approximately £160m over 5 years as modelled in a do nothing scenario. The programmes within the plan deliver the strategic approach to:
 - focus on prevention and proactive care
 - unlock the power of communities; and
 - make sure local people have access to integrated services that are tailored to the needs of local communities.
- 9.2. The One Croydon Alliance will also consider its enablers such as integrated commissioning, contracting and delivery models and how to share and manage system risk, and develop an integrated workforce that is able to share information to deliver person centred care seamlessly.
- 9.3. The NHS Long Term Plan supports the direction of travel for Croydon's locality model of care – with the contracting of GPs into geographical Primary Care Networks, and proactive and preventative approaches.

10. GOVERNANCE AND PLANNING

- Servicing the Alliance model potentially time-consuming e.g. GP 'huddles' therefore needs to be continually reviewed.
- Opportunity as the Alliance model continues to mature to review and streamline the number of Boards.
- Incorporate the information on availability of services into the locality model.

Progress

- 10.1. A review of the One Croydon governance has been completed. With the changing national landscape of CCG's merging sub-regionally and locally Croydon CCG and Croydon Health Services NHS Trust aligning their organisations, this governance will need to continue to evolve, with expected shadow arrangements before moving to a more permanent governance structure by 2021. Our maturity and agility will provide assurance for the South West London NHS delegation process to Croydon's local 'Place' leadership.

11. NEXT STEPS

- 11.1. Croydon's journey to integrating its health and social care for our whole population has some significant milestones to achieve during the next 12 months. These will be reported through a number of system wide governance mechanisms, including Cabinet, Full Council, Health and Social Care Scrutiny, the Alliance Croydon Transformation Board and the Health and Wellbeing Board.

12. CONSULTATION

- 12.1. None specifically identified in this instance.

13. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 13.1. There are no direct financial implications arising from this report. However, it must be recognised that the provision of Adult Social Care Services is volatile and demand led and therefore the budget will need to remain under constant review and the continued implementation of service efficiencies is essential.
- 13.2. Approved by: *Lisa Taylor, Director of Finance, Investment and Risk and Deputy S151 Officer*

14. EQUALITIES IMPACT

- 14.1. As the One Croydon Alliance moves to a whole population model, changes to services will impact on residents who are under 65, and younger residents with disabilities who are due to transition to adult services. In all instances, where there are future changes being proposed to services, strategy or policy, equality impact analysis will be completed, to inform evidence based decisions.

CONTACT OFFICER:

Guy Van Dichele
Interim Executive Director Health Wellbeing and Adults

APPENDICES TO THIS REPORT

None