

<b>REPORT TO:</b>	<b>Full Council</b> <b>09 July 2018</b>
<b>SUBJECT:</b>	<b>Croydon Adults Peer Review</b>
<b>LEAD OFFICER:</b>	<b>Guy Van Dichele</b> Executive Director Health Wellbeing and Adults <b>Richard Simpson</b> Executive Director of Resources and s151 Officer
<b>CABINET MEMBER:</b>	<b>Councillor Jane Avis</b> Cabinet Member for Families, Health & Social Care
<b>WARDS:</b>	<b>All</b>
<b>CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON:</b>	
<p>The Croydon Adults Peer Review supports the Council's key strategic priorities with regard to prevention and early intervention, promoting and sustaining independence, well-being and good health outcomes for Croydon residents. The outcomes are aligned to the Ambitious for Croydon promises:</p> <ul style="list-style-type: none"> <li>• creating growth in the economy,</li> <li>• helping residents be as independent as possible,</li> <li>• and creating a pleasant place in which people want to live</li> </ul> <p>The outcomes are also aligned to the Community strategy outcomes:</p> <ul style="list-style-type: none"> <li>• a place of opportunity for everyone</li> <li>• a place with a vibrant and connected community and voluntary sector</li> </ul>	
<b>FINANCIAL IMPACT</b>	
There are no financial impacts.	

## 1. RECOMMENDATIONS

- To note the contents of the report and appendices.

## 2. EXECUTIVE SUMMARY

- 2.1. In June 2018 (20-22<sup>nd</sup>), invited by the Executive Director for Health Wellbeing and Adults, Croydon Council hosted a Peer Review team from the London Association of Directors of Social Services (ADASS). London ADASS work together to improve and develop services in the adult social care sector in London.
- 2.2. It is not an inspection or driven by external requirements or reported to Government. The aim was to support self-evaluation and service development.
- 2.3. The focus of the review was 'Use of Resources', with the review team using an agreed methodology. A self-assessment with supporting evidence was prepared by the Council, in partnership with external colleagues across the One Croydon Alliance and Croydon Clinical Commissioning Group.
- 2.4. Over the first two days, staff, external partners and residents, took part in a series of focus groups and interviews. In addition there was also a service user case file audit, delivered by the review team principle social worker.
- 2.5. On the final day of the review, a 'Borough Feedback Presentation' (see appendix 1) was received. The report was provided in the spirit of self-directed improvement and identifies good practice as well as areas for reflection which may suggest ways of improving services.
- 2.6. The headline information is set out below:
  - Croydon knows where it is doing well, and the areas it needs to develop
  - Croydon and its partners have a culture that is open, flexible and transparent
  - Health and social care integration in Croydon is backed up by a strong vision, ambition, enthusiasm and knowhow
  - Staff and partners spoke about a positive cultural change over the last two years
  - Croydon should consider incorporating the wider population; building on the work already undertaken with older people within the impressive One Croydon Alliance model
  - Overall the review team said that Croydon should '*continue what you are doing as it is clearly working*'.

## 3. KEY PEER REVIEW INFORMATION

### Structure of the self-assessment

- 3.1. The 'Use of Resources' peer review focused on the budget, commissioning, partnerships and governance. There was also a particular focus on our older residents' receiving services through One Croydon Alliance.
- 3.2. The self-assessment was an account of our strengths and weaknesses, a brief context of the borough and its population, current position, challenges and aspiration for the future. It was a cross-Council collaboration, with input from finance, Commissioning & Procurement and One Croydon Alliance.

3.3. The self-assessment covered the areas listed below. This set the tone and outcome of the review; that Croydon knows where it is doing well, and the areas it needs to develop.

- Overall budget
- Benchmarking data
- Commissioning and the market
- Managing demand
- Controls and processes
- Partnerships
- Governance and planning

### Structure of the focus groups

3.4. The table below expands on the key areas of discussion for each focus group. In each instance, the self-assessment document would have been used as a reference point.

Focus group	Purpose
<b>Strategic overview</b>	The kick off focus group with strategic leads; it focussed on the 'big picture' scene for Croydon over the next few years.
<b>User group</b>	Two resident representatives from the One Croydon Alliance governance structure met with reviewers. They focussed on their involvement in shaping the Alliance, and experiences as residents using local services.
<b>Finance</b>	Finance leads from the Council, CCG and One Croydon Alliance discussed financial challenges, innovation and delivering savings, controls and processes and the prospects looking ahead.
<b>Operations</b>	Front line staff and operational managers discussed and shared their experiences on the realities of commissioning intentions and system integration.
<b>Commissioning</b>	Commissioning leads from the Council, CCG and One Croydon Alliance discussed commissioning challenges and innovation including, a focus on moving more people to supported living; market management and failure, quality concerns, provider relationships and fair price of care.
<b>Partnerships</b>	Strategic leads from across the Council, CCG, providers, One Croydon Alliance and local voluntary and community sector discussed partnership approaches to the Better Care Fund, pooled budgets, Continuing Health Care; the impact of the Sustainability and Transformation Plan, impacts of hospital discharge in the local system, and the One Croydon Alliance.

## **Structure of the interviews**

- 3.5. With the focus moving towards use of resources for our older residents, in total 18 interviews based on the self-assessment, were held with strategic leads from across the One Croydon Alliance (Croydon Council, Croydon CCG, Croydon GP Collaborative, Age UK Croydon, and South London & Maudsley NHS Foundation Trust).
- 3.6. Interviews were also held with social workers, performance leads and providers.

## **Borough Feedback Presentation**

- 3.7. The core elements of the feedback where actions or further consideration should be considered, are set out below.

## ***Overall budget***

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

## ***Benchmarking data***

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

## ***Commissioning and the market***

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

## ***Managing demand***

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

## ***Controls and processes***

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

## **Partnerships**

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

## **Governance and planning**

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

## **4. NEXT STEPS**

- 4.1. Following the publication of this report, an action plan, to be signed off by the Cabinet Member for Families Health & Social Care, in conjunction with the Executive Director for Health Wellbeing and Adults, will be developed with service leads and external partners.
- 4.2. It will focus on ensuring the learning and activity required is owned by the local health and social care system, and that is embedded in both relevant divisional and commissioning plans; and within the One Croydon Alliance.

## **5. CONSULTATION**

- 5.1. None specifically identified in this instance.

## **6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

- 6.1. There are no direct financial implications arising from this report. However, it must be recognised that the provision of Adult Social Care Services is volatile and demand led and therefore the budget will need to remain under constant review and the continued implementation of service efficiencies is essential.

*Approved by: Lisa Taylor, Director of Finance, Investment and Risk and Deputy S151 Officer*

## **7. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER**

- 7.1. The Solicitor to the Council comments that there are no direct legal implications arising from the report at this stage. The Council is aware it has a duty to make arrangements for the provision of services to meet the assessed eligible needs of individuals. The Council is entitled to do so in the most cost effective way.

*Approved by: Ms Doutimi Aseh Head of Social Care & Education Law on behalf of the Director of Law and Monitoring Officer*

## **8. HUMAN RESOURCES IMPACT**

- 8.1. Whilst there are no direct Human Resources implications arising from this report for Council employees, the content is likely to have an impact on the future service development, which may have HR implications. Where that is the case, the Council's existing policies and procedures will be observed and HR advice sought at an early stage.

*(Approved by: Debbie Calliste, Head of HR for Health Wellbeing and Adults on behalf of the Director of Human Resources)*

## **9. EQUALITIES IMPACT**

- 9.1. There are no equality impacts specifically identified in relation to this peer review. However the feedback does point at consideration to be made on services to residents who are under 65, and younger residents with disabilities who are due to transition to adult services. In all instances, where there are future changes being proposed to services, strategy or policy, equality impact analysis will be completed.

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**CONTACT OFFICER:** *Guy Van Dichele*  
*Interim Executive Director Health Wellbeing and Adults*

**APPENDICES:** **Appendix 1** - Feedback Presentation - Use of Resources - Croydon