

Preparation for Assurance **Peer Challenge Report**

London Borough of Croydon

November 2023

Final Report





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Background

London Borough of Croydon asked the Local Government Association to undertake an Adult Social Care Preparation for Assurance Peer Challenge at the Council and with partners. The work was commissioned by Annette McPartland, Corporate Director Adult Social Care and Health. Annette McPartland also acted as the Challenge Sponsor and selected three areas of focus:

1. **The resident journey:** How well do you know your adult social care customer journey and what are the experiences and outcomes for people who use services and their carers?
2. **Assurance, strategy and improvement approach:** How well does Croydon Adult Social Care identify areas of risk, challenges or opportunities that may impact on residents across Adult Social Care, (e.g., quality, performance, workforce and finance), and then drive and monitor improvement?
3. **Partnership working:** To consider the upcoming assessments of Integrated Care Systems and highlight any place-based gaps, areas of innovation and best practice.

A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. Peer challenges are improvement focused and are not an inspection. The peer team used their experience and knowledge of local government and Adult Social Care to reflect on the information presented to them by people they met, and material that they read.

As Preparation for Assurance Peer Challenge teams typically spend three days onsite conducting the challenge, this process should be seen as a snapshot of the client department's work rather than being totally comprehensive.

All information was collected on a non-attributable basis to promote an open and honest dialogue and findings were arrived at after triangulating the evidence presented.

The members of the peer challenge team were:

- Rob Persey, Executive Director of Health and Social Care, Brighton and Hove City Council
- Cllr David Fothergill, Leader of Opposition Somerset Council & Chair of LGA Community Wellbeing Board
- Conor Copas, Principal Social Worker, London Borough of Islington
- Mary Ogunlayi, Principal Occupational Therapist, Surrey County Council
- Kevin Beveridge, Area Director West Locality Cornwall Council
- Claire White, Challenge Manager in Training
- Abbie Murr, Local Government Association Associate

The team were in London Borough of Croydon for three days between 21st to the 23rd of November 2023. In arriving at their findings, the peer team:

- Held interviews and discussions with Councillors, senior officers, partners, voluntary and community sector agencies, people who draw on services and carers.
- Held meetings with managers, team leaders and frontline staff.
- Read a range of documents provided by London Borough of Croydon, including a self-assessment, and completed a case file audit of twelve cases and further re-audit of five cases using the Customer Journey Case Tracking Audit Tool.

Specifically, the peer team's work was focused on the Care Quality Commission (CQC) framework for assurance four themes for adult social care assurance .

Care Quality Commission Assurance themes

Theme 1: Working with people.	Theme 2: Providing support.
This theme covers:	This theme covers:
<ul style="list-style-type: none"> • Assessing needs • Planning and reviewing care • Arrangements for direct payments and charging • Supporting people to live healthier lives • Prevention • Wellbeing • Information and advice • Understanding and removing inequalities in care and support • People’s experiences and outcomes from care. 	<ul style="list-style-type: none"> • Market shaping • Commissioning • Workforce capacity and capability • Integration • Partnership working.
Theme 3: How the local authority ensures safety within the system.	Theme 4: Leadership.
This theme covers:	This theme covers:
<ul style="list-style-type: none"> • Section 42 safeguarding enquiries • Reviews • Safe systems • Continuity of care. 	<ul style="list-style-type: none"> • Strategic planning • Learning • Improvement • Innovation • Governance • Management • Sustainability.

The peer team were given access to approximately 300 documents including a self-assessment. Throughout the peer challenge the team had more than 34 meetings with at least 140 different people. The peer challenge team spent over 184 hours with the London Borough of Croydon, the equivalent of 24.5 working days.

Initial feedback was presented to the Council on the last day of the peer challenge and gave an overview of the key messages. This report builds on the presentation and gives a more detailed account of the findings of the peer team.

Key Messages

There are several observations and suggestions within the main section of the report. The following are the peer team's key messages to the Council:

Message 1

The DASS and adult social care and health leadership team have a comprehensive understanding of their local community's needs and have a robust vision for adult social care that prioritises early intervention and prevention. This vision is supported by the newly updated Adult Social Care and Health Strategy 2021/25.

Message 2

The Council takes great pride in its vibrant community landscape, boasting not only an impressive count of 800 official charities but also a staggering 1000-plus local community resources. This rich tapestry of voluntary organisations is a testament to the diversity and resilience of the local voluntary sector.

Message 3

Croydon is a vibrant and culturally diverse borough where community spirit thrives. This is seen by the community's ability to deliver the borough of culture this year despite having limited financial resources.

Message 4

While there have been some positive signs of improvement in data accuracy, data maturity has not yet been fully attained. As yet, data cannot be easily cleansed and real-time dashboards are not yet implemented which could greatly assist operational

managers in managing waiting lists, whilst providing robust oversight of operational performance and practice to the DASS and leadership team.

Message 5

There was compelling evidence indicating that the present mental health social care provision (administered through section 75 arrangements) was no longer equitable to other client groups across adult social care regarding quality, service delivery and fulfilment of statutory duties. This disparity may be attributed to potential role drift and a loss of clear social work/care identity as such the Council have plans in place to review current section 75 arrangements.

Message 6

The peer team identified a number of panel processes which in addition to other factors also considered placement/care packages costs. The peer team paid specific attention to these processes given there has been legal challenge nationally around panels that focus on costs and their role within the Care Act. However, following review the peer team were assured that the Council were acting in a Care Act compliant manner and that these processes added value and provided support to staff.

Theme 1: Working with People

Quality Statement 1: Assessing Needs

Adult Social Care Front Door

The adult social care front door is deployed by the Adult Early Intervention and Support Service (AEISS) and sits separately to the Council's corporate front door. Staff within this service are dedicated, professional and highly skilled. The key objective of the service is to provide appropriate and timely information and advice using a strength-based, community-led support approach, ensuring residents who contact the service, in the main avoid the need to access statutory services. Those residents who require

statutory support are referred to the appropriate team within the adult social care and health Directorate. Practitioners reported that 'proportionate good conversations' take place at the front door and information collected in the Council's adult social care database, Liquidlogic Adults' Social Care System (LAS), which carries forward to further assessment documentation within LAS to avoid duplication.

Self-serve portals have been developed to support demand management, and include adult, carer and financial assessments and professional referrals. The use of mandatory questions in the portals has been used to ensure comprehensive data input, and sign posting information sits within the portal assessments which removes demand on statutory services as people are signposted to community resources. The AEISS currently manage the self-assessment referrals as well as referrals from the community and professionals and all safeguarding referrals (which includes referrals from blue light services e.g. police via MERLIN reports and ambulance service).

Health and well-being assessors go out to the community with the aim of preventing reducing and delaying the need for statutory services.

Funding has been agreed to support the move to an integrated front door for Occupational Therapy referrals in line with the Managing Demand programme (discussed later in the report), with two Occupational Therapist Assistants recently appointed and ongoing recruitment to two Occupational Therapists in addition to project work around Technology Enabled Care (TEC) at the front door and reablement services.

Deprivation of Liberty Safeguards Authorisations

Croydon Council, as with the majority of Councils nationwide, faces backlogs of unauthorised Deprivation of Liberty Safeguards (DoLS) applications due to overwhelming demand surpassing available resources. The Council is acutely aware that no legal justification exists for unauthorised applications, as they function as the Supervisory Body and as a consequence are susceptible to judicial review.

The backlog of authorisations is duly documented in the adult social care risk register, accompanied by a series of robust control measures. These measures encompass collaborating with the commissioned advocacy service to establish a seamless administrative procedure for referring Deprivation of Liberty Safeguards (DoLS) applications, implementing a new DoLS framework, providing individual professional supervision and peer supervision for all Best Interest Assessors (BIA's), ongoing efforts to enhance DoLS business processes in LAS to minimise the time spent on report writing and to facilitate management oversight, organising quarterly provider forums to keep the managing authority informed about developments, temporary recruitment for the role of DoLS planner, and recruiting additional BIA's to augment capacity.

Workforce Capacity

Croydon adult social care has a workforce of 581 full-time equivalent staff spanning the adult social care and health directorate. The workforce demonstrates a commendable level of diversity, effectively reflecting the community's demographics. The Council has a centralised recruitment process, and substantial evidence supports their status as an inclusive employer.

South West London's adult social care workforce encounters significant challenges in recruiting and retaining employees. Consequently, the South London Partnership (SLP) commissioned the Social Care Institute for Excellence (SCIE) to formulate a strategy to effectively synchronise efforts among local authorities, the NHS, education and skills providers, and independent sector social care providers. The strategy is predominantly centred on the workforce of 34,000 individuals employed in South West London's adult social care sector e.g. employed by service providers in the independent sector and operate inside settings regulated by the Care Quality Commission (CQC). The broader workforce in South West London, consisting of 2,000 individuals employed in local authority adult social care positions and in the NHS, is regarded as integral to the recommendations and strategic opportunities that necessitate collaborative efforts across sectors. Underpinning the strategy, the Council

has produced a localised 'Workforce Development Project Plan,' and a new Workforce and Retention Development Officer has been recruited to support this project. In addition, the Council has commissioned 'Croydon Works', a local educational provider, to assess the existing recruitment pathways within the adult social care sector and explore new pathway opportunities.

Strengths

Community Led Support

In 2019, Croydon adult social care adopted the Community Led Support (CLS) and the Good Conversations and Strengths Based Model as its practice framework for adult social care. The National Development Team for Inclusion (NDTi) devised the approach and staff were consulted and trained in this new way of working by NDTi. Adult social care was restructured into 6 locality-based teams for the provision of Care Act duties and community development. The objective of the approach was to facilitate the transition of adult social care from conventional care management approach to a more proactive approach that empowers individuals and communities to independently determine the outcomes they wish to achieve, and how they can use their existing strengths and local networks to achieve their outcomes.

In addition, CLS highlights the importance of effectively managing public expectations of 'social services', whilst redefining the local 'offer' in collaboration with voluntary organisations and community groups at a local level. A main focus of the model is on ensuring people receive support quickly, before crises occur which requires a robust 'front door' that can effectively manage demand and capacity across the adult social care and health system.

Feedback from adult social care managers, practitioners, and local VCSE organisations concluded that the approach represents a positive and substantial paradigm change in how practitioners, organisations and local communities work

together. All those spoken to acknowledged the potential for growth and improvement, emphasising the collective commitment to enhancing the support infrastructure within the community.

Strength-Based Approach

The Principal Social Worker's 100-day report and subsequent development and implementation of strength-based audits highlighted that often the voice of the person was not very well heard in recorded 'good conversations and support plans. As a result, strength-based training was reinvigorated. Good examples were cited by practitioners and managers to illustrate the positive impact of such training.

Managing Demand Programme

To support the CLS practice framework and align adult social care and health activity and spending with the London averages for working age and older adults, the Director of Adult Social Services (DASS) has created a Managing Demand Programme for adult social care. The managing demand programme is founded upon the six steps to reducing demand in adult social care as outlined by the Institute of Public Care (John Bolton and Philip Provenzano, March 2017).

This is a large and impressive programme, led by the Strategic Commissioning and Improvement Teams, to ensure that adult social care continues to do more to manage demand and spend whilst maintaining sustainability so that residents achieve good outcomes and statutory functions are met. The managing demand programme has not only improved communication across the directorate and between other Council directorates but in addition has drawn out the strengths of Croydon as a Council as well as identifying areas of weaknesses. The programme has a number of key workstreams and projects, which will be discussed in more depth throughout the report in line with CQC themes and quality statements.

'Good Conversations'

Assessments are based on strengths-based 'good conversations' that draw on the adults' strengths, personal and community support networks and resources. The Principal Social Worker (PSW) is central in this space and is leading the way in implementing innovative strength-based training, strength-based audits (to ensure the voice of the adult is heard) and improvements to LAS (the adult social carers recording and reporting database) to support robust 'good conversation' and risk assessment recording. Practitioners spoken to voiced the importance of 'good conversations' and gave many examples of strength-based 'good conversation' assessment outcomes utilising local assets. It is evident that a culture shift has successfully taken place away from care management to a strength and asset-based approach.

Advocacy Contract

The Council currently commissions Advocacy for All who provide advocacy (both statutory and non-statutory), and work alongside MIND in Croydon who provide the Independent Mental Health Advocates (IMHAs). The service is funded via the Better Care Fund (BCF); this allocation is ring-fenced for this specific service in accordance with the agreed schemes of the Better Care Fund.

In April 2023, a consensus was reached to extend the current contract by a further 18 months, to enable the Council to evaluate and update its advocacy model and review current Key Performance Indicator's and Outcomes with the intention of them being aligned with the National Advocacy Outcomes Framework developed by NDTi. Work is underway to explore ways in which the adults and children's advocacy services could be joined up via a procurement exercise to ensure a streamlined approach to advocacy across a resident's lifespan.

Carers Quality Improvement Initiative

The 2021 Census reports that 28,831 Croydon residents (7.9% of the population) provide some form of unpaid care, with 49.8% of unpaid carers providing up to 19 hours of care per week and 27.2% providing fifty plus hour of care a week. It is likely that this is an underestimate considering those who are unrecognised within their

caring role. Local data depicts an emerging demand with an estimated 792 young people (66% under eighteen's) now registered with the young carers service.

Results from the Survey of Adult Carers (SACE) 2021-22 highlighted that only 20.7% carers who had received support or services felt they were very or extremely satisfied with the support or services they received in comparison to 32.4% reported in 2018-19. Furthermore, only 25.8% of carers indicated that they had as much social contact as they wanted.

Based on the performance data, feedback from carers, and insights gained from staff, the adult social care leadership team is fully cognisant of the necessary improvements required for improving the local carers' offer. Consequently, a carers quality improvement initiative has been established which includes a set of commissioning intentions as highlighted in the May 2023 Market Position Statement (MPS). New ways of working have already commenced which include work around identifying carers at an early stage to provide appropriate support, updating the carers strategy, recommissioning of the carers contract to incorporate respite services, and exploration of a collaborative commissioning opportunity for an all-age carers service.

Carers Partnership Board and Carers Centre

The Council hosts a Carers Partnership Board that convenes every quarter, with the board's governance strategically situated, to effectively tackle crucial issues about carers. Although the board enjoyed a significant attendance before the advent of COVID-19, it has needed support in maintaining its membership in the aftermath of the pandemic. Proactive strategies have been developed to reconstruct the board, encompassing recruitment initiatives targeting a diverse range of carers, including young carers, carers of children with additional needs, working age and older carers. Furthermore, comprehensive plans have been devised to assist newly appointed board members through the provision of easily accessible material, pre-meeting

briefings, and scheduling sessions in a manner that accommodates the diverse caregiving requirements of various groups. Additionally, meetings will be held in community settings and virtually.

The Carers Centre for carers, is seen as a indispensable lifeline for carers that functions as a sanctuary, providing a venue for socialising, fostering relationships, participating in non-caregiving activities, and exchanging personal stories.

The Carers Centre offers necessary well-being support and respite services without the need for appointments and prides itself on being "*intergenerational and intercultural*," catering to a broad spectrum of carers and establishing an inviting and inclusive environment. Trained advice workers manage an advice line accessible through both email and telephone conversations and also a cafe which open Mondays, Wednesdays, and Fridays.

All those spoken to shared the same view that the services and resources provided are 'outstanding'. The Carers Centre unequivocally demonstrates its commitment to improving carers wellbeing and health by offering robust support, promoting direct payments, and furnishing comprehensive information, advice, and signposting services.

Needs Assessment Waiting Lists

A substantial reduction in waiting lists for needs assessments has been achieved as a result of the introduction of a RAG rating system. Urgent cases (designated as red) receive same day visit/contact, Amber cases are seen/contacted within five working days and green cases within 28 days. Practitioners and managers reported that waiting lists for needs assessments are monitored weekly via LAS task tray reports, which provides robust management oversight across the adult social care and health directorate. In addition, there is a waiting list protocol in place which is subject to regular review by managers.

Considerations

Pathways into Services from Front Door

Front door into services is at times confusing and that connection points need to be simplified. In recognition of this issue, under the Managing Demand programme, adult social care has recently mapped all customer journeys from the front door into services to ensure there is a clear customer journey (pathway) across all client groups, and has updated the information and advice provided on the adult social care section of the Council website to provide clarity to residents on the different pathways into services.

Front Door: Neurodiversity, Homelessness and Care Leavers with Support Needs but no Care Needs

The Council has a number of young adults who present with support needs but no care needs. This client group largely consists of with autism and other neurodivergent conditions aged between 18 to 25 years of age who don't meet the mental health community teams thresholds or the learning disability thresholds. This has resulted in the front door holding these cases for 6-7 weeks to keep people safe and mitigate risks as there are no clear pathways in place.

Practitioners reported that at least 40% of homelessness cases they are working with at the front door are young adults identified as neurodivergent. Although there is a 'Autism Strategy and partnership board in place practitioners reported the need for clear pathways and service provision that focused on early intervention and prevention as well as a specialist learning disability qualified social worker and specialist autism and neurodivergent social worker based within the front door.

Senior managers clearly recognise that some workforce remodelling will need to occur, and a delivery partner has been sought to add pace and capacity to transformation aspirations.

Carers Respite

Several carers expressed their frustrations with the absence of respite services. The Council is well aware of the enduring frustrations experienced by carers and as such,

are reviewing and developing access to respite care and short breaks, as explicitly outlined in their May 2023 Market Position Statement.

Carers Assessments Waiting Lists

Front line practitioners shared how pathway for carers assessments had changed over recent years. Practitioners reported that historically they had been advised to refer carers to the Carers Centre for assessment and as a result very few carers assessments were being undertaken internally. However, the pathway has since been reviewed and improvements put in place to address this issue.

Currently there is a waiting list of 26 weeks for a carers assessment due to the confusion in the pathway which had resulted in all new referrals being passed to the Carers Centre.

Waiting Lists: Views of Residents

Although evidence was seen that waiting lists have significantly reduced across adult social care locality teams stories were shared by carers and those who draw on services regarding their frustrations stemming from the absence of named or allocated social worker/practitioner. Overall, carers felt their assessments and care needs are not adequately addressed, with a waiting list for carers' assessments adding to their frustrations.

Occupational Therapy (OT)

Occupational therapists (OT's) reported that current staffing capacity is a continual obstacle in meeting the ongoing demand and effectively managing a long-standing waiting list due to the number of vacancies (recruitment of OT's national issue). General Practitioners expressed concerns about the extended waiting periods for OT assessment and attributed this to inadequate resources provided by the Council and ICB (joint funded and staffed team). Consequently, health professionals have been actively seeking alternative means to access OT services. One such approach involves utilising falls clinics, which often have OTs readily available.

To tackle the issue of chronic waiting lists and ongoing demand, the occupational therapy service has created a duty rota. This operational measure has proven to be highly effective in expediting the waiting lists, significantly reducing 900 cases to 475 cases. A RAG rating system has been successfully established to effectively prioritise adults presenting with high levels of risk and complex needs. As a result, these adults are assured of an assessment within two weeks. For those who are not considered high priority, there is an approximate wait of eight months before receiving an assessment, a timeframe that both adult social care managers and the OT service acknowledge as unacceptable with OT waiting lists now recorded on the adult social care risk register. As such, workforce plans have been established to address the challenges posed and to support a greater focus in Information, and Advice and early intervention and prevention, resulting in the recruitment of two OT assistants at the front door and a further two front OT posts currently out to advert.

In addition, a Principal Occupational Therapist has been employed who is currently reviewing current processes with the view to implement new system approaches to address both capacity and demand issues as well as introducing apprenticeships and a preceptorship programme. Front-line practitioners reported that there is now a much simpler referral process, whereby they are able to successfully escalate concerns and priority for OT assessments in cases of high risk. In addition, the peer team found there to be mutual respect between social workers and occupational therapists, and it was apparent that there were good working relationships between services.

Reviews

Timely completion of annual reviews is an ongoing challenge across adult social care (as is the situation with the majority of adult social care departments across the country). In 2022-23, 36% of the total annual reviews were completed. Although low, this is a significant improvement compared to the previous year, 2021-22, during which only 19% of annual reviews were completed. A Reviews project group is in place to support with further reduction of the backlog. In addition, there is a robust management

oversight and reporting system in place regarding the backlog of reviews, which extends to the Performance Board and the Departmental Management Team.

The peer team identified that gaining a grasp on the backlog of reviews was essential. Firstly, considering the possibility that a portion of these residents may have experienced a reduction in their care and support needs that could potentially result in reduced to no costed support during a period of financial difficulty for the local authority, and secondly, the potential harm to the Council's reputation, not only from possible Local Government Ombudsman complaints that would be upheld if found that a review had not been completed but also from the impending Care Quality Commission (CQC) assessment of assurance given the low completion rate of reviews. Considering both these areas, the peer team was surprised to see that the backlog of reviews is not documented in the adult social care risk register, whereas the backlog of OT assessments is. The peer team proposes that the inclusion of the backlog of reviews into the adult social care risk register be deliberated by the Directorate Management Team (DMT) along with risk mitigation plans on how to rapidly reduce the backlog.

Quality Statement 2: Supporting People to Live Healthier Lives

Strengths

Prevention Framework and Managing Demand Programme

The Council's Prevention Framework is currently under review through the One Alliance Proactive and Preventative Care Board; this review will take place in relation to the wider review of Croydon's Health and Wellbeing Strategy and the Health and Care Plan.

Work is underway to further improve the early intervention and prevention offer at the front door which is being led via the Managing Demand Programme. The primary objective is to provide an integrated front door function which is essential in ensuring that all referrals and contacts with residents occur promptly and are managed by the

appropriate professionals. The peer team heard how the programme is being undertaken collaboratively with system partners to ensure the approach is embedded across the adult social care and health system.

One Croydon Health and Care Plan

The One Croydon Health and Care Plan Refresh 2022 – 24 prioritises early intervention and prevention. The strategy's objective is to assist individuals before issues arise while encouraging residents to take a more proactive approach to their health and wellbeing. Notable accomplishments thus far encompass the establishment of Community Hubs, which have effectively provided proactive advice and guidance about housing and benefits to 258 individuals between September 2020 and April 2021. Additionally, individuals have benefited from early intervention and prevention support delivered by Personal Independence Coordinators, resulting in a noteworthy average improvement of two points (as measured by the Short Warwick Edinburgh Mental Wellbeing Scale) in their overall wellbeing within two months.

Croydon Voluntary Action (CVA) and Simply Connect

Croydon Voluntary Action (CVA) based in West Croydon is an organisation that encourages and supports local community representation through voluntary action. CVA offers a building to hold group meetings, a straightforward way of volunteering and contact details of established groups across the local community.

Simply Connect, which is managed and delivered by Croydon Voluntary Action is a database that is kept up to date by dedicated volunteers whereby local VCSE organisations can sign up to simply connect and add their contact details and details of services. Since the pandemic simply connect is now more officially aligned with the Council, especially via the adult social care front door and across the Integrated Community Networks (ICN+).

Considerations

Prevention Space and Public Health

Public Health is positioned corporately, separate from the adult social care and health directorate, however, that a representative from public health does attend adult social care and health departmental management meetings. Despite this, Public Health appeared to be invisible in regard to the early intervention and prevention agenda. Furthermore, GPs and primary care colleagues reported that public health's engagement had diminished over recent years.

Technology Enabled Care (TEC) Offer

Further work is required to ensure practitioners understand the benefits of technology, what is available and how to go about assessing need for technology. In relation to the early intervention and prevention agenda the benefits of TEC were understood by the Council and as such the Council are in the process of seeking a delivery partner to review and make recommendations to improve the Councils current TEC offer.

Accessible information and advice

The existing advice and information contract, currently held by the Citizens Advice Bureau, has been extended for an additional year until March 2025. This extension will enable the Council to plan the contract's future strategically, aiming to optimise its impact. The Council are keen to ensure that the new contract encompasses not only advice and guidance on adult social care but also on public health, housing and homelessness prevention, debt advice, domestic violence and assistance for families, and support with benefits.

Adult social care information and guidance pertaining to accessibility and availability was raised by a number of carers and people who draw on services. This was in relation to clarity around residents' entitlements and expectations from social care and the Council website being 'confusing' and 'difficult to navigate,' and that guidance and information is often unavailable in the variety of accessible formats required by the adult and/or carer. The Council is well aware of these issues, and have prioritised a review of the adult social care pages of the Council website as a result. This process is nearing completion, with user testing a key component of the review.

Self-Directed Support

The current uptake for Direct Payments stands at 18.3% which is below the national average. Adult social care have established a Direct Payments Project with the aim to significantly improve independence, choice and control available to residents and move to a position where Direct Payments become the first choice for locality-based care and support and that any decision over whether or not to choose a Direct Payment will rest with the resident or their carer.

Quality Statement 3: Equity in Experiences and Outcomes

Strengths

Equality Strategy and Pledges

The Council has implemented a revised Equality Strategy 2023 - 2027, which offers a comprehensive overview of their commitment to equality. The strategy outlines the Council's equality objectives and measures to integrate equality throughout the Council in the upcoming four years. Multiple staff and managers spoken to by the peer team showed awareness regarding the strategy and could articulate several objectives contained in the strategy.

To support the strategy the Council has established two pledges which local organisations can also sign up to through the Council's website.

Hard to Reach Groups

A valuable resource accessible to the residents of Croydon is a specialised bus stationed at Fairfield Halls, catering to individuals with care and support needs and those experiencing homelessness who may encounter difficulties in accessing statutory services. Many of these adults have difficulty in engaging with services and community led support opportunities like the bus are used to connect with them.

Asian Resource Centre and Brigstock and Woodside Hubs

The Asian Resource Centre is seen by residents as a vital and successful community resource, which serves as a community hub along with the Brigstock and Woodside hubs. Residents can attend these hubs to receive information, advice and guidance on a diverse range of matters, including housing, benefits, mental health, and so on. Community Facilitators and volunteers work within hubs and have undergone training in strength-based 'good conversations'. Social prescribers, adult social care, and health staff also make referrals to the hubs. Furthermore, an extensive long-term condition outreach programme is delivered by the Black and Minority Ethnic (BME) Forum and Asian Resource Centre, encompassing community events, training community champions, and providing health checks.

Combatting Drug Partnership Board

The over-arching purpose of the Combatting Drug Partnership Board is to deliver the key outcomes of the National Drugs Strategy, "From Harm to Hope" - A 10-year plan to cut crime and save lives" The board is accountable to the local Safer Community Partnership and to the Health and Wellbeing Board.

The board currently oversees plans submitted for funding allocation of the Supplementary Substance Misuse Treatment and Recovery Grant, the Rough Sleeping Drug and Alcohol Treatment Grant and the future Housing Support Grant. In addition, the board identifies current and future substance misuse issues and the needs of the local community and ways in which the board and their associated action programme can help minimise the impact of substance misuse and improve residents' quality of life by working in partnership to tackle issues through shared targeted intelligence and evidenced driven interventions.

Considerations

Hard to Reach Groups: Housing

Adult social care recognise that further collaboration with housing colleagues is required to enhance their comprehension of the advantages of employing a strength-based approach when working with marginalised groups who may be reluctant to

engage with statutory services due to various factors. An illustration was provided of individuals with mental health conditions who are presented with eviction notices despite the possibility that earlier intervention and preventive measures could have averted such circumstances.

Equality, Diversity and Inclusion Board (EDI)

Despite the peer team's enquiries, it became evident that practitioners and managers spoken to possessed a limited understanding of the EDI board and its activities. The peer team also observed with curiosity that the PSW is notably absent from this board, which they considered strange, considering that one of the PSW's statutory roles is to advocate for equality, diversity, and inclusion across the workforce.

Implementation of Workforce Racial Equality Standards (WRES)

To further promote the significant work the Council are undertaking in addressing workforce inequalities they may wish to consider implementation of the workforce racial equality standards which are a statutory requirement of NHS organisations.

Theme 2: Providing Support

Quality Statement 4: Care Provision, Integration and Continuity

Strengths

Market Position Statement, Market Shaping and Sustainability

The Council have a robust Market Position Statement 2023 in place where the voice of the resident and those who draw on services and carers is clearly heard throughout as a result of the commissioning team actively engaging with the Resident Voice Group.

Croydon has the largest care market across all London Boroughs, with an impressive 311 registered care providers and 130 care homes. They have developed a clear and sustainable market cost of care strategy with clear pathways, ensuring a fair cost of

care within a three-year horizon as well as their commitment to aligning with the London minimum wage whilst staying within budget constraints is noteworthy. In addition, the peer team heard how the cost of care has helped establish stability in the market and improve communication between the Council and providers.

The Council has strategically benchmarked itself against LGA standards and utilised extensive data, including national wage consultations with South West London authorities to inform their strategy. The peer team heard how Care Cubed is used to identify appropriate cost of care and to shape the market away from one-to-one support if not required. Adult social care managers and commissioners clearly recognised and understood that the need to use this tool alongside robust needs assessments is essential.

The Council is actively engaged in market shaping efforts, collaborating with residents and those who draw on care and support services to discern their preferences. Collaborations with the voluntary sector, exemplified by the mental health well-being hub, showcase their commitment to meeting community needs. The Council recognises the importance of identifying necessary tools, education, and training, signalling openness to strategic discussions and their understanding of the interconnected touchpoints that influence the overall market strategy.

The Council has embarked on an aspirational journey in shaping care outcomes which includes moving away from time and task homecare to an outcome focused framework, as well as adapting existing and converted buildings to cater to the complex needs of residents and potentially incorporating long-term care, step-up, and step-down beds. In addition, the Council has undertaken significant work looking at overprovision by some providers to assure themselves of accurate levels of need. Examples of this work has included unplanned reviews in some establishments to look at the head count of carers on site against the record of how many residents are supported in a one-to-one way which is commendably proactive.

Provider quality team

The Councils Quality Provider Team comprises of Care Quality Officers who are responsible for overseeing regulated care services and supported living. Council quality officers and managers described rigorously reviewing contracts and robust contract monitoring via scrutinising contracts and reviewing contractual KPIs and outcomes.


Evidence seen suggests that the commissioning team employs robust performance management arrangements, providing visibility and assurance regarding the Councils Care Act duties related to quality and sustainability. The team actively reviews outcomes experienced by residents, utilising information on risk and performance to inform strategic resource allocation. This comprehensive approach reflects a commitment to continuous improvement and effectiveness in fulfilling the Councils Care Act obligations. In addition, the Council have worked closely with CQC to develop a single and clear risk assessment matrix and it was evidential to the peer team that the Councils focus is on the quality and improvement.

The Council knows their market well and monitor and drive improvement, working closely with CQC to achieve this. CQC reported that they have a good and well-established relationship in place with the provider quality team and the commissioning service and have monthly meetings with commissioning and adult social care as well as conducting provider engagement sessions 3 or 4 times per year.

The Council reported “*good quality local providers*” which is evidenced by 88.6% of providers rated as good or above by CQC. Residents placed outside of the borough were shown to encounter greater challenges in terms of the quality of care and experience poorer outcomes. The Council reported that their ambition is that by the spring of 2024 they will have no providers that are requiring improvement or inadequate.

Market innovation: Locality Commissioning Model

The Council takes great pride in its vibrant community landscape, boasting not only an impressive count of 800 official charities but also a staggering 1000-plus local



community resources. This rich tapestry of voluntary organisations is a testament to the diversity and resilience of the local voluntary sector.

Recognising the challenges that smaller organisations may face when navigating large tender processes, the Council has adopted a progressive approach through the locality commissioning model. In response to this, One Croydon Alliance, a collaborative initiative involving representatives from the Council, health, and voluntary sectors, has come together in partnership. The model aims to pool resources, share the burden, and create a more inclusive space for smaller entities that may not have the capacity to engage in extensive tendering.

The result of this collaborative effort is the development of a comprehensive community plan. This strategic document outlines collective actions that bridge the gap between various sectors, particularly health and social care networks. The plan is not just a theoretical framework; it has been the product of numerous engagement sessions involving residents and charities. These sessions have fostered a deeper understanding of community needs and aspirations, ensuring that the plan is not only comprehensive but also reflective of the diverse voices within Croydon.

The locality commissioning model acts as a pivotal agent in this process. It plays a crucial role in ensuring that financial resources are directed to the right parties, thereby supporting the effective and equitable delivery of services at the grassroots level. This ensures that the impact of initiatives is not only widespread but also tailored to the specific needs of different localities.

The success of this collaborative model is grounded in the relationships built over time, characterised by trust and shared respect. While acknowledging the diversity and maturity variations across different areas within Croydon, the collaborative approach stands out as a superior alternative to traditional commissioning delivery. This is particularly notable for its avoidance of a potentially counterproductive "bidding wars," ensuring that the focus remains on fostering community well-being and sustainable development.

Considerations

Voice of those who draw on services and their carers.

Various perspectives regarding the quality and timeliness of care and support services were shared by carers and those who draw on services. A carer expressed her satisfaction with the care given to her daughter as *"a tremendous help"* in assisting in personal care and meal preparation. Another adult who receives homecare services expressed their satisfaction with the care they received, describing it as *"consistent, flexible and reliable"*. A young adult recounted their successful journey towards independent living, aided by the invaluable support of *"dedicated carers."* They also expressed profound appreciation for the indispensable assistance their social worker and the Council provided.

Less favourable views and experiences were shared which focused on frustration regarding the lack of feedback and responsiveness from the Council. Several participants also emphasised a desire for a shift away from what they perceived as a crisis-centric model, where social workers are only involved in moments of crisis.

Quality Statement 5: Partnerships and Communities

Strengths

One Croydon Alliance: The Healthy Communities Together Programme

In 2021, the One Croydon Alliance was named one of six health partnerships in England to benefit from funding through The Healthy Communities Together programme, established by The King's Fund and The National Lottery Community Fund. The Healthy Communities Together programme is a four-year programme that has run for three years. It is a partnership between adult social care, health and the voluntary sector with the aim of supporting people in the community with a focus on early intervention and prevention. The alliance has allowed voluntary organisations to come together and help with matters such as obesity, mental health issues,

transformation etc. The funding is supporting partnership-working between the voluntary and community sector, the NHS and local authorities to support them make the most of their combined capability to improve the health and wellbeing of the local community.

Part of the programme has seen the development of six Integrated Community Networks (ICN+) that brings together adult social care, the Integrated Care Board (ICB), Health, South London and Maudsley Mental Health Services (SLAM) and VCS agencies with early intervention and prevention at the centre of continued service development. Health and well-being advisors go out to the community with the aim of preventing reducing and delaying the need for statutory services.

GPs shared that there had been eight years of hard work around the development of ICN + and huddles, with the initial aim to develop wrap around services based on a person's social care and health conditions. However, given the continued pressure on all services in terms of demand this has not been as effective as hoped but they continued to work towards this aim.

The ICN+ programmes aim is to promote collaborative multi-disciplinary team (MDT) working via huddles and multi-disciplinary team meetings with each ICN linked to a GP practice that reduces delays and duplication across agencies and ensures the person is seen by the right professional at the right time and place. Front-line adult social care practitioners reported the strengths of integrated partnership working and the benefits of having expert advice from health and social care professionals which results in improved outcomes for the person.

All professionals spoken to agreed that whilst on a noble and aspirational journey more work is required to ensure consistency with the ICN+ locality model due to the current variation of processes and working practices across the system.

Hospital Discharge – Frontrunner Programme

Ground-breaking work has been achieved by One Croydon Alliance which resulted in the system being selected as one of six trailblazers of the Hospital Discharge

Frontrunner Programme with integrated care funding of £800k. The programme is intended to support Council and NHS teams to work more closely together to improve care and support available in the local community and triple the number of residents to regain their independence at home after a hospital stay.

The peer team noted that as a system Croydon has invested considerable effort in refining the discharge process, establishing a clear two-step pathway and offering wrap-around services, predominantly nursing-led. The overarching ethos is *"to do with you, not for you,"*.

The Front Runner initiative has yielded positive outcomes, fostered a sense of unity and prioritised the mantra of doing the "right thing for the right person." The programme aspires to further enhance pathway 0, extending its focus beyond hospital discharge to proactive hospital avoidance strategies. The incorporation of rapid response beds, co-located spaces with therapy services, and the utilisation of trusted assessors for reablement underscore a commitment to comprehensive care.

Key outcomes identified for the success of the discharge project include early discharge planning, ensuring individuals receive the appropriate care package, understanding the allocation of resources, and establishing a supportive environment for carers to have a voice in the decision-making process. The aspiration is to continue building on the foundation that has been laid, fostering a collaborative approach that places the well-being of individuals at the forefront of the discharge process.

However, amidst these successes, challenges have surfaced, including issues with data collection, information accuracy, and IT-related obstacles. The existence of separate systems for health and social care has compounded the challenge of accessing information while working in the community.

Integrated Care System (ICS) and Integrated Collaborative Working

The ICS encompasses six London Boroughs, including Croydon, wherein each Director of Adult Social Services (DASS) assumes responsibility for a particular system

area, ensuring that the perspectives of the London Boroughs are well represented across the ICS. The DASS for Croydon takes the lead on older people across the system. There is a commitment from all partners to prioritise the wellbeing of all communities and the ongoing development of a range of preventative measures.

The depth of relations and strong long-standing foundations between health and adult social care has enabled strong system working across the ICS. There was evidence of considerable trust in partnership working relationships which was demonstrated in the positive impacts of ICN+. The best quote heard from a participant regarding integration during the peer programme was *“if every staff member could see the 20% added benefit of integrated working”*.

Considerations

Voluntary, Community and Social Enterprise Sector (VCSE)

Voluntary and community sector managers voiced their frustrations that the ‘system’ is not being clear about the role and contribution of the VCSE and that the ‘system’ needs to remember that the VCSE needs funding clarity alongside strategic clarity. VCSE managers reported that bureaucracy within the Council was a barrier to effective working with the Council, giving examples of the need to write bids, report on progress and the expectation of attendance at too many boards and meetings. A number of organisations reported that they had lost funding but had anticipated this and sought funding elsewhere to remain operational. Several participants described communication with the Council as *“poor,”* and not feeling heard by the Council. In addition, several participants of the session said that GDPR and data sharing issues were used as an excuse by the Council to continue working in a hierarchical way with a relationship that felt inequitable and a power imbalance that needs to be acknowledged and addressed by the Council.

These organisations stated that they are key partners and would like to do more to support local challenges but felt that the Council and system partners did not recognise

the significant value of the voluntary sector in delivering against their own agenda and stated that the sustainability of the voluntary sector services feels very uncertain.

Due to the challenging financial circumstances experienced by the Council as a result of three consecutive Section 114 notices and the Council's necessary funding constraints, the Council's relationships with the VCSE have been adversely impacted.

Relationships with Integrated Care Board (ICB)

There appeared to be a progressively challenging and tense relationships between adult social care and the ICB, particularly concerning Continuing Healthcare (CHC). Adult social care practitioners and managers expressed that they had all undergone extensive training in CHC and, as a result, possessed a high level of confidence and proficiency in completing CHC checklists. Nevertheless, practitioners have consistently observed that the default stance of the ICBs is invariably "no". In fact, one practitioner went as far as to assert that the ICBs were exploiting Section 91 of the Health and Care Act and used it as a pretext for every checklist. Practitioners reported frequently seeking legal guidance to assist them in addressing challenges and consistently ensure they have a solid evidence base to contest the CHC outcomes.

Housing

Senior leaders openly acknowledged the lack of investment in Council properties during the previous seven years and emphasised the need for significant transformation. A substantial housing programme has been developed to address the number of related housing issues across the Council with eighty projects that sit underneath the programme.

There was a recognition that supported housing for people with a mental health condition needs to be refreshed given the significant demand for housing and maintaining tenancies support. There are currently two contracts to meet the needs of people with mental health conditions. Hestia provide 140 units and Evolve provides twenty-seven purpose-built units in three properties. A floating support contract with Hestia is now aligned with the front door and can be accessed to support people who

do not meet statutory thresholds for adult social care but do have housing support needs, e.g. support with finances, paying tax and rent. The peer team agreed that this is a good preventative service that will support in reducing demand to adult social care, especially at the front door. In addition, there is now a partnership board in place to address housing issues for those residents with a mental health condition that has representation from adult social care, housing and the South London and Maudsley mental health trust (SLAM).

The recent restructure in housing has led to better joint working with an adult social care accommodation strategy in the process of being developed which will consider the future needs of people living in Croydon in collaboration with residents. Trusted assessors are now in place for housing relating matters and families who have no recourse to public funds. There are also plans to have a housing officer based in Croydon University Hospital to ensure that all pathways are explored for people leaving hospital. A rough sleeping and housing plan is in place for each rough sleeper with a number of pathways that link to the street drinking project and pathways into adult social care. Good relationships between adult's social care and housing were evident with staff working at the front door working closely with tenancy support officers and repairs colleagues.

Mental Health Social Care

South London and Maudsley NHS Mental Health Trust (SLAM) deliver Approved Mental Health Professional (AMHP) and mental health social care service provision via a Section 75 arrangement which has been in place since 2003. Other than the Croydon Integrated Adults Placement and Review Team there is no dedicated mental health social care service within SLAM. From undertaking the case file audits and meeting several mental health social workers and managers employed under the Section 75 arrangements it seemed that mental health social workers and managers had become primarily clinical practitioners and appeared to be led by the medical model rather than the psychosocial model of care and support. Questions were also raised by the peer team as to whether there was a possible dilution of basic social work

practise which may be resulting in mental health social care no longer being equitable with other client groups across adult social care in terms of quality and service delivery because of possible social work role drift, and a lack of social work identity.

Section 9 and 10 Care Act needs and carers assessments (and associated support plans and risk assessments) are recorded on SLAMs database and not migrated to the adult social care data base LAS, resulting in adult social care having no formal oversight. This is important in times of crisis, especially out of hours given the adult social care emergency duty services do not have access to the Trust's database. Furthermore, mental health social care practitioners working within SLAM are not using adult social cares 'good conversation' approach or templates resulting in an inconsistency in service delivery.

Needs assessments appeared to only being conducted when an individual required a funded package of care or residential/nursing placement, which is contrary to the Care Act, which mandates that an individual with 'an appearance of need' should be offered a 'proportionate' assessment of their needs. There was also no evidence that needs assessments, eligibility documents and support plans were being sent to the individual. The Care and Support Statutory Guidance is unequivocal in its requirement that all adults and carers who undergo an assessment/review be provided with a copy which should clearly indicate the eligibility outcome and, if necessary, include the agreed support plan.

With regards to governance and quality assurance of Section 75 arrangements, there is a lack of quality assurance and governance frameworks in place with no formalised mental health social care outcome focused key performance indicators (KPIs) in place. The peer team suggests the use of the Care Quality Commission nine 'we' quality statements (for adult social care assessment) as KPIs, which will provide evidence that the Councils statutory duties under Part I of the Care Act are being delivered under current Section 75 arrangements.

The adult social care leadership team expressed their concerns regarding the current mental health social care arrangements which has resulted in the mental health social care offer being recorded on the adult social care risk register. Commissioners have commenced discussions with SLAM and the Council plan undertake a full review of current arrangements.

Approved Mental Health Professional Service

The AMHP service is currently staffed by a duty rota of only 2.5 fte AMHPs that work office hours and 4fte AMHPs working out of hours with an office based 1fte AMHP Lead. The model utilised is a Hub and Spoke model meaning that a duty rota is in place and staffed with AMHPs who hold substantive positions throughout the adult social care and mental health services. All AMHP approvals, re-approvals and authorisations are signed off by the DASS.

AMHP Mental Health Act assessment reports, case recording and risk assessments are currently recorded on the SLAM database and not saved or migrated to LAS as is the case with needs assessments and reviews. It is strongly suggested that the Council reevaluate this current practice and consider that all AMHP reports and associated case notes and risk assessments are recorded onto LAS given that AMHP functions cannot be delegated under a Section 75 arrangement and the overall duty to provide sufficient AMHPS and their statutory functions lie with the local authority under the Mental Health Act 1983 (as amended, 2007). In addition, the Council should request a copy of the current AMHP register from SLAM, which all local authorities should hold, which contains the names of AMHPs, dates they were approved to act as AMHP and date approval expires along with evidence that 18 hours of training per annum related to AMHP practice has been undertaken by each AMHP on the register.

There was limited evidence of AMHP performance KPIs and no indication of routine quality assurance of AMHP reports and practice. As such the Council may wish to consider adopting the national AMHP Service Standards([LINK](#)) which would ensure consistent practice and robust AMHP procedures as well as governance and quality

assurance arrangements that should produce reportable data that could be utilised to review current practice/processes and identify where there are areas of challenge.

Theme 3: Ensuring Safety

Quality Statement 6: Safe Systems, Pathways and Transitions

Strengths

Preparing for Adulthood, Transitions and Complex Care Pathway

Historically, the Transition Service maintained a waiting list of more than 200 cases. However, since the service has moved from children's social care to adult social care a remarkable improvement has been achieved with now only 4 new cases awaiting allocation. In, addition a historic large overspend has also been significantly reduced.

To date, everyone over seventeen has been allocated, with evidence of close collaboration with children's services. The transfer of notes from Child Learning Disability Services (CLS) to the Local Authority Service (LAS) is executed seamlessly, ensuring a confident care system transfer. A recent task and finish group identified the need for improvement, particularly addressing parental anxiety from age 14 onward. Data sets are now in place which enable the service to reliably forecast demand. Case load management varied based on the complexity of cases, with an average of 25 to 28 cases which is within best practice guidelines.

The Council takes pride in being proactive in jointly funding complex cases, with co-production with young adults and their parents/carers being a key priority for the service. Active Lives a learning disability and autism service supports the transition of adults, recognising the increasing complexity of individuals coming through the system. The service offers valuable training, such as Positive Behavioural Support training, which has received positive feedback.

Safeguarding Adults Reviews (SARs)

Independent SAR authors are commissioned via the Croydon Safeguarding Adults Board (CSAB) and complete reports using the CSAB report template to ensure consistency. A progress tracker table is in place that monitors the progress of SARS which is shared amongst all agencies. Recommendations from SARS are audited every six to twelve months to ensure that actions have been implemented and outcomes achieved. Reoccurring SAR themes are addressed via multi-agency training and learning events as well as three-minute briefings.

CSAB Maturity and Partnership Working

The CSAB has an independent chair in place who is an ex-police officer and there is senior representation from adult social care, police, health, ICB, fire brigade, ambulance service and a person with a lived experience. Regular executive partner meetings are held between the CSAB chair, the chair of Croydon Safeguarding Children Partnership, the DASS and the chair of the Croydon Community Safety Partnership.

CSAB Safeguarding Literature, Policy and Procedures

A 'Keeping You Safe' presentation which was collaboratively created with individuals with lived experience and carers has been shared extensively across the local community through roadshows and targeting various groups such as the Asian resource centre, the BME forum, memory clinics, and Mind groups. It is worth noting that the presentation was tailored to suit the specific needs of each audience.

A comprehensive multi-agency transitional safeguarding process has been established, and a preliminary policy has been created, albeit pending approval.

The Council are in the process of drafting a PiPoT multi-agency process and procedure which will go to the CSAB for partnership signoff.

Considerations

Risk and Vulnerability Management Panel

A Risk and Vulnerability Management Panel is in place that meets monthly and is attended by staff from the adult social care front door, police, domestic violence workers, anti-social behaviour workers, housing and fire brigade. However, practitioners and managers found it difficult to articulate the purpose and function of this panel and whether it was a strategic or operational panel. The Council may wish to consider a review of the panel's terms of reference to ensure the panel has a clear objective and staff across adult social care are clear of its purpose.

CSAB Annual Report

During the peer session with the CSAB the peer team were informed that an annual report and business plan was in place that had been coproduced with one person with lived experience. However, on reviewing the CSAB website no publication was found. It is recommended that the strategic plan is published on the CSAB website given that Section 43 of the Care Act 2014, states that each Local Authority is required to establish a Safeguarding Adults Board for their area and must also publish an annual report setting out details of what it has done to achieve objectives within its strategic plan and steps taken to implement the learning from any Safeguarding Adults Reviews undertaken during the period.

In future the CSAB may wish would consider implementing a lived experience and carers focus group or workshops to support with the development of the CSAB annual plan and forward strategic priorities.

CSAB Partnership Safeguarding Outcomes

Partnership safeguarding key performance indicators (KPIs) are in place, however the peer team found these to be focused on outputs rather than the outcomes experienced by adults involved in safeguarding intervention. In addition, the peer team were informed that the CSAB often experiences difficulties in accessing data from the police and health partners as well as issues regarding the quality of data received. However, the Council was stated to be excellent at providing good quality data to the CSAB.

The CSAB may wish to consider implementation of the National Safeguarding Standards which includes a set of outcome focused standards for SABs as their outcome focused KPIs.

Quality Statement 7: Safeguarding

Strengths

Despite continued safeguarding demand at the front door there was evidence of robust triaging of safeguarding concerns against the three stage statutory test. In addition, all staff across adult social care have to complete mandatory safeguarding training, including how to conduct a safeguarding enquiry ensuring that making safeguarding personal principles and approaches are adopted.

Considerations

Section 42 (1) and (2) Process

The Council has implemented an online safeguarding portal, allowing professionals and the general public to report any concerns regarding safeguarding. The management of this portal is overseen by the adult social care front door.

Unfortunately, despite extensive efforts by the peer team to understand the operational safeguarding model the process remained unclear. However, the DASS and leadership team are well aware of the challenges and as such a Head of Safeguarding has been recently appointed, whose responsibility includes evaluating the existing safeguarding pathways and processes at the front door, as well as throughout the adult social care and health system and to adopt new and sustainable ways of working in regards to safeguarding.

Section 75 Safeguarding Processes

Responsibility for the safeguarding of working age adults who are under the care of community mental health services sits with SLAM under Section 75 arrangements. Recording of safeguarding concerns and enquiries and related case notes and risk

assessments are all recorded on the health database which adult social care do not have access to.

SLAM have adopted an alternative documented format for the triaging of safeguarding concerns and completion of safeguarding enquiries rather than using the Councils' documented reports held in LAS. This has resulted in a lack of continuity in both safeguarding practice and process. In addition, there are no shared care records in place and no arrangement for read-only access to each organisation's databases which would support comprehensive risk assessment and management. It may be prudent of the Council and SLAM to consider in partnership, implementation of a shared record or read-only access of each organisation's databases to ensure each organisation has access to an adult's full history and customer journey.

The peer team could not locate any reporting data regarding waiting lists, such as the quantity of safeguarding concerns awaiting triage, safeguarding enquiries awaiting allocation, or safeguarding enquiries that have been open for over three months. Without this data the Council cannot be confident that the discharging of their safeguarding statutory duties under the Care Act are being delivered in a timely, safe and effective manner by SLAM. Given the Council remain responsible for the oversight, quality assurance and management of Section 42 safeguarding activity under the Care Act, it is crucial that they have both data and robust quality assurance measures in place.

Theme 4: Leadership

Quality Statement 8: Governance, Management and Sustainability

Strengths

Council Corporate Vision and Strategy

A Mayors Business Plan 2022 to 2026 clearly sets out the Mayor's vision for Croydon over the next four years. The plan focuses on five areas of which the role of adult social

care is one. Improved outcomes and the safeguarding of adults with care and support needs, children and young adults are a clear objective of the Mayors plan as well as restoring pride in the borough.

The DASS has a corporate voice which is heard and listened to at the corporate top table. There is a close working relationship between the Mayor, Lead Cabinet Member for Health and Social Care, the DASS and the adult social care leadership team. The Mayor attends six weekly meetings with the adult social care directorate leadership team and the Lead Cabinet Member for Health and Adult Social Care meets weekly with the DASS with a focus on ensuring required governance is in place across adult social care. Additionally, there is a Mayoral Advisory Board weekly, which was describe as a 'safe space' for the DASS and Corporate Management Team (CMT) members, where critical challenge can take place which evidenced robust governance and oversight of strategic operations.

Those spoken to in the CMT conveyed a resilient CMT in which the Council tends to approach challenges from a corporate standpoint. The Chief Executive has prioritised building a strong CMT and closer working with strategic key partners across the integrated Care System. CMT work as one collective unit and as a Council know themselves very well, both in terms of what they do well, where they have challenges and the journey, they need travel to get to where they want to be, *"we own our past, but it does not define us or where we are going."*

Adult Social Care Vision and Strategy

The DASS knows the needs of the local community well and possesses a robust vision for adult social care that is focused on early intervention and prevention, which is reinforced by the Adult Social Care and Health Strategy 2021/25 (recently refreshed in 2022). The DASS, supported by a strong and skilled adult social care leadership team know themselves well and clearly articulated to the peer team the areas of challenge, gaps, improvements and support required. There are comprehensive and realistic transformation and improvement plans in place which along with the adult social care

and health strategy are monitored regularly and seen as living documents. Adult social care practitioners and managers expressed enthusiasm and passion for continued positive change to ensure the best possible outcomes for the residents of the Croydon.

Visible Leadership

The DASS and adult social care leadership are clearly visible and approachable. Staff reported feeling 'listened to' by the DASS and leadership team and it was apparent that managers and practitioners held the DASS and leadership team in high regard. Heads of Service are proud that many of them have remained despite three Section 114 notices and COVID and see improving adult social care services for the residents of Croydon as their collective responsibility. Front-line practitioners reported that their managers were 'accessible and supportive' with an 'open door' policy in place.

Corporate and Adult Social Care Risk Registers

A comprehensive Adult Social Care Risk Register is in place which consists of current risks across the adult social care and health directorate along with risk mitigation plans. The register undergoes regular scrutiny by the adult social care leadership and CMT with plans and outcomes updated.

Considerations

Performance and Intelligent Use of Data Reporting

The Performance Board is chaired by the DASS and performance leads meet with the DASS fortnightly to look at performance indicators in the Mayor's plan. There is a lack of real time accessible data dashboards and currently, reports are produced weekly with snapshots of data. Some data information is available from spreadsheets that feed Power BI reports that can be used to self-serve such as provider activity. Although some managers reports are available these are not actively being used by managers as managers reported they were not as user friendly as the weekly snapshot. However, an adult social care dashboard is in development which will provide a range of real time information, for example, how many people are in residential care, what are the

committed costs, waiting lists etc. Although adult social care is beginning to feel more confident about the accuracy of their data, and there is indeed evidence of green shoots, data maturity and confidence has not yet been achieved.

Quality Assurance and Practice Audits

A Quality Assurance Framework (QAF) has recently introduced (September 2023) across the adult social care and health directorate. Although green shoots were identified the new approach to quality assurance and regular audits will take time to embed. An audit tool has been developed based on the Principal Social Worker (PSW) Network Audit Tool which the PSW has customised to make it more accessible and less time consuming to use. Presently, the audit process pertains exclusively to closed cases; however, by 2024, a plan is in place to extend the audit scope to encompass open cases. This expansion will allow timely intervention while the case remains active.

The adult social care leadership team acknowledges that implementing the new auditing procedure is an integral component of a transformative cultural shift within the directorate that must be undertaken to establish a routine auditing practice. The Quality Improvement Board, led by the DASS, is reaffirming the requirement and importance of regular audit returns to maintain an ongoing level of oversight over the quality of practice, performance, and service delivery.

Scrutiny and Health and Wellbeing Boards

Conflicting perspectives were heard regarding the effectiveness of the Scrutiny Board with some members believing the board to be effectively conducting a significant function in supporting and improving the adult social care agenda whilst others felt that corporate systems and processes were complex and that it was time to move away from this level of governance and have faith in adult social care given the journey they have been on over the last two years and the significant improvements they have accomplished.

The Local Government Association (LGA) is currently supporting the redesign of the Health and Wellbeing Board function and delivery and a cross party workshop is in the process of being planned. Healthwatch (who are represented on both Scrutiny and Health and Wellbeing Board and have voting rights for the latter) reported how they are welcomed onto other Council committees and boards and feel through this they do have a local line of sight in representing resident views. More recently they have been commissioned to bring the resident voice into the refresh of the Health and Care Strategy. However, they reported that Councillors needed to do more than attend meetings and should be proactively reaching out into their local communities via a programme of visits. The NHS reported that although the intent of both Scrutiny and the Health Wellbeing Board is good agendas do not always feel as clear as they could be.

Quality Statement 9: Learning, Improvement and Innovation

Strengths

Feedback is Acted on and Used to Drive Improvements

The Adult Social Care and Health Improvement Board, oversees and drives the continued improvement of the Directorate's services, ensuring that improvements embedded across the service are sustained and progress is made in areas that still require improvement.

There is a shared awareness that customer satisfaction is not optimal across the directorate and as such the directorate is proactively seeking feedback and exploring initiatives such as self-addressed postcards, visits to the Carers Centre and Age UK to garner insights and opinions from service users.

The Voice of Residents and Coproduction Arrangements

Much work has been done around pathway mapping with the aim of always keeping the Croydon resident at the heart of everything that takes place. It is recognised by senior leaders that as a result of the challenging financial situation the Council needs

to not only rebuild trust with the community but also actively listen and act on the community voice.

To promote the voice of the local community numerous boards across the Council have representation from residents who draw on services and carers, such as the Managing Demand Board, the CSAB and the Scrutiny and Health and Wellbeing Boards. There is also significant evidence of coproduction work taking place in commissioning especially regarding homecare.

Dedicated, Skilled and Knowledgeable Workforce

The Councils adult social care workforce are skilled, knowledgeable, passionate and committed to the residents of Croydon. There is a distinctive academic and research culture across the directorate. The Council use a central recruitment model and there was significant evidence that they are an inclusive employer.

There is a robust training offer that includes Care Act, legal literacy, safeguarding, mental capacity and DoLS training to name but a few. This was supported by numerous accounts from staff of a robust training and development package, with one staff member stating, *“we have a really good academic culture, you are supported to develop professionally.”* A learning and development matrix for staff across all roles has been developed to ensure that managers are aware of the training requirements for all their staff. There are also a number of subject matter experts across the directorate who provide in house training. Two new social work practise leads will shortly be recruited to help support with targeted learning and development interventions across the directorate which includes those adult social care managers and practitioners working in integrated teams and within community mental health settings.

Due to the limited resource in the Learning and Development Team it is not possible to report on individual staff training undertaken. The peer team recommend that this position is reviewed by the adult social care leadership team given that CQC will request a list of all training undertaken by the adult social care workforce.

To support consistent practice and process across the directorate all policies, procedures and practice guidance is managed with Tri-X a web-based database that is accessible and updated on a regular basis.

In terms of registration for Social Work England, the PSW has negotiated four days protected time for social workers to undertake Continuing Professional Development (CPD) activity with a support programme in place. In addition, the newly appointed Principal Occupational Therapist is developing something similar for occupational therapists.

ASYE and Apprentices

The Assessed and Supported Year in Employment (ASYE) programme was perceived as supportive with a reported culture of learning and that the PSW was highly accessible, providing workshops and support. The buddy system within teams was commended, but challenges surfaced when individuals sought opportunities to shadow different teams.

Role of the Principal Social Worker

The PSW not only has a direct line of sight to the DASS but also plays a crucial and enthusiastic role as a senior leadership team member. Having held the position for only a year, the PSW has developed a 100-day report highlighting deficiencies in supervision, quality assurance, and concerns about the dilution of social work practice of Council staff working in community mental health settings under Section 75 agreements. With regards to each of these areas (other than the dilution of social work practice) the PSW has implemented solutions to improve quality assurance and move practice forward. Furthermore, the PSW has introduced the adult social care Excellence Awards which is seen as a very positive way to improve morale and motivate staff.

Considerations

Staff Wellbeing and Culture

The wellbeing of staff (regarding low staff morale) was raised as an issue by a number of managers and practitioners who stated that high caseloads and waiting lists create anxiety and impact upon their wellbeing. The Registered Social Workers Health Check Report 2022 reported a wellbeing rate of 75%, however, only thirty registered social workers responded to the survey meaning that this outcome cannot be generalised across the directorate due to the low response rate.

In contrast the peer team heard reports of staff feeling '*valued*' and their '*professional opinions listened to*' and that there had been a positive cultural change over the last two years, with practice now being driven by the PSW. In addition, the Practitioner Forum, which has a direct line of access to the DASS was highly valued by practitioners. One practitioner stated, "*it is very different to place to three years ago, the culture was negative, and everyone was leaving, but now managers and leaders have an open-door policy, which makes you feel like you belong*".

Examples, were shared, illustrating instances where apprentices and students chose to remain in Croydon, attesting to the dedication of the workforce. Despite the challenges over recent years, practitioners conveyed a strong sense of commitment and spoke highly of their managers, underscoring the overall dedication and resilience of the workforce. Numerous testimonies from staff were heard, reporting how they felt supported by their line managers and senior leadership team. Many staff spoken to had a proactive attitude to overcoming challenges and taking a partnership approach to achieve best outcomes which should be commended.

Supervision

In early 2023 the PSW sent out supervision questionnaires across the adult social care and health directorate. A thematic analysis of responses highlighted that not all staff were in receipt of regular monthly supervision and some staff had not received supervision at all. As a result, in September 2023 the newly developed Supervision Framework was implemented across the directorate, along with a two-day mandatory two-day training course and regular supervision casefile audits. The adult social care

leadership may wish to assure themselves that regular supervision is now taking place by way of an anonymous survey and further supervision casefile audits.

Case File Audit Findings

The peer team considered 12 cases in the audit and a further 5 cases that had been audited and reaudited using the Customer Journey Case Tracking Audit Tool.

Strengths

- In 76% of cases responses were timely and met with local requirements
- In 92% of cases local policies and procedures had been followed, i.e. safeguarding policies, MCA etc. either fully or partially (67% fully and 25% partially).
- In 92% of cases information had been shared appropriately between agencies
- In 93% of cases all entries were clear, eligible and dated.

Considerations

- In 58% of cases positive outcomes from interventions had not been recorded as achieved
- In 58% of cases progress against the outcomes had not been recorded
- In 50% of cases there was partial evidence of analysis and critical thinking

Immediate Next Steps

We appreciate the senior political and managerial leadership will want to reflect on these findings and suggestions to determine how the organisation wishes to take things forward.

Whilst it is not mandatory for the Council to publish their report, we encourage Councils to do so in the interests of transparency and supporting improvement in the

wider sector. If the Council does decide to publish their report, the date at which the Council chooses to do so is entirely at their discretion and would usually be at the culmination of an internal governance process.

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice, and guidance on several of the areas for development and improvement and we would be happy to discuss this.

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For more information on the peer challenges and the work of the Local Government Association please see our website: [Council improvement and peer support | Local Government Association](#)