

<b>REPORT TO:</b>	<b>HEALTH AND SOCIAL CARE SUB-COMMITTEE 28 NOVEMBER 2022</b>
<b>SUBJECT:</b>	Balancing Adult Social Care Legislative Duties with the Available Financial Resource
<b>LEAD OFFICER:</b>	<b>Annette McPartland</b> Corporate Director of Adult Social Care and Health
<b>CABINET MEMBER:</b>	<b>Councillor Yvette Hopley</b> Cabinet Member for Health and Adult Social Care
<b>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</b>	<b>Annette McPartland</b> Corporate Director of Adult Social Care and Health
<b>PUBLIC/EXEMPT:</b>	Public

<b>ORIGIN OF ITEM:</b>	This report was requested by the Chair of the Sub-Committee to seek reassurance
<b>BRIEF FOR THE COMMITTEE:</b>	The Health & Social Care Sub-Committee is asked to review the challenges, risks and mitigations used, when balancing adult social care legislative duties with the available financial resource, with a view to seeking reassurance that the budget reduction is being delivered without compromising the Council's duties to provide care.

## 1. EXECUTIVE SUMMARY

- 1.1. The Health and Social Care Scrutiny sub-committee has requested a paper from the Adult Social Care and Health Directorate, setting out the challenges, risks and mitigations used, when balancing adult social care legislative duties with the available financial resource.
- 1.2. In addressing the request, this paper first provides an outline on what is adult social care and the national eligibility criteria. It then moves to describe the statutory role of the Director of Adult Social Services (DASS), who through setting the vision and strategy, and developing the governance and system partnerships; enables the delivery of services mapped against the eligibility criteria and resource availability, to meet local demand and safeguard residents.

## 2. WHAT IS ADULT SOCIAL CARE?

- 2.1. Health care manages down risks, so people don't get/stop being unwell. Social care is about taking measured risks to help people live a normal life. Adult social care is not free. Nearly everyone pays something, although most care is provided through informal (unpaid) care. People must meet the Care Act eligibility criteria before they can receive funded or arranged services.

- 2.2. The latest population estimates for Croydon is 390,800 people, this is now the largest population of the 32 London boroughs (Census Data 2021). Croydon's population is growing and expected to reach just under 500,000 by 2050. This means how people look after themselves and how health and care services work together to care for people needs to change.
- 2.3. Croydon Council and its partners will not be able to afford to support this increase in the population within the resources available unless we begin to operate and commission differently. Services are under pressure, so we need to continually look for ways to:
- manage demand, through our 'Prevent, Reduce, Delay Model'.
  - reshape what we offer and what we commission.
  - secure new investment.
- 2.4. We want people of all ages to enjoy good health and wellbeing, this means preventing avoidable illness. Through our One Croydon Alliance, a partnership between the local NHS, Croydon Council and Voluntary Sector, we are reviewing and assessing the wellbeing needs in the borough along with the existing services and facilities to meet those needs. The [Croydon Health and Care Plan](#) (2022-24) sets out the approach for improving health and wellbeing in Croydon.

### **3. THE CARE ACT 2014 - ELIGIBILITY CRITERIA**

- 3.1 The Care Act (2014) introduced a National Eligibility Criteria for care and support to determine when an individual or their carer has eligible needs which the local authority must address, subject to means where appropriate.
- 3.2 The criteria under the Care Act for adult social care when the needs arise from (or relate to) a physical or mental impairment or illness that results in them being unable to achieve two or more of the following outcomes which is, or likely to have, a significant impact on their wellbeing:
- Managing and maintaining nutrition.
  - Maintaining personal hygiene.
  - Managing toilet needs.
  - Being appropriately clothed.
  - Being able to make sure of the home safely.
  - Maintaining a habitable home environment.
  - Developing and maintaining family or other personal relationships.
  - Accessing and engaging in work, training, education or volunteering.
  - Making use of necessary facilities or services in the local community, including public transport and recreational facilities or services.
  - Carrying out any caring responsibilities the adult has for a child.

#### **4. THE ROLE OF THE DIRECTOR ADULT SOCIAL SERVICES (DASS)**

4.1. The Director Adult Social Services (DASS) key leadership role is to deliver the local authority's part in:

- Improving preventative services and delivering earlier intervention.
- Managing the necessary cultural change to give people greater choice and control over services.
- Tackling inequalities and improving access to services.
- Increasing support for people with the highest levels of need.

4.2. There are seven key aspects to be included in the DASS's remit:

- Accountability for assessing local needs and ensuring availability and delivery of a full range of adult social services.
- Professional leadership, including workforce planning.
- Leading the implementation of standards.
- Managing cultural change.
- Promoting local access and ownership and driving partnership working.
- Delivering an integrated whole systems approach to supporting communities.
- Promoting social inclusion and wellbeing.

#### **5. ADULT SOCIAL CARE AND HEALTH VISION AND STRATEGY**

5.1. Our current adult social care and health vision, set out in our strategy is to:

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

5.2. The strategy sets our direction for transformation and improvement during the next few years. It provides clarity to our residents, carers, workforce, providers and partners, on the core adult social care offer from the Council, and within its commitments to the South West London Integrated Care System, and it's Croydon equivalent, the One Croydon Alliance (this being our partnership arrangements with health).

#### **6. ADULT SOCIAL CARE AND HEALTH PRIORITIES**

6.1. To achieve our vision and strategy, our directorate priorities are to:

- Develop our Resident Voice and fulfil all our statutory responsibilities ensuring that our adults are supported; and those at risk of abuse or neglect are safe.

- Deliver a balanced budget, achieving our savings targets, implementing managing demand principles and processes, strong commissioning and market management; and moving activity and expenditure to the targets in our strategy.
  - Ensure health and care integration is successful and proportionate, and that it aligns to the Council's objectives for its budgets and our residents.
- 6.2. Further, we will work in collaboration with a range of statutory and non-statutory partners to ensure people's finances are maximised, their housing, care and support needs are met; with our support where this is needed.
- 6.3. We will also continue to improve and integrate services where this makes sense for residents and continue our long-term ambition to reduce inequalities across the Borough.

## **7. APPLYING THE ELIGIBILITY – HOW GENEROUS ARE WE?**

- 7.1. To meet the Council's obligations under the Care Act 2014 the Directorate uses the layered model of, 'prevent, reduce and delay'.
- 7.2. The Model is designed to ensure that people can get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support and maximise people's independence.
- 7.3. Our adult social care offer is focussed on enabling our workforce to deliver benefits for our residents, primarily:
- Safeguarding vulnerable adults.
  - Providing social care information and advice to all residents and their families who need it.
  - Supporting residents in partnership with statutory and voluntary sector organisations in an asset-based approach.
  - Providing support proportionately, ensuring we make best use of the resources we have available.
  - Integration with health where it makes sense for local residents.
  - Developing an integrated plan to manage the effects of long-COVID.
- 7.4. Within the model, all strategic and operational practice decisions are made using the relevant legislation frameworks, outlined in the principles below:
- Our adult social care service eligibility and service provision reflect the relevant legislation underpinning social care and health through the Care Act (2014), Mental Health Act 1983, Mental Capacity Act, Deprivation of Liberty Safeguards, The Children and Families Act; and Children with Disabilities Act.
  - All packages of care are assessed or reviewed, proportionately, through a strengths-based approach, considering safeguarding, to meet the needs of the individual and carers.

- Residents can access appropriate services provided in-house or commissioned by the Council or delivered independently by the private or voluntary and community sectors.
- Where people have the financial means to pay a contribution, or to pay for their care in full, this will be in line with the self-funding legislations outlined in the Care Act and wider national policy.

7.5. However, whilst the Council has a duty to meet eligible need, it also has a fiduciary duty to ensure public funds are used well and proportionately. With social care substantially demand led and influenced by shifting demographics and changing cost pressures, there are challenges that if not managed well, the duties could contradict each other.

7.6. In addition to the competing duties described above, the Directorate is also committed within the Council's Medium Term Financial Strategy to move to a long-term position that aligns budget and activity (number of people supported) for:

- Working Age Adult spend and activity to the average for London.
- Older Adult spend and activity and spend to the national average.

7.7. An updated national benchmarking report, called 'Use of Resources', is expected to be published by the Local Government Association in November 2022. The report will establish our movement towards the targets during the last 12 months.

7.8. To manage these substantial challenges the Directorate's mitigation is delivered in three key areas:

- **Strategic managing demand.** Being delivered through our managing demand programme, this is reviewing the whole operating model of the Directorate to develop and implement a sustainable model for social care.
- **Operational managing demand of new requests for support.** Ensuring full use of technology enabled care, reablement, better accommodation placements, uptake of direct payments, and a review of whether there is the opportunity for health-related costs to be considered, i.e. continuing health care.
- **Reviewing packages of care** (which is a requirement of the Care Act). Ensuring the costs remain relevant to the care and support plan agreed between the resident and the social worker.
- **Reviewing contract spend.** Including if expiring contracts should be renewed, negotiating cost share with system partners; and negotiating costs of care increases with the provider market.

## 8. GOVERNANCE

8.1. To enable successful delivery of the strategy, priorities and meeting eligible needs, below are some of the key Directorate governance structures:

- **Directorate Management Team** – Sets the vision and strategy for the Directorate aligned to statutory legislative duties and the Mayor’s Business Plan. Allocating the financial and workforce resources, and providing assurance to the Corporate Management Team, Cabinet Member, Scrutiny and the Mayor on delivery, risks and issues.
- **Improvement Board** - independently Chaired, it oversees and drives the continued improvement of the Directorate’s services, ensuring that the improvements embedded across the service are sustained.  
Providing assurance that budget reductions ensure good outcomes for adults; actively considering new approaches to delivery that reduce spend, maintain improvements and fulfil statutory functions.
- **Senior Management Team** – Delivers the day-to-day operational services and budget management, as set out within service plans.
- **Challenge Panel** – held daily and made up of at least a head of service, finance lead, commissioning lead and placements and brokerage lead; it is an opportunity for officers to present cases of new packages of care, or where reviewed packages require increased funding, to ensure all strength based and technology enabled care options are considered.
- **Transformation Programme Board** – delivered within the Directorate Management Team, the Board sponsors and oversees delivery of the medium term financial strategy and wider legislative change programmes and projects, including transformational investments.
- **Performance Board** - ensures statutory, financial and performance indicators are delivered or appropriate actions in place to achieve them.
- **Rolling Together Group** (provisional title) – the emerging resident’s experts by experience group; whom the Directorate and health partners will work alongside (through engagement, and wherever possible through co-production) to deliver the legislative reforms and improvements in the strategy, transformation and service plans.



(Conversation capture form the Rolling Together Group meeting on 27 October 22)

## **9. SYSTEM PARTNERSHIPS**

- 9.1. To this point, the report has focussed on the Council's internal mechanisms to balance adult social care legislative duties with available financial resource.
- 9.2. However substantial challenge, risk and opportunity to legislative and resource capacity relies on the success of partnership arrangements with system level partnerships.
- 9.3. Through system restructuring driven by the establishment of the South West London Integrated Care Partnership (ICP), the identification of Croydon as a 'Place' within the new structure, aligned to the well-established One Croydon Alliance, has strengthened the commitment of local partners to work together differently in Croydon, and with significant integration in place already through the Croydon Health and Care Plan including broader integration initiatives delivered through the Better Care Fund.
- 9.4. One of the key challenges for the One Croydon Alliance is hospital discharge flow, and the impacts on social care budgets and use of residential placements.
- 9.5. Due to the strong partnership arrangements, the Alliance has recently successfully bid to be selected as one of the six new national Discharge / intermediate care pilot sites in England. This will bring with it national support, best practise, and an opportunity to pilot innovative ideas.
- 9.6. The programme will report to the Alliance Senior Executive Group, and where appropriate, to the Croydon Health and Care Board, for which the Mayor is co-chair alongside the Place Based Lead for Croydon.

## **10. REFORMS, MARKET FRAGILITY, WORKFORCE INFLATION, LONG WINTERS**

- 10.1. Ultimately balancing legislative duties with the available financial resource is a well-known pressure across England. This paper has attempted to demonstrate that at the core of the Directorate's work, there is a strong governance and assurance mechanism, wrapped around the services and budget; with a clear strategy that translates to operational delivery through service plans and individual objectives.
- 10.2. However, there are the wider challenges for which it is less possible to accurately mitigate; meaning the Directorate and Council must constantly adapt to emerging issues.
- 10.3. Unprecedented levels of inflation continue to challenge an already fragile provider market both in terms of utility and workforce costs. Further there are already raised expectations in relation to the Fair Cost of Care exercise.
- 10.4. Winter pressures are no longer a matter for winter months, instead they have been felt across the system through all the seasons. This has left a tired and stretch health and social care workforce with little room for recovery.

- 10.5. Then there is the legislative transformation challenges. The submission of this paper falls just a day after the Autumn Statement of which the highlight for Adult Social Care is the two year delay to the Reforms, in particular the charging element.
- 10.6. Analysis of the impacts will be a key focus for the Directorate and there will be the opportunity to provide a verbal update at the committee.

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