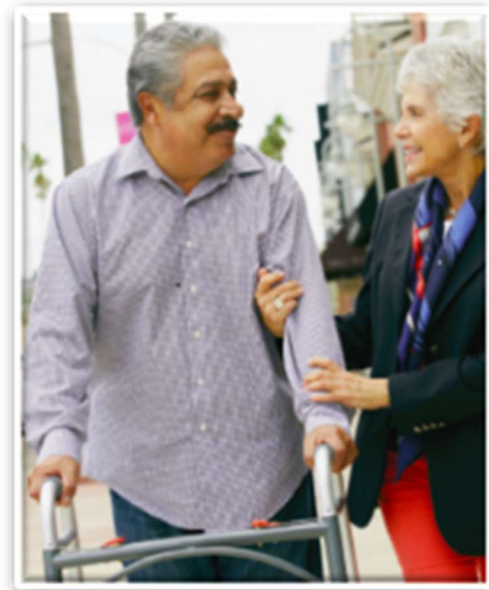


Croydon Council Adult Social Care & Health Strategy 2021 to 2025 - **DRAFT**



Croydon Council
Adult Social Care & Health Strategy – 2022 to 2025

**Enabling people to live in a place they call home,
 with the people and things that they love, doing the things that matter to
 them in communities which look out for one another.¹**

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¹ #socialcarefuture

Introduction

Councillor Janet Campbell - Cabinet Member for Families, Health and Social Care



Social Care is an essential part of the fabric of our society. Social Care at its best enables and transforms peoples' lives whether they need support with mental health, because of physical disabilities, learning disabilities, sensory impairment or because they are becoming older and in need of additional support.

Social Care supports people to work, to socialise, to care and support family members and to play an active role in their communities and, when necessary, protects people to keep them safe from harm. Adult social care in Croydon is also a major employer supporting local jobs and contributing to our local economy.

The number of people who might need adult social care services in the future is expected to rise significantly and Local Authorities have statutory duties to meet these needs. This Strategy outlines the approach we are taking to effectively manage these challenges within the resources we have available over the next 3 years.

In summary we have set out how we will:

- Keep adults safe who are at risk of abuse or neglect,
- Focus on preventive services which help to avoid problems from getting worse,
- Work with people to increase their independence, health and well-being to free up resources for those who most need them,
- Work with partners to provide more joined up health and social care services,
- Work with local people to design, develop and plan together new and innovative services which deliver better outcomes at better value; and
- Continue to manage our own finances and contribute to the financial stewardship of Croydon's 'public purse'.

Addressing the challenges facing Adult Social Care in Croydon

Annette McPartland, Corporate Director Adult Social Care



We are challenging and changing how we deliver social care in Croydon in order to improve your services, reduce our expenditure and live within the council's available resources. This will put adult social care in Croydon on a sustainable footing whilst ensuring that people who need services receive them.

However, our fundamental vision for adult social care remains - residents should live as independent lives as possible, carers are supported in their caring role and our adults at risk of abuse or neglect are kept safe from harm.

Our mission is to make the best use of available resources to keep people in Croydon safe and independent.

To achieve this, we must target our offer and be precise in what we can affordably do for our residents and utilise peoples' strengths to maximise their independence.

Where possible, we want to enable our residents to have their own front door, and to live in the borough and be connected to their communities.

This strategy will support the delivery of our core offer:

- Safeguarding adults at risk of abuse or neglect,
- Providing social care information and advice to all residents and their families who need it,
- Supporting residents who have care and support needs in partnership with statutory and voluntary sector organisations, in an asset-based approach underpinned by community led support,
- Providing support proportionately, ensuring we make best use of the resources we have available,
- Commission services that meet the delivery of the core offer and to have a sustainable and quality market for residents,
- Integration with health where it makes sense for local residents, and,
- Developing an integrated plan to manage the long-term effects of COVID.

Our key objective is to manage Croydon's activity and expenditure on adult social care to the London average or below for younger adults and the English average or below for older adults by March 2024, whilst fulfilling all our statutory responsibilities and ensuring that our adults are supported and those at risk of abuse or neglect are safe.

The Council will have a 'Cost of Care Policy' which will support the Adult Social Care Strategy and provide a quality and sustainable provider care market within Croydon.

Each year the Council will set out what it will pay as a minimum amount for care to providers, to ensure a sustainable market that provides excellent care, provides activities and care that is person centric and has staff development/retention as a key area.

Our strategy will be a live and evolving document; we welcome the new national policy paper – 'People at the Heart of Care: adult social care reform', and will evolve our offer in line with any new legislation.

Our #socialcarefuture

We all want to live in the place we call home with the people we love, in communities where we look out for one another, doing the things that matter to us and with the peace of mind that should we, our families or neighbours need some support from public services to do so, that it will be there for us.

Great support offered how we want and need it helps all of us to keep or regain control over our lives. It helps us connect and sometimes reconnect with the things that are most important to us and to realise our potential. By doing so, it allows us to keep on contributing to our communities, with the benefits rippling out to everyone.

By investing in this together we can create great support that works well for all and fits with our varied and complex modern lives. It will help us with challenges like balancing work with family life and supporting our parents and grandparents when we no longer live close by.

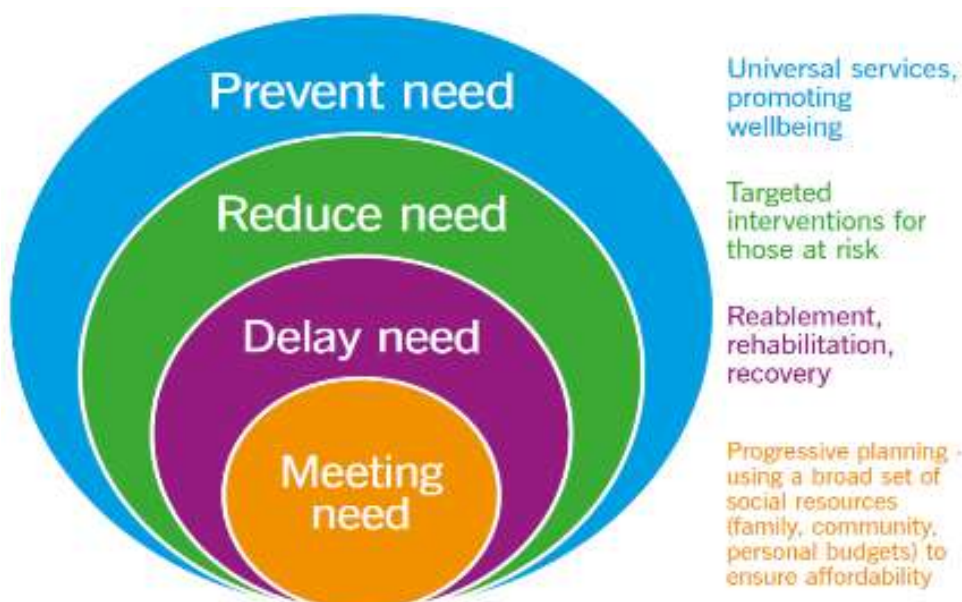
By all making our contribution to this we can demonstrate that everyone genuinely counts and ensure we are all able to enjoy a rich and rewarding life, irrespective of age or disability. By putting enough flexible, creative support in place, our longer lives can be something to be celebrated and looked forward to.

By investing together we can create reliable and effective social care support for everyone. By investing in social care, we can invest in us.

Strategic Approach: Prevent, Reduce and Delay

The model

To meet our obligations under the Care Act 2014 we are using a model which is 'layered'. The Model is designed to ensure that people can get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support and maximise people's independence. This is the model we will use in adult social care and health.



Prevent need

We will work with our partners to prevent people needing our support. We will do this by providing information and advice so that people can benefit from services, facilities or resources which improve their wellbeing. This service might not be focused on particular health or support needs; but is available for the whole population. For example, green spaces, libraries, adult learning, places of worship, community centres, leisure centres, information and advice services. We will promote better health and wellbeing and work together with families and communities, including local voluntary and community groups.

Reduce need

We will identify those people most at risk of needing support in the future and intervene early if possible to help them to stay well and prevent further need for services. For example, we might work with those who have just been diagnosed with dementia, or lost a loved-one, people at risk of isolation, low-level mental health problems, and carers. We will use a re-ablement approach with our residents and set realistic and ambitious goals with them to regain independence following a spell of illness, accident or admission to hospital for example. We will provide people with technology enabled care to limit the intrusive nature of care and promote independence.

Delay need

This will focus on support for people who have experienced a crisis or who have an illness or disability, for example, after a fall or a stroke, following an accident or onset of illness. We will try to minimise the effect of disability (acquired or from birth) or deterioration for people with ongoing health conditions, complex needs or caring responsibilities.

Our work will include interventions such as re-ablement, rehabilitation, and recovery from mental health difficulties. We will work together with the individual, their families and communities, health and housing colleagues, to ensure people experience the best outcomes through the most cost-effective support. We will offer re-ablement at each appropriate part of a person's journey through services.

Design principles

Our model for adult social care is underpinned by a set of principles, which aim to put the person in control at the centre of the service, and ensure that the support they receive can deliver the right outcomes for them and manage any risks appropriately.



The right person: people who need support are identified and prioritised.

The right time: to prevent things getting worse, increase resilience and maximise independence.

The right place: at home, in the community or in a specialist setting according to need and what is most cost-effective.

The right support: just enough to keep people safe and prevent, reduce or delay the need for long term help, delivered by the right people with the right skills.

The right partner: working more effectively with individuals, their friends and families and in partnership with other organisations to achieve more joined-up and cost-effective support.

Strengths based practice and community led support

Personal strengths and assets

Our work with people by supporting an individual's strengths and assets. We will:

- Have person-centred conversations, building a picture of each person's individual strengths, preferences, aspirations and needs.
- Provide any support needed to enable the person to express their views and participate in the conversations, including independent advocacy if required.
- Involve the person's wider social network (carers, family, friends, advocates) if that is their wish, and explore the support it may offer.
- Share information with the person in an accessible way so that they feel informed about care and support services, financial advice, safeguarding procedures, rights and entitlements, how to make a complaint, and personal budgets.
- Consider how to support and promote positive risk-taking; and
- Promote the person's interests and independence, including through contingency and crisis planning, and their preferences for future care and treatment.
- Enabling people to maintain their identity by providing culturally appropriate services that meet individual needs.



Community strengths and assets

Building a stronger connection between the person and their community is mutually beneficial. By bringing services closer to communities this brings strong local knowledge which can inform approaches to build on the strengths of individuals and those communities. Croydon has a diverse range of communities, we partner with providers who reflect the diversity of our community to enable people who access services to feel psychologically safe. We have a unique opportunity to do this through our work with Healthy Communities Together (HCT) supported by our Croydon's localities operating model.

We've based the elements of empowerment & engagement in our model on practical experience gained during Covid-19 of mobilising communities in this way, so that the new Local Community Partnerships will be in a position to develop community plans for each locality that are informed by local residents (engaged in the process by our Community Builders) and shaped by the voluntary and statutory practitioners working interdependently on the multi-disciplinary teams.

To achieve that shift in investment we now need to construct a localities commissioning model that responds to the community engagement and puts our principles – collaborating and co-designing service models – into practice.

Using the Communities Renewal Plan as a strategic framework we've started the local planning process through the series of Building Community Partnership meetings. We will ensure that local priorities inform routes to market and procurement strategies and in simplifying commissioning enable our local, grassroots groups to innovate in public service delivery.

Meeting need

We take a person centered approach, looking at the individual, their strengths and who they choose to support them. Once we have identified and explored what's available to someone within their family and community, any statutory support will be determined. There will also be the appropriate a period of reablement to maximise their independence. People who need our help and have been assessed as eligible for funding, will be supported through a personal budget.

The personal budget may be taken as a payment directly to them or can be managed by the council. Wherever possible we will work with people to provide a choice of help which is suitable to meet their outcomes. Whilst choice is important in delivering the outcomes that people want, maintaining people's independence and achieving value for money is paramount.

We will identify and eradicate any inequality in care quality or access to care ensuring people who access services can experience positive outcomes and be supported with regard to physical and mental wellbeing.

We will invest in, support and spread innovation, including harnessing the Internet of Things to revolutionise smart home technology, investing in remote monitoring of health and wellbeing, in telemedicine and assistive technologies.

We will harness the power of data analytics and Artificial Intelligence to better understand the factors that enhance peoples' wellbeing, as well as to deepen and expand the choice and control people are able to exercise over their own lives.

An area we are developing is the use of technology and digital tools to support independent living and improve the quality of care. The covid-19 pandemic has shown that technology can be a 'lifeline' to some people, but there are people in Croydon for whom this is a barrier. Working with partners we will up-skill and support our residents to get the most out of any digital offer.

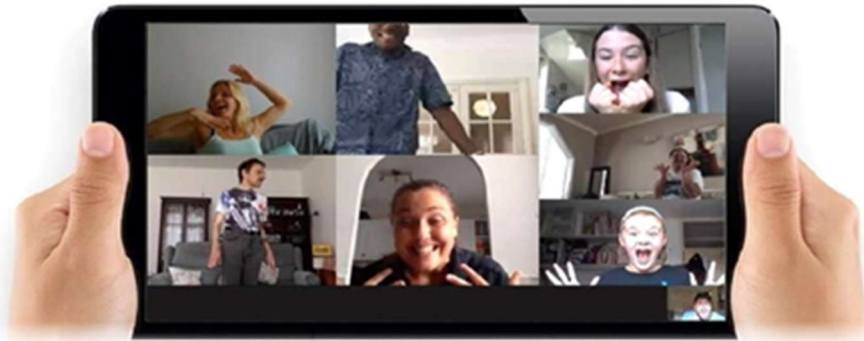
In March 2020 our Active Lives Service had to stop all physical meetings. The challenge was how could we ensure that we kept in contact with those we supported and how could they stay in contact with friends?

Friends connect was started and it has evolved into our Virtual Offer where we have a range of activities such as art, drama (with the Brit School), Tai Chi, quizzes, exercise classes and more.

We learnt that:

- People (staff and people who access our services) can 'learn' to overcome their fear of technology with patience and support
- Staff can be creative when given freedom and time
- Those that use our services are often more adaptive than we give them credit for

MT said that she was very happy to see her friends from active lives service. She loved the exercise, as they are helping her to keep fit and lose some weight. When asked about the workout, MT said: *'it is great! I especially enjoy the exercises with clapping'* MT stated that she would not change anything at the sessions and would like to continue them.



We will review our in-house directly managed services to ensure these resources play a strategic role in a mixed economy of care, are cost effective and re-patterned or repurposed to help address challenges in the capacity, sustainability and/or quality in the local adult social care market.

The commissioned provision will have a reablement focus in supporting people to be resilient and access support for as short a time as needed. Giving people control over their own budgets and care plans also delivers better and more cost-effective outcomes, through direct payments.

We will state our commissioning intentions annually through our Market Position Statement. This will include how we develop and maintain a sustainable provider market of care within Croydon.

Safeguarding

Keeping our adults with care and support needs safe, enabling them to manage the safeguarding risks in their lives, and protecting them from abuse and neglect is a priority for Croydon.

In promoting the wellbeing of adults in Croydon adult safeguarding is essential. Focus on the individual is at the heart of safeguarding is paramount. It is important that the person's views, wishes and beliefs are at the centre of any safeguarding intervention. The Mental Capacity Act 2005 and the '5 Principles' that underpin it gives a framework to support adults who may lack capacity in areas of their life. This framework is applied across adult social care.

A key function of adult safeguarding is supporting people who lack mental capacity, and are deprived of their liberty in order to prevent them coming to harm. Very often these people are placed in care homes or other supported environments. This is managed through the Deprivation of Liberty Safeguards (DoLS), a regulated process involving specialist assessments.

The Deprivation of Liberty Safeguards (DoLS) are being replaced with the Liberty Protection Safeguards, although at time of writing there is no definite date for implementation.

Adult Safeguarding only functions well, when the agencies work together to support the adult with care and support needs, who is at risk of abuse. To oversee this activity there is in place a statutory strategic board made up of senior managers across these agencies. This is the Croydon Safeguarding Adults Board (CSAB). It has a key function to assure itself that local safeguarding arrangements and partners act to help and protect adults with care and support needs.

Working in Partnership

Partnership in Croydon between the Council, NHS and voluntary sector is strong and mature. The One Croydon Alliance across its six partners are focussed on system financial sustainability and improved outcomes for residents through the Croydon Health and Care Plan.



The Shadow Health and Care Board is within its shadow budget year (2021/22) with

strengthened governance, financial and operational planning and transformation and a shared set of programmes to support financial sustainability and a shared understanding of impact, progress and risk. The Alliance will focus on community care and social care working closely with general practice and primary care networks to support our residents away from acute care with a focus on the prevention of a crisis and promotion of wellbeing.

The NHS Long Term Plan expects that NHS organisations to focus increasingly on population health so that there will be systems supporting Population Health Management (PHM) in every Integrated Care System (ICS) ensuring 'Place' plans meet local need.

Population health balances the intensive management of individuals in greatest need of health and social care, with preventative and personal health management for those at lower levels of risk. Accountability for a population's physical and mental health is shared across health and care organisations and communities, with interventions targeted at addressing not only the health needs of the population but also the underlying social, economic and environmental determinants of health.

Integrated Care Network + (ICN+) Person Story

Background

- Mr C is a 57 year old male who lives alone. He is a musician, he plays piano and guitar.
- He has a history of chronic fatigue syndrome and alcohol misuse. Mr C's memory has been made worse by a recent head injury which caused post traumatic amnesia.
- A referral was made to the Integrated Care Network + (ICN+) Pharmacy team as GP suspected non-intentional non-compliance with medication due to early request for more medication.

What did we do?

The pharmacist referred Mr C to the ICN+ Multi-Disciplinary Team (MDT) where a discussion took place, identifying more details about the resident and generating ideas for how best to support this gentleman. The ICN+ Pharmacist contacted the disability social worker and suggested service recommended by a Mental Health Personal Independence Coordinator (MH PIC) who are now working closely together to support Mr C.

Services Involved - ICN+ Pharmacist, Disabilities Social Worker, Mental Health Personal Independence Coordinator (MH PIC).

As a result of the ICN+ involvement Mr C is now...

- Able to self-administer medication as it is delivered in a format that meets his needs better.
- In receipt of shopping assistance and has also had support with his mobile phone as he required a replacement charger.
- Mr C's Social Worker has sourced a fridge freezer and fixed his TV.
- This case still open as Mr C has very complex needs so outcomes will take time but he now has ongoing support from the ICN+ pharmacist and specialist social worker, with the aim of ensuring he has a care package that meets his special needs.

Annex 1: Evaluating the impact of the strategy

Performance

General overview

The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

We will work at improving how we collect data to ensure that we are reaching all residents and no communities remain hidden and unable to access our care.

The key roles of the ASCOF are:

- Locally, the ASCOF provides councils with information that enables them to monitor the success of local interventions in improving outcomes, and to identify their priorities for making improvements.
- Regionally, the data supports sector led improvement; bringing councils together to understand, benchmark and improve their performance.
- At the national level, the ASCOF demonstrates the performance of the adult social care system as a whole, and its success in delivering high-quality, personalised care and support.

The ASCOF has a range of measures and outcomes grouped under four 'Domains':

1. Enhancing the quality of life for people with care and support needs.
2. Delaying and reducing the need for care and support.
3. Ensuring people have a positive experience of care and support.
4. Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

The Directorate will use the data within ASCOF to compare the impact and performance of Croydon Council's adult social care function with other local authorities in London and nationally.

The Directorate will identify where each of the measures under the 4 domains in Croydon are improving, deteriorating or staying the same, again in comparison to London and national performance.

Each measure falling below the first quartile nationally will be taken forward as areas for improvement and further scrutiny with staff and stakeholders, co-producing remedial action plans, including targets, milestones and any resource implications considered necessary to move performance in the first quartile.

Similar approaches will be undertaken using the following national returns in order to give a focus for evaluating current performance and what we must do to improve:

- The annual personal social services adult social care survey, which gathers information from services users aged 18 years and over in receipt of long-term support services funded or managed by social services.
- The biennial Personal Social Services Survey of Adult Carers, which gathers information from carers over aged 18 years

- Short- and Long-Term Support (SALT) collection which relates to the social care activity and is published annually based on data drawn from council administrative systems.
- Safeguarding Adults Collection (SAC) which is used to monitor safeguarding activity, with reference to the Care Act 2014,
- Deprivation of Liberty Safeguards (DoLS) Return to monitor activity with reference to the Mental Capacity Act 2005, and,
- Learning from Safeguarding Adult Reviews, Complaints and LGOSC

The Adult Social Care Market (Commissioned and Directly Provided Services)

The Care Quality Commission (CQC) inspections on adult social care Services assess the quality and safety of services, based on the things that matter to people. Inspections cover five key lines of enquiry (KLOE) about the service. These are:

1. **Are they safe?** Safe: people are protected from abuse and avoidable harm.
2. **Are they effective?** Effective: people's care, treatment and support achieve good outcomes, helps people to maintain quality of life and is based on the best available evidence.
3. **Are they caring?** Caring: staff involve and treat people with compassion, kindness, dignity, and respect.
4. **Are they responsive to people's needs?** Responsive: services are organised so that they meet people's needs.
5. **Are they well led?** Well-led: the leadership, management, and governance of the organisation ensure that It's providing high-quality care that's based around an Individual need, that It encourages learning and innovation, and that It promotes an open and fair culture.

The evidence across these KLOE are used to support the inspection report outcomes of Excellent, Good, Adequate or Requires Improvement. Again, data for Croydon from all CQC inspections outcomes and an analysis of the KLOE findings in each inspection will be undertaken to identify where local services are improving, deteriorating or staying the same again in comparison to London and national performance.

Where performance falls below the upper quartile the appropriate accountable and informed stakeholders will co-produce remedial action plans, including targets, milestones and any resource implications considered necessary to move performance in the first quartile. (Individual providers who have a rating of Adequate or Requires Improvement will have their own specific individual improvement plans).

We will work with the sector to agree an approach to 'open book accounting' so that financial performance for both commissioned and directly provided services can be undertaken to assess financial viability, risk and stability within Croydon's ASC market.

Such a financial assessment will run alongside the analysis of providers and organisations entering and exiting the market in the last 3 years, staff turnover, use of agency, absence rates and the gaining of qualifications.

Reablement services will have a particular focus on local performance compared to national performance specifically in relation to demand management, the immediate and sustainable impact on an individual's independence and the cost effectiveness of interventions.

Social Care Function (Assessment and Reviews Social Care)

We will conduct a comprehensive review of the accessibility and content of information, advice and guidance and evaluate the effectiveness of response to ASC queries and referrals 'at the front door' to understand whether skill-mix and practice supports asset/strengths-based approaches and the use of assistive technology, so critical to demand management, is right.

We will regularly assess the efficiency and productivity of Social Work teams, analysing the appropriateness of referrals, the application and effectiveness of asset-based practice, the impact of professional leadership and the quality of appraisal, supervision and effectiveness of practitioner case-load management. Capacity and skill mix appropriate to meet activity will be kept under regular review as will opportunities afforded by the development of Primary Care Networks and Integrated Teams to provide better outcomes at better value.

ASCOF, SALT returns and management dashboards will be used to review team performance, investigating the reasons for variance across teams, learning from the most highly performing teams to identify actions to raise standards across the service. Similarly, financial data will be used to compare patterns of spend across teams, understand variances and share learning to maximise financial stewardship across the service.

Commissioning Function

A review of the commissioning pipeline will be undertaken and the scheduling of activity to identify peaks and/or troughs and level these out through good planning. The capacity and skill mix of the commissioning team will be developed and aligned to an effective commissioning work-flow cycle. Implications of greater integration with the NHS and joint commissioning and transformation within the ICS landscape will also be kept under regular review.

An annual review of the effectiveness in the management of controllable costs, price inflation and an assessment of impact of non-controllable costs in the ASC market will be undertaken.

Governance and oversight

We will self-report progress and improvements through the production of our annual Local Account.

Internally to the Council we will be monitored and held to account by the Directorate's internal governance arrangements, Corporate Management Team, Members' Scrutiny and Cabinet.

Externally, progress and improvement will be monitored, evaluated and challenged by The Independent Improvement Panel, Healthwatch, the Croydon Adult Social Services User Panel and the One Croydon Shadow Health and Care Board.

We will focus on reducing inequalities and monitoring outcomes that indicate the direction of travel and transformation required to promote equal access for all Croydon's residents.

Annex 2: Useful supporting background

- To find out more about the specific levels of need now and what's predicted in the future:
<https://www.croydon.gov.uk/council-and-elections/policies-plans-and-strategies/health-and-social-care-policies-plans-and-strategies/joint-strategic-needs-assessment>
- Health and Wellbeing Strategy
<https://www.croydon.gov.uk/sites/default/files/Croydon%20Health%20and%20Wellbeing%20Strategy%202019.pdf>
- Croydon Safeguarding Adults Board (CSAB) website
www.croydonsab.co.uk
- Croydon health and care plan:
<https://swlondonccg.nhs.uk/your-area/croydon/croydon-our-plans/croydon-health-and-care-plan/>