

Adult Social Care Market Position Statement 2015



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Contents

What is a Market Position Statement?	Page 3
Market Position Statement 'at a glance'	Page 4
Strategic direction	Page 5
Adult social care – strategic priorities	Page 10
Facilitating the market	Page 14
Service user and carer perspectives	Page 17
Future demand	Page 22
Current supply and future expectations	Page 28
Resources – current and future	Page 37
Further resources	Page 39
Appendix 1 – National context	Page 41



What is a Market Position

Croydon's Market Position Statement has been developed for existing and potential providers of adult social care services and seeks to set out key information to the social care market about local needs – both now and in the future, our strategic priorities for care and support services and available

resources in order to provide a high level sense of direction for how we see the market developing. Our overarching aim is to ensure there is a sustainable and diverse range of high quality care and support providers for the borough.

This document signifies the beginning of a dialogue with providers from all sectors, people with care and support needs, carers and families and other relevant partners. This means creating a collective vision for the whole care and support market, whether services are paid for by the local authority or by people who 'self-fund' their care and support.

Using this document

The Market Position Statement aims to provide a full picture of our strategic priorities and objectives for adult care and support services, details of future supply and demand, and the wider context within which services will develop. There are, however, key messages that run through the document and these are summarised on page 4 'Market Position Statement at a glance'. More detailed information and analysis is set out in themed sections to allow you to navigate to the areas which are most relevant to you and the services you are interested in.

We will update the Market Position Statement regularly to reflect changes and the on-going development of our approach and response to local needs. This first version and the regular reviews which will take place over the next few years will be vital tools in the continued engagement between all current or potential providers, service users, carers and families and other people with an interest in care and support services.

We look forward to hearing a wide range of views and having the opportunity to work together to develop innovative, cost effective outcomes which promote the wellbeing of local people.



Market Position Statement 'at a

Key messages

- Demand for care and support services – this is likely to increase due to a range of factors, including demographic changes such as people living longer with more health issues, alongside reduced resources to meet the needs of people in the borough.

- Outcomes focused approach - care, support and health related services need to be focused on achieving the outcomes that matter to individuals, their goals and aspirations, and enabling people to live independent, healthy lives in the community for as long as possible.
- Integration - the challenges we face from rising demand, changing demographics and reduced resources require a joined up response and therefore we are increasingly working in collaboration with local NHS bodies to focus on developing services which work seamlessly together across health and social care, focusing on an individual's needs and delivering the right outcomes at the right time.
- Prevention and early intervention are vital to reducing demand and addressing health inequalities – avoiding problems from occurring or delaying / reducing their impact on a person's health and wellbeing. Our approach runs parallel to our health partner's work around 'prevention, self-care and shared decision making' which also focuses on supporting and enabling people to make healthy lifestyle choices and take greater responsibility for their health.
- Crisis resolution, recovery & reablement are crucial to supporting people in re-gaining their confidence, daily living abilities and independence following illness, accident or other life changing events. Care and support should help people to re-establish their ability to successfully manage their own lives and recognise their own strengths and resilience.
- Ensuring individuals, families and carers are well informed about care and support options is essential so that they can find the services they need and plan effectively for the future. Carers and family members must be engaged with as 'care partners' in a person's care and supported to ensure their own care and support needs are met.
- People should be fully involved in decision making and able to exercise choice and control about their care and support in all settings. The principles of dignity, respect, compassion and kindness must be at the heart of all care and support services – ensuring that people are able to access their right to a life that is free from abuse and neglect.
- London Living Wage (LLW) - Croydon Council is committed to ensuring all new contracts with the Council will pay the LLW.
- Social value – we will be placing increasing emphasis on social value in every stage of commissioning and procurement, working with providers to consider how delivery of services can generate benefits to society and the economy.
- Voluntary Sector and Community Groups – development of a thriving third sector is a priority for Croydon with the sector playing a more significant role in delivery of services, making the best

Strategic direction

Health and social care integration

One of the priorities in meeting the future challenge of increasing numbers of people with health and social care needs is to ensure that services are better at working together. Integrated services will need to focus on delivering better outcomes and working together to give the best care based on a person's individual circumstances.

In Croydon the Council and NHS have taken steps towards more integrated services, including through joint transformation and reablement programmes and more recently the establishment of an Integrated Commissioning Unit (ICU) which aims to achieve positive outcomes for people who use health and social care services, and their carers, and to generate more efficient and productive ways of working.

Commissioners in the Council and NHS are increasingly working in partnership to deliver their respective commissioning responsibilities for social care and health services. Croydon's Health and Wellbeing Board has a duty to encourage integrated working between commissioners and examines the high level commissioning intentions for the Council, CCG and NHS England to ensure that they are aligned with the priorities identified in Croydon's Joint Health and Wellbeing Strategy 2013-18, and Joint Strategic Needs Assessments (JSNAs). Links to all of the commissioning intentions documents, and the JSNA's can be found in the 'Further Resources' section.

Council and NHS commissioners are increasingly undertaking their work together to align their commissioning to ensure joined up services for Croydon people. It should be noted that this MPS relates in the main to the Council's approach for taking forward its commissioning responsibilities.

Transforming Adult Community Services (TACS)

The Council and CCG's joint transformation agenda for adult community services sets the main priorities that involve integrated working. TACS recognises that many people turn first to their GP for help and advice about social care. TACS aims to enhance care for people with long term conditions, reduce unnecessary emergency admissions and providing high-quality, personalised care, as close to home as possible.

The main purpose of the initiatives within the TACS programme are to enable co-ordinated support to an individual so as to avoid unnecessary use of acute services and maintain independence within their own home. There are a range of TACS projects led by NHS partners.

In terms of social care as part of TACS, social workers are fully involved in multi-disciplinary teams (MDTs) which work alongside GPs and other clinicians to identify and provide targeted support for people who would particularly benefit by improving their independence and their ability to stay living in the community.

Future consideration will be given to implementing a health and social care single point of assessment and rapid response service.

The Better Care Fund

The Better Care Fund (BCF) is a national initiative which aims to provide an opportunity to transform local services so that people are provided with better integrated care and support. The BCF introduces a pooled budget between NHS Commissioning Groups and Local Authorities and is an important enabler for Croydon to build on the work it has already started and take the integration agenda forward.

The Croydon BCF Plan was submitted to NHS England on 19th September 2014 and focuses on delivery of improved integrated community services that enable patients to

receive the care they need at or close to home and in doing so reduce demand on acute health services. Croydon's BCF Plan, and the delivery of its objectives over the next 5 years, is based on the following principles:

- People should experience seamless service delivery - with agencies involved in their recovery and support working together and sharing information as agreed with the individual to ensure needs can be responded to in a timely and flexible way.
- Increase healthy life expectancy and reduced differences in life expectancy between communities: in order to reduce health inequalities within the Borough and demand on acute services.
- Increased Independence - by providing care and support at the right time and at home to enable people to recover and regain the skills and confidence to manage their own health and be active members of their chosen community.
- Co-ordination around individuals - being clear who our priority patient/client groups are, ensuring there are clear health and social care pathways for those groups, which will enable joint targeting of resources to meet their specific needs.
- Active joined-up Case Management within each care setting: to enable a co-ordinated response which will empower people to manage their own condition, take control of the care and support they need, and deal with crises as they occur without calling on hospital acute services, or relying on on-going expensive social care services.
- A joint approach to commissioning - to focus on preventing ill-health, supporting self-care including through personalisation, enhancing primary care, and providing care in people's homes and in the community.

Outcomes approach

Taking an outcomes focused approach means moving away from having a set of fixed activities or tasks that a service provider is asked to do in a certain way, to looking at what the service user wants to achieve as an end result and then finding the best way to make this happen. For some individuals this can be about becoming more independent and for others it is about maintenance in a way that maximises quality of life, which is also an outcome.

Integrated Framework Agreement for care and support services

One of the ways in which an outcomes focused approach is being developed in Croydon is through the establishment of the Council's Integrated Framework Agreement (IFA) which covers a range of care, support and health related services (set out below) to enable people to live independently in the community. The framework agreement is intended to provide an integrated approach to delivering these services to ensure that the needs of vulnerable people are met in a holistic way.

The IFA is for a four year period (commencing in 2014) and normally the providers on a framework agreement cannot be changed during the life of the contract, however, to ensure that we can respond flexibly to future changes and the potential need for additional services the Council can refresh and or amalgamate one of more lots at any time and go back out to the market for new providers.

IFA service 'lots'
Housing support - preventative services that enable people to live independently
Enabling support and care – Care Quality Commission (CQC) regulated services that combine support to enable independent living with some personal care (mainly prompting and supervision of personal care activities)
Personal care - CQC regulated care related to , eating, washing, which involves assistance with eating and/or drinking, washing and/or bathing, dressing, toileting etc., and support with a range of health needs
Reablement –short term CQC regulated domiciliary care
Children and Families , relating to enabling support and care and personal care
End of Life care - CQC regulated domiciliary end of life care and support

The IFA uses an outcomes focused approach, defining a number of high level service outcome domains for each 'lot' which centre on the impact services should aim for on the goals and aspirations of individuals. The outcome domains for personal care and support services are set out below with the key themes that are used as a guide to providers, whilst offering flexibility for how outcomes are achieved.

The IFA also helps to offer increased choice and control through the use of managed personal budgets and improved rates for people who want to organise their own care through the use of a direct payment.

Alongside other providers commissioned and used by Health partners, the IFA also offers an option that can be used by health practitioners for continuing care. This can be particularly valuable for individuals with existing packages of care as their needs change.

IFA - Personal Care & Support Outcome Domains

Enhancing quality of life for people with care and support needs

- Ensure that service users have a good quality of life (i.e. are active and retain contact with friends and family) and help them to maintain their independence.

Increasing independence and improving physical health and reducing the need for care and support

- **Helping people to improve their independent living skills through reablement, so that they can do things for themselves, and ensuring that their physical health is improved and maintained.**

Ensuring that people have a positive experience of care and support

- Treating service users with dignity and respect and helping them to achieve their outcomes sensitively.

Staying safe and reducing risk

- Supporting service user to manage risk and ensuring that any safeguarding issues are reported.

Improving emotional wellbeing and mental health

- Support service users to develop self-confidence and help them to reduce loneliness and isolation. Take steps to address mental health problems, in particular dementia.

Improving health and social care outcomes for over 65's

Croydon Council and Croydon Clinical Commissioning Group (CCG) have been working collaboratively to identify how improvements could be achieved by taking a whole systems approach to care and health in a time of constrained resources. In 2013 the 'Improving health and social care outcomes for over 65's programme' was initiated to explore alternative models to improve the health and social care system for people over 65 years old and ensure development of a strong independence model.

The programme reflects the Council's ambitions to enable independence, liveability and growth. In particular, the overarching outcome domains are aligned to strategic priorities to increase healthy life expectancy, facilitate increased community and citizen resilience, and ensure enhanced high quality community-based care.

Through public engagement work a strong consensus emerged for five outcome domains that reflect the needs of patients and service users:

- stay healthy and active for as long as possible
- access the best quality care available in order to live as they choose and as independent a life as possible
- be supported as an individual, with services specific to them
- be supported to manage any long-term condition they may have and experience improved control and reduced complications
- be supported by a member of the health and social care team who has had the training and has the specialist knowledge to understand how their health and social care needs affect them

Croydon's growing and ageing population, which is placing increasing pressure on the health and care system, sets out the context for paying special attention to services for people who are aged 65 and over. By focusing on commissioning services that reflect the outcomes that matter for over 65s and developing the appropriate contractual arrangements it is anticipated that the system will be able to respond to these challenges over the next 10 years.

The breadth and scope, and requirement for new models of care that realise the outcomes for all older people in Croydon, mean that no single provider will be in a position to deliver these outcomes. A provider alliance delivery model has been identified for the contract where all providers would have an equal stake in delivering good outcomes for people. As the programme continues to the next stage of development community and voluntary providers will have an opportunity to become involved to ensure a clear and prominent role for this sector which makes best use their experience and expertise.

As the over 65's programme continues to progress into its next phase further detailed work will be carried out on the outcomes framework and domains, dialogue with providers to further develop the programme's phasing and implementation plan (including final options and recommendations regarding services to be in scope) and further development of the preferred delivery model. More information about this programme can be found in the 'Further Resources' section.



Adult social care – strategic

The strategic priorities below underpin everything we do and set out the principles for how we approach delivering services for people with care and support needs. Our overarching priority is to deliver *'services which are targeted where they are needed most and ensuring services are integrated, safe and high quality'*. It is also vital that we focus on supporting people to prevent or defer care and support needs arising, or becoming permanent, develop greater resilience and to build and maintain links with the wider community to live a healthy, independent life for as long as possible.

Over the next 12 months Croydon will be developing further projects and programmes in alignment with the strategic priorities below, focused on using resources for maximum outcome impact, such as how to better harness and utilise the capacity and capabilities in local communities and further steps in implementing an integrated approach to health and social to effectively support healthy communities.

Personalised and sustainable outcomes

What does this mean?

- Every person has choice and control over the shape of their care and support in all settings.
- Personal, sustainable outcomes are delivered that maximise independence and choice. People are supported to plan for a fulfilling life in accordance with their individual aspirations and goals – maximising their life chances whenever possible.

Key messages for the market

- Services need to be focused on the outcomes that people want to achieve, and the progress they want to make, rather than set tasks and activities delivered in set time periods
- We want individuals to be fully involved in decision making about their care and support at every stage and in an on-going capacity
- Services should support individuals to exercise choice and control over their lives, in a way that reflects their Individual preferences and diverse needs
- Every person must be treated as an individual and services should promote each person's dignity, privacy and independence in line with a person-centred care approach
- More people will be purchasing services with the aid of Direct Payments and Personal health Budgets, and there will be integration in the approaches taken by health and social care

Prevention and early intervention

What does this mean?

- Ensuring people have easy access to local information, advice and advocacy which supports people to make good decisions about care and support.
- Enabling people, and those close to them, to take preventative action at an earlier stage to avoid problems from occurring, or increase the delay in a condition deteriorating and potentially requiring further help.
- Ensuring that Council and health colleagues work closely together to provide a collective approach to people in the provision of information, advice, prevention and early intervention services.
- Encouraging people to make positive lifestyle choices which can help to reduce potential

negative health impacts so that they can live longer, healthier lives – especially in parts of the borough where there are health inequalities.

- Supporting carers by recognising, valuing and supporting them to remain mentally and physically well and enabling them to fulfil their potential in all aspects of their lives.

Key messages for the market

- Services should support, encourage and enable people to actively seek ways they can improve and maintain their health and wellbeing. Services should encourage and help people to have a healthy diet, to be physically active and to quit smoking.
- Services should encourage and support people to participate in their community and to use community resources and facilities, including social, cultural and leisure opportunities to enhance levels of wellbeing and prevent social isolation.
- We want to reduce health inequalities within the borough which will include actively targeting some prevention services in areas of high deprivation.
- We want services to take a preventative / early intervention approach to help reduce negative impacts of health & care related issues and reduce the need for more intensive services later on.

Crisis resolution, recovery & reablement

What does this mean?

- Helping people to re-establish their ability to successfully manage their own lives, recognising their own strengths and resilience capabilities.
- Supporting people when they experience a crisis with a prompt, effective response which can help them remain at home, stabilise a situation and provide the opportunity to consider early intervention services.
- Supporting people to get their confidence back and learn / re-learn activities of daily living following illness, accidents and other life changing event to provide better long term solutions.

Key messages for the market

- Services should assist in maximising people's self-care abilities and independence by helping and encouraging them to do things, rather than having tasks done for them, whenever this is compatible with their health and wellbeing.
- We want services to support and encourage people to develop self-confidence, self-esteem and a sense of independence relating to their care and support needs and wider aspirations.
- Services should help to motivate and facilitate people developing and/or maintaining daily living skills to enable sustainable long term living in their own home.
- We want to ensure that services help to avoid hospital admission where possible, support people to return home promptly when ready, and prevent readmission if possible.

Integrated, safe and high quality services

What does this mean?

- Promoting seamless health and social care services which focus on the individual and work together to provide better co-ordinated care and support so that their care and support needs are managed more effectively and their outcomes are improved.
- Promote dignity and respect and ensure compassion, kindness and respect are principles at the heart of care and support.
- Enable people who need care and support to retain independence, wellbeing and choice and to access their right to live a life that is free from abuse and neglect.
- Delivery of high quality services which aim to achieve the aspirations, goals and priorities identified by people who use them.

Key messages for the market

- Support Service Users to make informed decisions about the management of their care and treatment, using appropriate information, including risks and benefits.
- A more integrated and personalised approach, including through Direct payments and Personal Budgets, will continue to develop for health and social care, giving people greater control and placing them at the centre of their own care and support.
 - integration is aimed at providing people with the right care, in the right place, at the right time, and with the full range of health and social care services focused on delivering right outcome.
- Service Users must be supported in such a way as their dignity, privacy and respect is maintained at all times.
 - recruitment of staff, development and training play a vital role in achieving this and ensuring there is well-supported workforce where only people who possess the right values and commitment are selected to work with people who are vulnerable

Longer term care & support with increased resilience

What does this mean?

- Support people to live independently in their community and improve social inclusion to prevent people from becoming isolated.
- Helping people to live longer, healthier lives through positive lifestyle choices and by using their own, and other, resources in the local area.
- Ensuring individuals, families and carers are well informed and enabling them to be engaged with support and independence options available.

Key messages for the market

- Increasing use of Direct Payments presents a market opportunity to providers that are

able to offer personalised models of support

- Services should engage with family members and carers as 'care partners', valuing their role as contributors of care and expert partners in a person's care, as well as people with their own support needs.
- Services should support and encourage people to plan for the future, thinking about how to manage any changes to their care and support needs, to live a fulfilling life in accordance with individual aspirations.
- We want services to help increase peoples experience of social inclusion, and their sense of themselves as stakeholders in their communities.
- All aspects of the care and support system should reinforce the individual's personal responsibility for creating the life they want for themselves, enabling and supporting people to achieve this.

Facilitating the market

Croydon is focused on finding the most effective ways of making public money deliver better outcomes and to improve outcomes in the most efficient, effective, equitable and sustainable way. The way in which we commission services is integral to this and Croydon is committed to excellence in commissioning, procurement and contract management, and maximising the role of social value in responsible commissioning with its potential to deliver community benefits and drive local economic development.

An integrated 'Commissioning Strategy and Framework' (see the 'Further Resources' section) has been developed which provides a framework for a commissioning focus on better outcomes for Croydon people but it also aims to ensure a consistent commissioning approach across the council and continued development of common commissioning behaviours across sectors that will support the approach. As part of the framework a set of toolkits, handbooks and support programmes have also been devised to develop an 'expert commissioning approach' in Croydon.

The Commissioning Strategy and Framework ensures -

- a consistent approach to commissioning that focuses on meeting local need
- all commissioning activity is well planned and coordinated

- we are clear about what outcomes we are aiming to deliver
- we are able to measure whether or not these outcomes have been delivered and hold our providers to account
- local providers have equal opportunity to participate in the commissioning process

Several provider forums/groups are in place in Croydon – the Older People’s Provider Forum, Supporting People’s Provider Group, the Mental Health Forum and Learning Disabilities Provider Forum. The groups ensure that providers and the Council can work closely together and that providers can play an active role in the commissioning of services, considering and addressing issues raised, and discuss changes and developments affecting provision of services.

The Council will continue to support the market by creating opportunities for workforce development with service providers and education and training agencies.

Voluntary Sector and Community Groups

Croydon will be working with the voluntary sector and community groups to help develop a thriving sector which evolves to play a more significant role in the delivery of services in the borough. A strong and vibrant third sector is essential to the delivery of our approach around people making the best use of community and individual resources and facilities and a greater emphasis on preventative solutions.

We will support the sector by ensuring that commissioning processes are open and transparent, that all organisations and groups, regardless of size, are aware of opportunities and that we encourage and support those across the sector to consider working together to avoid duplication of services and help overcome traditional barriers to getting involved.

London Living Wage

Croydon Council has committed to working with the Living Wage Foundation and Citizens UK to become a fully-accredited London Living Wage employer, and to ensure that new contracts with the Council will pay the London Living Wage. The London Living Wage is an hourly rate set independently, updated annually and calculated by the Greater London Authority.

As part of this commitment, the implementation of the Integrated Framework Agreement has included ensured that all 58 providers with new contracts will pay their staff the London Living Wage.

Social Value

It is our intention to place greater emphasis on social value in our commissioning and procurement activities. It will be an inherent part of our decision making processes and we will seek to engage with and support providers to consider how they can contribute to achieving our strategic objectives through the way they deliver services.

Croydon’s social value toolkit ‘Inspiring and Creating Social Value in Croydon’ uses the definition of ‘*a process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits to society and the economy, whilst minimising damage to the environment*’.

Croydon's approach to social value has been to focus on procurement practice and embedding social value in every stage of commissioning and procurement, and developing capacity of local voluntary, community and faith sector. This is in alignment with the recognition that social value is not only about procurement activity but is interdependent with wider concepts of economic development, corporate social responsibility and asset based community development.

Commissioning Support

Croydon's Commissioning Support Team offers support to providers as well as coordination to provide a strategic overview of the sector, and to monitor development of the voluntary, community and social enterprise (VCSE) sector. A new package of support has been developed to help local VCSE and small and medium sized enterprise (SME) to grow and this consists of the establishment of a VCSE/SME supplier register and a focus on two key approaches, as outlined below.

- **Expert Commissioning Training Programme**

- This comprises three programmes, each targeting a different audience - officers, providers and elected members. The Providers Programme offers skills and competencies required to help the third sector and SMEs be 'commissioning ready' to compete on a level playing field with larger, established organisations.

- **Programme of Practical Support**

- This is a programme of practical support developed by working in collaboration with local infrastructure organisations such as Croydon Voluntary Action, Asian Resource Centre Croydon and the BME Forum.
- Support for each organisation is tailored to meet their individual needs but includes reviewing past experiences of commissioning, providing detailed advice on how to improve, providing technical support on using the London Tenders Portal, reviewing business models and identifying new funding streams.
- Guidance is also provided with preparing core business documentation and understanding the evaluation assessment. The support is publicised through the infrastructure organisations and also through outreach sessions across the borough.
- A key aim of all the awareness raising and training sessions is to ensure organisations know that support is available to them. This includes support before, during and after a procurement exercise. Whilst the Council has to ensure fairness during a procurement exercise and therefore cannot help bidders prepare their responses, we are available to provide technical support and to answer any queries as long as they are communicated through the appropriate channels. We also ensure that the infrastructure organisations are able to provide support when we are not in a position to do so.
- For commissioning exercises where a high level of interest from community and voluntary organisations is expected, the Council ensures that comprehensive support is provided. This includes briefing sessions before the opportunity is live on

the London Tenders Portal, and through commissioning support sessions ensuring potential bidders understand the process once the opportunity is live.

Market resilience

Croydon also has in place a set of general principles to ensure there is market resilience in the event of business failure or service interruption. The Care Act 2014 sets out local authority duties around market failure and we will work closely with both the CQC and in partnership with providers to ensure that our plans and systems are robust. This work will include testing a range of scenarios based on the experience of the Council and partners.

We have strengthened our position through the development of the IFA (further details above) which will allow us to rapidly redeploy services if the need were to arise, and we have systems in place which could facilitate the prompt transfer of people from one service to another if required. Our standard contract arrangements for residential and nursing care include checking of service provider continuity and contingency plans to provide additional assurance in the event of service disruption.

****Business support offer – to be added*** - information about the support available to support local SME's and other businesses, including enterprise loan funds.

Service user and carer

It is vital that people who use services, carers and family members have the opportunity to express their views and give feedback about their experiences of care and support services, and that providers listen and respond to what people have to say, and use these messages as an integral part of how services are improved and designed, developed and delivered for the future.

This section provides a summary of some of the main sources of feedback about social care services and the ways in which local people are sharing their views and getting involved.

Annual Adult Social Care Survey 2013/14

The annual Adult Social Care survey seeks the views of service users who are in receipt of services funded (entirely or partly) by social services during the year. The aim is to learn more about how effective services are in helping people to live independently, and the impact of services on their quality of life. The survey questions are agreed at a national level but councils can also add questions, providing they are agreed in advance with the Health & Social Care Information Centre (HSCIC). In 2013/14 427 people responded to

Croydon's adult social care survey. The survey results offer valuable insights into the lives and experiences of people who rely on care and support services.

Adult Social Care Outcomes Framework (ASCOF)

The Adult Social Care Outcomes Framework (ASCOF) sets national priorities for care and support and is focused on measuring progress and strengthening transparency and accountability. The focus of the ASCOF is on promoting people's quality of life and their experience of care, and on care and support that is both personalised and preventative. Findings from the annual adult social care survey inform some key indicators within the framework and the information below outlines the detail of both the framework priorities and the survey findings in Croydon for 2013/14.

ASCOF domains & findings from Croydon's Adult Social Care Survey 2013/14

ASCOF Domain 1: Enhancing quality of life for people with care and support needs

ASCOF Outcome Measures

- **People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.**
- **Carers can balance their caring roles and maintain their desired quality of life.**
- **People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness and isolation.**

Key findings in Croydon

- The majority of respondents (93%) said they had 'as much as they want, some or adequate' control over their daily life, with 81% saying that care & support services helped them in having control
- Most people (66%) said they are able to spend their time as they want (or enough of their time) doing things they value or enjoy, and 77% said they had 'as much as I want' or 'adequate' social contact with the people they like
- The majority of respondents (87%) said their quality of life 'could not be better, is very good, good or alright', and 84% said care and support services helped with quality of life.

ASCOF Domain 2: Delaying and reducing the need for care and support

ASCOF Outcome Measures

- **Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.**
- **Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.**

Key findings in Croydon

- 55% of people said that they found it very easy, or fairly easy to find information and advice about support, services or benefits during the year, and 25% had never tried to find information or advice in this period.
- The majority of people (84%) said that their home meets their needs very well, or meets most of their needs when

- When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

thinking about its design.

**some of the survey findings above are not part of ASCOF reporting but are included for additional information.*

ASCOF Domain 3: Ensuring that people have a positive experience of care and support

ASCOF Outcome Measures

- People who use social care and their carers are satisfied with their experience of care and support services
- Carers feel that they are respected as equal partners throughout the care process
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help
- People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual

Key findings in Croydon

- The majority of respondents (87%) felt 'extremely, very or quite satisfied' with care and support services
- The majority of respondents (90%) said that having help to do things either made them think and feel better about themselves, or it did not affect this.

**some of the survey findings above are not part of ASCOF reporting but are included for additional information.*

ASCOF Domain 4: Safeguarding adults whose circumstances make them feel vulnerable and protecting from avoidable harm

ASCOF Outcome Measures

- Everyone enjoys physical safety and feels secure
- People are free from physical and emotional abuse, harassment, neglect and self-harm
- People are protected as far as possible from avoidable harm, disease and injuries
- People are supported to plan ahead and have the freedom to manage risks the way that they wish

Key findings in Croydon

- The majority of people (94%) said they felt 'as safe as they want' or 'adequately safe' both inside and outside of the house.
- The majority of people (71%) also said that care and support services help in feeling safe.

'Making it Real' - marking progress towards personalised, community based support

The 'Making it Real' framework was developed by the National co-production Advisory Group and a range of national organisations which are part of the programme 'Think Local, Act Personal'.

The framework is built around "I" statements which express what people who use services and carers expect to see and experience if community based care and support services are genuinely personalised. The 'I' statements provide a set of 'progress markers', written by real people and families, which can help organisations check their progress towards transforming adult social care.

Croydon Council is committed to the use of 'Making it Real' both as a self-assessment tool to review progress in offering people more choice and control so that they can live full and independent lives, and to promote the use of the framework as a tool which can be used by everyone involved in delivering care and support services to people in Croydon.

'Making it Real' engagement sessions in Croydon

A series of engagement sessions were held in late 2013, including going out and visiting local care, support & reablement centres and support groups for a range of social care service user groups and carers, listening to people's feedback and working through the 'Making it Real' assessment framework together. Following the engagement sessions an action plan was developed around a set of priorities, detailing what the Council and partners will be doing to respond to the issues raised.

The 'Making it Real' Action Plan 2013/14 and further documents setting out full details about the framework and the 'I' statement can be found in the 'Further Resources' section.

Key messages from 'Making it Real' engagements in 2013/14

- **Being treated with kindness and respect by everyone connected to delivery of care and support services is of paramount importance.**
- **Prompt, considerate and helpful responses when concerns or issues are raised with service providers are very important to people who use services and carers.**
- **Opportunities to be more involved in community life, going out and meeting people and take part in activities, are highly valued and be kept in informed about what is happening in the local area is very helpful.**
- **Having greater flexibility, choice and control over how services are delivered is important but clear, easy to understand information about available options must be provided.**

- **People who use services and carers welcome more opportunities to be involved in the design and delivery of care and support services, so that their experiences and priorities can be taken into account and help shape the services that are delivered.**

Getting involved in Croydon

There is a wide range of ways in which people who use care and support services, carers and other people interested in services, can get involved, have their say and work with others in the borough to improve adult social care services. Some of the main service user involvement groups and organisations are shown below.

Croydon Adult Social Services Panel (CASSUP)

CASSUP is a group of service users, carers of service users and Croydon residents who have a strong commitment to improving services and championing the interests of service users. The panel works in partnership with officers and service providers to raise key concerns regarding adult social care in Croydon and identify ways to improve services.

Talking about adult social care

'Talking about adult social care' provides adult social care service users and their carers with the opportunity to meet with service managers and to comment on a full range of issues that affect adult social service users in the borough with events held every year.

Contact: The Resident Involvement Team

Tel: 020 8726 6000 Ext: 62321 / Website:

<http://www.croydon.gov.uk/healthsocial/userinvolvement>

Healthwatch Croydon

Healthwatch Croydon is a new consumer champion for health and social care services. It represents people who use health and social care services and its functions include providing information, advice and support about services and influencing the set-up, commissioning, design and delivery of services.

Contact: Healthwatch Croydon

Tel: 020 8253 7090 / Email: haveyoursay@healthwatchcroydon.co.uk

Website: <http://www.healthwatchcroydon.co.uk>

The Mobility Forum

Croydon Mobility Forum reviews and makes recommendations to improve access and facilities in Croydon for older people and those with disabilities. Elected

forum members, representing voluntary sector workers, service users and carers with disabilities, meet with councillors, senior council staff, taxi organisations, Transport for London and bus and rail companies to discuss how best to improve services in Croydon.

Contact: Croydon Access Officer, Croydon Council

Tel: 020 8760 5776 / Website:

<http://www.croydon.gov.uk/healthsocial/userinvolvement>

Service user perspectives - key messages for the market

- On-going dialogue between people who use services and providers is vital so that there is a good understanding about what people want from services, and what matters most to them.
- Providers should try to use a variety of methods for engaging people who use services, carers and family members, to maximise opportunities for people to get involved and express their views.
- Providers should consider ways to involve difficult to engage people, or those with additional needs (such as people with learning disabilities) to ensure a wide range of voices are heard.
- The 'Making it Real' framework provides a valuable tool which can be used by providers to assess their own progress in delivering personalised services, and to engage with people who use services to in order to learn more about their experiences.
- Feedback from services users, carers and family members should form an integral part of how providers assess, review and improve their services and how they plan and develop services for the future.

Future demand

Older people

People are living longer and our population is ageing with projections suggesting that the number of people aged over 85 will increase by two thirds in Croydon by 2029. This is an important trend because we know that older people generally have more health problems and are more likely to use health and care services.

Life expectancy for people aged 65 in Croydon

Female: 21 years (for 2010-12) → increase from 19 years (for 2000-02)

Male: 19 years (for 2010-12) → increase from 16 years (for 2000-02)

Population of older people by age groups in Croydon - 2012

Population by age group, % of whole population and total number	Croydon	London	England
Aged 60-85+	17.05% (62,879)	15.31%	22.57%
Aged 60-64	4.51 % (16,643)	4.03 %	5.63 %
Aged 65-69	3.81 % (14,037)	3.39 %	5.22 %
Aged 70-74	2.82 % (10,390)	2.58 %	3.84 %
Aged 75-79	2.47 % (9,106)	2.17 %	3.19 %
Aged 80-84	1.77 % (6,534)	1.62 %	2.41 %
Aged 85+	1.67 % (6,169)	1.52 %	2.28 %

Source: Projecting Older People's Population Information (POPPI)

Older people living alone

The number of older people living on their own in Croydon is projected to rise by 17% to 19,912 by 2020 and a far greater proportion of older people living alone, aged 75 and over, are women. There is evidence that social isolation and loneliness can have a detrimental effect on health and wellbeing and people living on their own can be more at risk.

We want to encourage and enable people to have greater community engagement and involvement because we know that this can have a positive effect on quality of life and help to increase independence for people in this situation.

Projections for number of older people living alone in Croydon to 2030

Age / Year	2014	2015	2020	2025	2030
Aged 65-74	6,550	6,680	7,520	8,230	9,860
Aged 75+	11,248	11,377	12,578	14,885	17,029

Source: Projecting Older People's Population Information (POPPI)

Rates for older people living alone by age and gender in Croydon

65-74 Female	30%
65-74 Male	20%
75+ Female	61%
75+ Male	34%

Source: Projecting Older People's Population Information (POPPI)

Managing domestic tasks

The number of older people who are unable to manage at least one domestic task on their own is projected to increase by 20% by 2020 in Croydon.

This could result in a significant increase in the number of people who may require support to carry out domestic tasks such as household shopping, jobs in the kitchen, cleaning tasks throughout the home and dealing with personal affairs.

Projections for number of older people unable to manage at least one domestic task on their own by age and gender in Croydon to 2020

Age / Year	2012	2014	2016	2018	2020
Male 65 to 85+ (domestic tasks)	8,134	8,565	9,021	9,408	9,876
Female 65 to 85+ (domestic tasks)	12,726	13,171	13,578	14,110	14,731

Source: Projecting Older People's Population Information (POPPI)

Personal care

The number of older people who are unable to manage at least self-care activity on their own is projected to increase by 17% by 2020 in Croydon. Self-care activities included in this definition include bathing, showering or washing all over, dressing and undressing, washing face and hands, feed, cutting toenails and taking medicines.

People unable to manage at least one self-care activity on their own, by age and gender, projected to 2020.

Age / Year	2012	2014	2016	2018	2020
Males 65 to 85+ (personal care)	7,295	7,663	8,032	8,329	8,704
Female 65 to 85+ (personal care)	10,149	10,498	10,831	11,248	11,754

Source: Projecting Older People's Population Information (POPPI)

Adults with learning disabilities

People predicted to have a learning disability, by age, in Croydon projected to 2030

Age / Year	2014	2015	2020	2025	2030
Aged 18-64	5,760	5,816	6,039	6,242	6,408
Aged 65+	1,001	1,022	1,144	1,306	1,532

Source: Projecting Adults Needs and Service Information (PANSI) & Projecting Older People's Population Information (POPPI)

The number of people predicted to have a learning disability is predicted to increase across all age groups except for 18-24 years olds where the number of people is projected to decrease, from 865 in 2012 to 770 in 2020.

People predicted to have a moderate or severe learning disability, by age, in Croydon projected to 2030

Age / Year	2014	2015	2020	2025	2030
Aged 18-64	1,315	1,328	1,381	1,432	1,475
Aged 65+	136	139	154	175	205

Source: Projecting Adults Needs and Service Information (PANSI) & Projecting Older People's Population Information (POPPI)

The number of people predicted to have a moderate or severe learning disability is predicted to increase across all age groups except for 18-24 year olds where the number of people is projected to decrease, from 198 in 2012 to 179 in 2020.

People predicted to have a moderate or severe learning disability and be living with a parent, by age, in Croydon projected to 2030

Age / Year	2014	2015	2020	2025	2030
Aged 18-64	504	506	514	528	548

Source: Projecting Adults Needs and Service Information (PANSI)

Down’s Syndrome, Autistic Spectrum Disorders and Challenging Behaviour

Age/Year	Down’s syndrome		Autistic spectrum disorder		Challenging behaviour	
	2012	2020	2012	2020	2012	2020
Aged 18-64	148	155	2,311	2,437	106	111

Source: Projecting Adults Needs and Service Information (PANSI)

The table above shows the number of people predicted to have Down’s Syndrome and Autistic Spectrum Disorder by age, in Croydon, projected to 2020, and the number of people who are predicted to display challenging behaviours.

Autistic Spectrum Disorder (ASD) affects all demographic groups and therefore it is important that all services are able to respond effectively to the differing needs of people within this client group and ensure that the responsibilities and requirements of the Autism Act 2009 are being met. ASD describes a group of disorders including Asperger’s Syndrome and classic autism and this must be taken into account when considering service delivery including training for staff, service models, communication and physical environments.

Adults with mental health problems

People aged 18-64 predicted to have a common mental disorder projected to 2030

Age / Year	2015	2020	2025	2030
All	38,620	40,142	41,389	42,369
Female	24,133	24,980	25,689	26,181
Male	14,488	15,163	15,700	16,188

Source: Projecting Adults Needs and Service Information (PANSI)

Common mental health disorders (as defined for the data above) are mental conditions that cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. This includes different types of depression and anxiety and obsessive compulsive disorder.

Croydon’s 2012-13 JSNA focused on mental health with an overview chapter which gives a general review of the mental health and wellbeing needs and assets of Croydon and detailed needs assessments on ‘Depression in Adults’, ‘Schizophrenia’ and ‘Emotional Health and Wellbeing of children and young people’. The 2012-13 JSNA’s chapters include detailed information about Croydon’s population characteristics and implications for mental

health. Information about where to find Croydon JSNA's can be found in the 'Further Resources' section.

Croydon's Integrated Mental Health Strategy for Adults 2014-19 aims to set out a shared transformational vision for mental health service provision in the borough. Priorities highlighted in the strategy include, the need to shift away from secondary / acute services towards more community based provision, build greater resilience in individuals and communities to support people with their own mental health and wellbeing and an increased focus on prevention and early intervention.

People aged 65 and over predicted to have dementia, by gender, projected to 2030

Age / Year	2014	2015	2020	2025	2030
All	3,341	3,463	3,914	4,536	5,417
Female	2,123	2,180	2,409	2,764	3,266
Male	1,219	1,283	1,505	1,771	2,151

Source: Projecting Older People's Population Information (POPPI)

As Croydon's Joint Dementia Strategy 2012-15 highlights, the numbers of people diagnosed with dementia is going to increase in alignment with the ageing population. The data above shows that there are an estimated 3,341 people living with dementia in Croydon and this is projected to rise by 62% during the period 2014 to 2030.

Adults with physical disabilities and sensory impairments

People aged 18-64 with a moderate or serious physical disability in Croydon projected to 2030

Age / Year	2014	2015	2020	2025	2030
Moderate	17,671	17,932	19,115	20,029	20,431
Serious	5,062	5,156	5,611	5,946	6,050

Source: Projecting Adults Needs and Service Information (PANSI)

People aged 18-64 with a moderate or serious personal care disability in Croydon projected to 2030

Age / Year	2014	2015	2020	2025	2030
Aged 18-64	10,484	10,662	11,511	12,128	12,324

Source: Projecting Adults Needs and Service Information (PANSI)

People predicted to have a moderate or serious personal care disability, by age, in Croydon projected to 2020

Age / Year	2014		2020	
	Moderate	Serious	Moderate	Serious
Aged 18-24	190	126	178	118
Aged 25-34	811	232	832	238

Aged 35-44	1,575	326	1,694	350
Aged 45-54	2,685	603	2,646	594
Aged 55-64	3,300	638	4,074	787

Source: Projecting Adults Needs and Service Information (PANSI)

The tables above provide information about the predicted number of people in Croydon who have a physical disability who require personal care. This can include getting in and out of bed, getting in and out of a chair, dressing washing, feeding and use of the toilet. A moderate personal care disability means that the task can be performed with some difficulty, and a serious personal care disability means that someone else is required to help with the task.

As can be seen, people within the older age groups (in the range of 18-64) are more likely to have a moderate or serious personal care disability, especially the age of 35 years old onwards.

People predicted to have a long standing health condition caused by a stroke, and people who have either Type 1 or Type 2 diabetes, by age group, in Croydon projected to 2020

Age/Year	Stroke (long standing health condition)		Diabetes (Type 1 or 2)	
	2014	2020	2012	2020
18-64	670	722	7,252	7,915
65+	1,114	1,267	5,995	6,831

Source: Projecting Adults Needs and Service Information (PANSI) & Projecting Older People's Population Information (POPPi)

People aged 18-64 who are predicted to have a serious visual impairment, or a moderate or severe hearing impairment, in Croydon projected to 2020

Age/Year	Visual impairment		Hearing impairment	
	2014	2020	2014	2020
18-64	153	161	8,447	9,457

Source: Projecting Adults Needs and Service Information (PANSI)

Long Term Conditions

It is expected that many more people will be living with long-term health conditions in the future - meaning health problems that are present for more than a year, such as diabetes, heart disease, respiratory problems, asthma and epilepsy.

People often have more than one of these conditions, especially as they get older. Three out of every five people aged over 60 suffer from a long term condition and as the population ages this number is likely to rise. Social trends, such as the increase in single-person households (as described above) and people living further from their extended family may mean a reduction in support available from family members.

Adults with substance misuse issues

People aged 18-64 predicted to have an alcohol or drug dependency in Croydon projected to 2020

Age/Year	Alcohol dependency		Drugs dependency	
	2014	2020	2014	2020
Male	9,996	10,553	5,171	5,459
Female	4,006	4,184	2,792	2,916

Source: Projecting Adults Needs and Service Information (PANSI)

There are significant differences by gender for alcohol and drug dependency, with more than double the number of men predicted to have an alcohol dependency in 2014, and almost double the number with a drug dependency.

Current supply and future

People receiving community based services in Croydon by service, client group and age band – during 2013/14

Client Group	Home Care	Day Care	Meals	Equip & Adaptations
PD - All	2,890	650	1,260	690
18-64	395	220	85	165
65+ -	2,500	430	1,175	525
Breakdown for 65+ physical disabilities				
Physical disability, frailty and/or temporary illness	2,410	305	1,135	515
Hearing impairment	35	5	20	5
Visual impairment	50	120	20	5
LD – All	455	370	10	15
18-64	395	325	5	10
65+	60	45	5	0
MH – All	230	95	100	30
18-64	105	25	20	15
65+	130	65	75	15
Sub misuse - All	5	20	0	0

18-64	5	20	0	0
65+	0	0	0	0
Other vulnerable people	40	5	10	5
18-64	25	5	0	5
65+	15	0	10	0
Totals	3,620	1,135	1,380	735

Source: National Adult Social Care Intelligence Service (NASIS), Referrals, Assessments & Packages of Care (Table P2F) *some figures do not add up because of rounding.

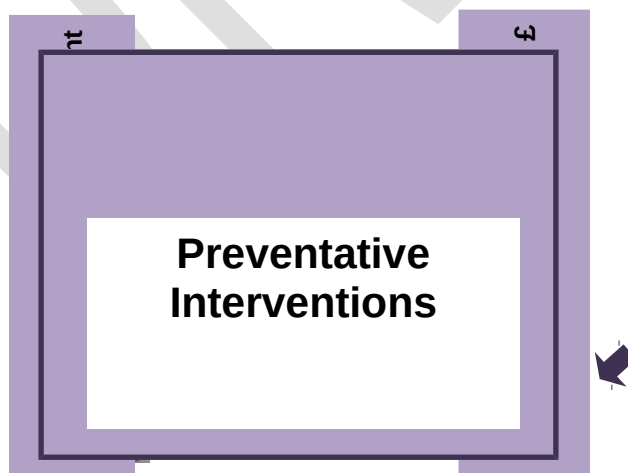
Universal and preventative services

Croydon will be working closely with local communities, the voluntary sector and community groups to enhance locally-delivered support systems which are preventative in nature and create greater engagement for local people in their own communities. This preventative approach is being supported by both the Council and health partners and is being delivered through a range of projects which encourage community development to reduce social isolation, increase people’s ability to self-manage their health and care needs well and reduce or minimise future care and support needs.

We will build on the work which has already been carried out in parts of the borough using the Asset Based Community Development (ABCD) approach which focuses on identifying and mobilising individual and community assets, bringing together skills, knowledge and connections to support the development of stronger communities. More information about ABCD projects in Croydon can be found in the ‘Further Resources’ section.

It is also essential that local people can easily access information, advice and advocacy in relation to care and support services when they need it. Such services play a vital role in ensuring people can make good decisions about care and support, have a range of care providers to choose from in meeting their needs, prevention of care needs from becoming more serious, or delaying the impact of such needs.

Value of Preventative Interventions



The Care Act 2014 sets out responsibilities for local authorities around prevention, information and advice which include the need to provide information about what types of care and support are available, the range of services available and where to find independent financial advice to plan and prepare for the future costs of care.

Croydon is commissioning a wide range of adult social care preventative support services which help to reduce social isolation, increase health and wellbeing and prevent care needs developing and/or increasing over time. These services include:

- Information, Advice, Advocacy and Support services which are linked to our carers support centre and specialist carers services, and take a co-ordinated & collaborative approach - working closely with other care & support services & statutory services.
- Day opportunities which offer a range of services including lunch clubs, social activities and wellbeing services.
- Croydon POP bus service, will be re-commissioned bringing preventative services (information, advice and support) for residents in 'hard to reach' communities and high footfall areas.
- The online directory of services 'CarePlace' will be available soon to Croydon residents, providing information about community, care and support services in the borough and the opportunity to purchase these services for people with a personal budget or who self-fund their care and support.

Croydon will also be developing longer term plans to improve digital services to enable carers, family members and other local people to be able to identify outcomes they wish to achieve, and to provide knowledge about how to access relevant services. As well as the introduction of 'CarePlace' we have developed some online referral forms and we will be looking for other ways of strengthening our local offer so that a variety of channel of access are available. The focus of these improvements is to enable people to be better informed of their rights, the duty of the council and its partners, and to provide additional tools to support people in being able to help themselves.

Prevention and early intervention

As well as a universal approach focused on avoiding or reducing problems we also aim to target those 'at risk' of developing health conditions, or experiencing accidents (such as falls) and managing existing health conditions to help avoid possible deteriorations. In order to do this a variety of services are in place, and we continue to develop and enhance other options, including:

- Fast and easy provision of aids and equipment to help people manage health conditions and mobility, continue living safely at home and avoid hospital admission
- Telehealth and telecare technology, enabling people to improve their health and wellbeing and monitor their own health conditions
- Better management of medication for people living at home, in care homes & special sheltered housing - increased community pharmacy capacity

Recovery and reablement

When someone has experienced a period of illness, an accident or an unavoidable period of time care in a hospital or residential care home it is essential that effective recovery and reablement services are available to support them in re-establishing their ability to manage their lives successfully.

Reablement should not be seen as one single intervention, but rather a range of tailored and flexible short term health and social care interventions that enable an individual to regain their independence at home. Recovery and reablement are also not just limited to specific services, but part of our overarching priorities and our approach for delivery of services to all people with care and support needs.

Croydon has developed a wide range of reablement services, including social care initiatives developed with health partners. This has included:

- Provision of reablement, recovery or treatment and follow up support at venues round the borough, for example, facilities at Addington Heights Reablement Day Centre including gym / activity suite, wheelchair clinics / assessments, sensory Impairment & Community Access Team activities
- 'Falls & Bones' service - community resource centres working with people at risk to prevent further falls and possible hospital admission
- Establishment of a Short Term Assessment and Reablement Team (START) to work with hospital health and social care discharge coordinators. Once discharged the START reablement coordinators ensure that all parts of the independence/reablement plan for the person are working together to achieve the reablement outcomes for the individual.

Home based care

Care and support provided to people within their own homes is the most commonly provided community based service for the Council. In alignment with the priority aim of supporting people to live independently in the community whenever possible the need for these services will continue to increase. As shown above, 3,280 people received a home care service in 2012/13. A recent internal review for domiciliary care highlighted that the number of people in receipt of these services is projected to continue to increase, and our analysis suggests that by April 2016 there will be an estimated 4,000 residents receiving an estimated 1.125 million hours of domiciliary care.

Guidance issued for the implementation of the Care Act emphasises the role that people working in the care sector play in providing high quality services, and the need to encourage training and development for the care and support workforce. Croydon has been working with domiciliary care providers to develop an approach which improves staff skills, supporting the creation of a more defined career structure for care staff.

The focus on an outcomes based approach, in particular the outcome domains for personal care and support services (as set out above, under 'Outcomes Approach'), outline Croydon's priorities and objectives in achieving the best possible results in relation to an individual's needs, goals and aspirations. We will be looking at ways to further develop the market for personal care and support and enabling services in the south of the borough as the weaker market, including difficulties around recruitment of care and support staff, in this area has been a long standing issue.

Number of people receiving a domiciliary care service

	2011/12	2012/13	By March 2014	By April 2016
Number of people receiving a Dom Care service	2,483	2,722	3,200	4,000
Percentage increase forecast (from 2011/12)		9.6%	28.8%	61%

Note: the statistics above vary slightly from NSCIS 'home care' data due to minor differences in definitions used in the internal review.

Day services & opportunities

Croydon offers a range of day services including through reablement and day resource centres (a summary of the services offered set out below) for a range of client groups, and activities and opportunities delivered through a community access team.

Other commissioned day opportunities services include lunch clubs and social activities and wellbeing services, which play a vital role in the provision of preventative support.

Croydon's reablement resource centres will also be working closely with 'Transforming Adult Community Services' (further details on page 6) as services focused on supporting hospital avoidance continue to develop.

Addington Heights and Coleby Day Service Reablement Resource Centres

These centres provide short term day service Reablement provision for adults assessed as requiring non domiciliary reablement services in support of their wellbeing and independence. The service works closely with health and other social care teams as part of the borough wide reablement provision.

Langley and Marsh/Willow Dementia Day Centre Services

Both of these centres provide day centre services for younger and older adults who have a diagnosis of dementia focused on offering safe and meaningful day services for clients, and give respite and support to their carers and families. The service works closely with colleagues from the South London and Maudsley Mental Health Trust (SLaM) including Care Management teams and the Croydon Memory Service. The service also engages in partnership work with the Croydon Alzheimer's Diseases Society.

Cherry Orchard Day Centre & garden centre

This centre provides services for adults with learning disabilities, who mostly have high-support needs. The centre offers a wide range of activities and many people who come to the centre can also enjoy local community facilities such as parks, cafes and shops.

Cherry Orchard garden centre provides work experience for service users with learning disabilities and trainees can help run the business by sowing seeds, potting up and making hanging baskets and patio pots for sale to the public.

Community Access Team (borough wide)

This service focusses on working with adults with physical disabilities and or with acquired brain injuries by way of receipt of outcome focused referrals from a range of referrers. Clients are referred for support to function within the local community and remain as well and as independent as possible. As well as hands on direct service support the team are involved in signposting, advocacy, benefit, money, and housing advice, transport orientation, access to disability/mobility aids, form filling and letter writing, and IT skills support for clients in their own homes. The service works closely with the day service reablement centres in support of client community integration and discharge planning.

Carers' services

Croydon's approach to supporting carers is through its Carers Strategy 2011-16. Carers support is designed to minimise the impact of caring on aspects of carers lives (whether this is housing, home, family life, income, employment or health related) and support carers in maintaining a balance between their caring role and their desired quality of life - having choices, being in control and enjoying independent lives. Details of where you can access the Croydon's Carers Strategy 2011-16 can be found in the 'Further Resources' section.

The current carer profile taken from Croydon's Carers Support Centre informs us that as of September 2014, there were 4,251 carers registered with the Croydon's Carers Support Centre. Of the 4,251 carers 77% are in the 18-64 age band, 18% in the 65 -74 age band and 5% include carers aged over 75, 79% are female, 42% are from BME communities and 58% White.

The focus for maintaining carers quality of life has been on providing support at the right time and in the way which best suits the individual, to help carers to continue with their caring role. This enables them to carry out essential everyday tasks such as shopping or attending appointments and/or better equip carers by ensuring that they get enough rest, stay healthy and emotionally resilient, and become experts in the health and care system.

The support provided can take the form of a break from caring responsibilities (perhaps through sitting services, day care, short placements in residential care, financial assistance to have a holiday) services which support carers health and wellbeing, and having good access to information and support on issues that affect them such as housing, benefits, income maximisation, debt and employment issues. Access to carers' support is through:

- The Carers Support Centre, based in Central Croydon, opened in October 2013. This venture between the Whitgift Foundation, voluntary sector & Council provides information and general carers services from a central point, with referral systems and links to access specialist and other services.
- A range of specialist carers services, including:
 - Early intervention & preventative services - information, advice, advocacy & support
 - Carers Support groups, peer networks, befriending, counselling, training and respite provision.

As mentioned above, the implementation of the Care Act 2014 will have significant implications for carers, with the introduction of national eligibility criteria for adult social care, covering both service users and carers. Croydon is currently developing its response to these changes. This will not only mean an increase in the number of carers who have

interaction with the Council leading to provision of support, but at the same time fine-tuning our strategy to support more carers within available resources in innovative ways. This could for example be through increased access to personal budgets which allow carers and the person they care for to find their own care and support solutions, better/improved use of technology, developing time banks for carers, encouraging more peer networks and empowering/supporting carers towards routes to flexible employment through forming social enterprises.

Housing related support

Housing support services (sometimes referred to as *Supporting People* services) are intended to prevent homelessness, as well as prevent the need for high costs care services, through supporting people to acquire or re-acquire their skills to live independently. Some people may already be living in their own homes, while others may be homeless and require access to short term accommodation with support. Housing support may be provided as a floating support service or as an accommodation based service.

In general Croydon wants to ensure that that care and support services are delivered separately from actual accommodation so that a person can move to other accommodation if they wish, with their support package following them. In other words, the support is linked to the individual and not the accommodation.

Housing related support services are re-commissioned on a rolling programme through the Integrated Framework Agreement. In 2014 the Council commissioned a floating support service for older people and a “hub and spoke” service for people with learning disabilities. In 2015 the Council is likely to re-commission housing support services for people with mental health problems, for rough sleepers and for vulnerable single homeless people. The Council will continue to require housing support services to comply with the Supporting People Quality Assessment Framework and to report on outcomes for service users.

The new “hub and spoke” service for people with learning disabilities has two bases in different parts of the borough with support provided at a range of spokes around the borough in group homes, cluster flats and dispersed flats. The Council will be evaluating the ‘hub and spoke’ model to find out if it could be used as a model for housing support for other client groups.

Registered Providers of social housing and private landlords play an important role in supplying the accommodation where clients of housing related support live. The Council seeks to support bids from registered providers of social housing to the Greater London Authority for capital funding to refurbish and build new specialist housing, including:

- A hostel for about 16 homeless 16-17 year olds
- A housing scheme of 20-25 flats for people with mental health problems in the 50-65 age range based on the extra care model
- Small cluster schemes of 6-10 flats for people with physical disabilities and people with learning disabilities
- Re-provision of two hostels for people with mental health problems with a single 16 bedspace hostel
- Self-contained move-on flats for people in the latter stages of recovery from mental ill health

Housing supported services can be provided to a wide range of vulnerable client groups, including:

Older people	People with physical and sensory disabilities
People with learning disabilities	People who are homeless
People with substance misuse issues	Ex-offenders
Young people at risk, including young people leaving care	People who have experienced domestic violence

Retirement housing (sheltered, special sheltered & extra care)

The priority for Croydon is to ensure that flexible support services are available which respond to different types and levels of support need, to different living situations and that are tailored to the needs of individual.

Often it has been the case that some people living in their own homes could benefit from low levels of support to help them manage, whereas some sheltered residents do not want or need the support on offer and for some more vulnerable people a higher level of support could help to ensure they maintain their independence.

Croydon now refers to 'retirement housing', rather than sheltered housing, which describes schemes regardless of the support model and concentrates on delivering more flexible solutions.

The support services described below are the type of services Croydon will focus on to achieve these aims.

- Older people's floating support services - this offers support to people regardless of where they live (retirement or general needs housing of any tenure). The amount of support varies according to the individual's needs. This type of floating support plays an especially important role in helping older people sustain their accommodation, live independently and prevent moves into residential care or hospital.
- 'Support when you need it' services – floating support which allows people to 'opt in' to support for limited periods only when needed, such as during illness or when family support is temporarily unavailable.
- Extra care – increasing staffing levels and providing more care hours/waking night duty cover etc can make this a viable alternative to residential care for some people with high dependency needs.
- Specialist support - for more vulnerable people (such as people with mental health problems or substance misuse issues) where higher levels of support may also be required and the use of specialist providers.

Special sheltered housing is intended to meet the needs of older people who are unable to live at homes by providing care and support on site. Each care and support package is tailored to the individual and 24 cover is provided with a member of staff sleeping in. There are additional facilities such as assisted baths and kitchens that can provide meals to the residents.

Croydon has relatively few extra care housing schemes when compared to other similar boroughs with one scheme at present offering 40 units and a further six special sheltered

schemes providing 259 units with care and support provided on site. A recent review of extra care and special sheltered housing has identified that there is a significant need for more extra care housing in the borough and the Council is pursuing a number of options to address this. In addition, the Council is seeking to support a bid by a Registered Provider of social housing to the Greater London Authority to build an additional extra care housing scheme for older people.

Special sheltered and extra care schemes in Croydon

	No of schemes	Units
Special sheltered	6	259
Extra care	1	40

Residential and nursing care

Croydon has a very high number of residential and nursing care homes in the borough (approx 170). During the period 1st April to 31st March 2014 there were a total of 218 local authority supported permanent placements to residential and nursing care (see table below for breakdown) in Croydon, with people who are self-funding occupying the remaining places.

With such a high number of residential and care homes in the borough, a 'saturation point' has been reached, and in alignment with the focus on supporting people to remain living at home safely whenever possible, there is no demand for additional residential and care home places for the Council in Croydon and surrounding areas.

Croydon experiences a range of difficulties which arise from the significant number of residential and nursing care home that continue to be sited in the borough, particularly those caring for people with more complex needs, such as mental health problems and learning disabilities. Despite the high number of homes in Croydon there is often still a need to find placements outside of the borough, resulting in the undesirable outcome of an individual being cared for outside of their local area, in order to ensure an individual's needs are adequately meet because the services provided by homes within the borough have not been developed in alignment with the requirements of our clients and therefore do not meet their needs. At the same time other boroughs may use these placements, effectively 'importing' clients with complex health needs into the area, which has an adverse impact on wider health and social care services in Croydon.

Croydon intends to work closely with care home providers over the next year to develop solutions to this situation, focusing on ways to avoid the opening of new homes which are not required, are not always suitable for meeting the needs of local people, and which place additional pressures on wider health and social care services. We will also seek ways to address the gaps that exist in more specialist services which sometimes result in people with specialised needs being places outside of the borough (especially in an emergency). We will do this by working with providers to broaden the range of specialised options. This will include looking at the need for more EMI (elderly mentally infirm) / nursing care provision in the borough.

Croydon is also implementing a Dynamic Purchasing System (DPS) which will enable the purchasing of residential and nursing placements, replacing manual allocation processes to deliver the best quality and price for individual adult residential and nursing placements and a fairer process for providers. The overarching aim of the DPS is to develop a local,

cost effective and responsive market place for learning disability, mental health and physical disability residential and nursing placements.

The introduction of changes as a result of the Care Act will lead to people who self-fund (for both community based care and support, and residential/nursing care) having much greater interaction with the Council as they will need a care account to be set up to record care costs, in order that progress towards the care cap can be monitored (further details in Appendix 1). The implications of these changes for providers of residential and care homes are still emerging and the Council is putting communication and engagement plans in place to ensure that clear messages are provided at the earliest stage possible.

The introduction of the online directory tool 'CarePlace' will provide better information to self-funders (as well as other local people) as it will give them choice and control, allowing them to locate care and support services, including care homes, more easily and to access advice and guidance about choosing the right service for their needs. The use of this tool will help to shape the market through publicising market demand and will increase the available intelligence about the local market for both the council and partners.

Permanent (local authority supported) admissions to residential care and nursing care in Croydon by client group and age – 2013/14

Client Group	Residential care	Nursing care
Physical disabilities - All	91	90
18-64	1	8
65+	90	82
Learning disabilities – All	6	3
18-64	6	1
65+	0	2
Mental health – All	14	13
18-64	2	0
65+	12	13
Substance misuse & other vulnerable people (all ages)	0	1 (65+)
TOTALS	111	107

Resources – current and future

Cost data for Adult Social Care Market Position Statement

Adult social care costs by client group	£'000	£'000
Client group / Year	2012/13	2013/14
Older people (65+)	54,915	56,357
Physical disabilities or sensory impairments (under 65)	11,686	12,058
Mental health (under 65)	10,810	10,096
Learning disabilities (under 65)	43,994	42,676

Adult social care costs by service type	£'000	£'000
Service / Year	2012/13	2013/14
Day services	7,638	7,067
Home care	11,325	14,958
Residential care	45,753	44,960
Nursing care	9,386	10,435
Equipment & adaptations	2,928	3,159
Meals	988	1,010
Supported & other accommodation	14,207	13,940
Supporting people	1,407	1,470

Economic pressures

The economic environment remains extremely challenging for local government, the Government's deficit recovery programme

has resulted in significant reductions in local government funding and the 2014 Autumn Statement indicated that a continued and sustained level of funding reduction will be targeted at the public sector.

London local government core funding has reduced by £0.6 billion since 2010/11 and if locally raised income such as council tax is taken into account total income could fall from £9.4 billion in 2010/11 to 7.6 billion in 2019/20, which would be a reduction of £1.7 billion (18% equivalent).

These pressures are particularly felt in adult social care services with demand for services continuing to increase. The current economic climate underlines the necessity to meet these challenges with new approaches and in Croydon these will be driven by the priorities set out throughout this document, underpinned by a commitment to reduce inequality and promote fairness for all of its communities.

Demographic change

Croydon has the largest population of any London borough with a population growth of 10% during the decade to 2011. Census figures show that Croydon has experienced a greater increase in population growth than was projected and this underestimation in population places the borough at a disadvantage for local government funding, with further population growth, higher than England and other regions, expected.

The greatest proportional increases have been seen in older age bands and the 65+ population in Croydon is estimated to rise by 24% in the period 2011 to 2021, compared to the London average of 19%. Looked at alongside the health and social care demands related to people living longer with more health issues, and increases for people with physical and mental health needs these demographic changes highlight the increasing pressures and associated costs for adult social care.

The borough has also become relatively more deprived in comparison to other London boroughs, with impacts being felt from the increasing 'suburbanisation of poverty' which describes the movement of less affluent households from inner London to outer London areas. Despite all of these issues Croydon's funding allocation is significantly less than that of other authorities in inner and outer London with similar issues to address. Through its Fair Deal campaign the Council is lobbying the Government for a fairer share of resources.

Further resources

- **The Care Act 2014:**
 - Care Act 2014 – consultation documentation (closed for comments from 15th August, but draft guidance and regulations for different parts of the Care Act can still be viewed)
<http://careandsupportregs.dh.gov.uk/>
 - Care Act 2014: Part 1 factsheets - <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>
- **Croydon Observatory** - providing access to data and information about the borough.
 - Main site can be found here: <http://lbcdatafirst.org/>
 - Health and social care data information on the observatory site can be found here: http://lbcdatafirst.org/health_and_social_care/
- **Croydon Joint Strategic Needs Assessments (JSNA)** – JSNAs assess the current and future health and social care needs of the local community, and access to all JSNA's undertaken in Croydon is available via the Croydon Observatory.
 - <http://www.croydonobservatory.org/jsna>
- **Croydon Integrated Mental Health Strategy for Adults 2014-19** - the aim of the integrated mental health strategy is to create a shared transformational vision for mental health service provision in Croydon in the next 5 years.
- <http://www.croydonccg.nhs.uk/news-publications/publications/Documents/NHS%20Croydon%20CCG%20Mental%20Health%20Strategy%20Final%202014%20-%202019.pdf>
- **Croydon Carers Strategy 2011-16**
 - <http://www.croydon.gov.uk/democracy/dande/policies/health/carers>
- **Croydon Better Care Fund Plan** – *need to link to where published*
- **Croydon Health and Wellbeing Strategy 2013-18** - the strategy sets out Croydon's vision and the long term improvements in people's health and wellbeing that we aim to achieve.
 - <http://www.croydonccg.nhs.uk/about/CCGMeetings/Board%20papers/Attach%20C1%20-%20HWB%20strategy%20App%201.pdf>
- **NHS Croydon Clinical Commissioning Group, Primary and Community 3 Year Strategy 2013-16** – setting out key aims, including - prevention/ Public Health: a focus on prevention of ill health, self-care through education, shifting the balance of care from

secondary to community and primary care and Integrated Care Pathways and working around aligned 6 GP Geographical Networks.

- [http://www.croydonccg.nhs.uk/SiteCollectionDocuments/CRO%20-%20Primary%20and%20community%20care%20Strategy%20Governing%20Body%20-%20Final%20Version\[1\].pdf](http://www.croydonccg.nhs.uk/SiteCollectionDocuments/CRO%20-%20Primary%20and%20community%20care%20Strategy%20Governing%20Body%20-%20Final%20Version[1].pdf)
- **Croydon Clinical Commissioning Group (CCG), Prevention, Self-Care and Shared Decision Making Strategy (PSS)** – this strategy guides the way in which the CCG enables residents and patients to take greater responsibility for their health.
<http://www.croydonccg.nhs.uk/news-publications/publications/Documents/Prevention,%20self-care%20and%20shared%20decision%20making%20strategy.pdf>
- **Croydon Joint Dementia Strategy 2012-15** – the strategy is based on the National Dementia Strategy and recommendations from Croydon JSNA 2011. It has been produced with a number of partners, ensuring an integrated approach to all actions and recommendations.
 - <http://www.cvalive.org.uk/LinkClick.aspx?fileticket=0Bg-00zAr8Q%3D&tabid=772&language=en-GB>
- **‘Improving health and social care outcomes for over 65s programme: a new approach to commissioning integrated provision’**, report to Cabinet September 2014 –
 - <https://secure.croydon.gov.uk/akscroydon/users/public/admin/kab14.pl?operation=SUBMIT&meet=29&cmte=CAB&grpid=public&arc=1>
- **Croydon Commissioning Strategy and Framework Social Value Toolkit and handbook for contract management** – the strategy aims to ensure a consistent commissioning approach across the council and continued development of common commissioning behaviours across sectors that will support the approach.
 - <http://www.croydon.gov.uk/business/tenders/commissioning/commissioning-strategy>
- **Croydon Commissioning intentions for 2015/16, including:**
 - Croydon Joint Health & Wellbeing Strategy – Priorities for action
 - Croydon Clinical Commissioning Group, Commissioning Intentions 2015/15
 - NHS South West London Commissioning Collaborative, South West London Commissioning Intentions 2015/16
 - NHS England, Commissioning Intentions for Prescribed Specialised Services 2015/16
 - Croydon Council and Croydon Clinical Commissioning Group - Proposed adults commissioning priorities for the Integrated Commissioning Unit 2015/16
 - Croydon Children and Families Partnership 2015/16 draft priorities – Proposed children’s commissioning priorities for Integrated Commissioning Unit
 - <https://secure.croydon.gov.uk/akscroydon/users/public/admin/kab14.pl?operation=SUBMIT&meet=11&cmte=WEL&grpid=public&arc=1>
- **Croydon Safeguarding Adults** – web pages for Safeguarding Adults Board and sub-groups and further information including on protecting adults at risk and reporting abuse
 - <http://www.croydon.gov.uk/healthsocial/sva/>
- **‘Making it Real’ resources** (part of Think Local, Act Personal website):
 - <http://www.thinklocalactpersonal.org.uk/Browse/mir>

- **Asset Based Community Development (ABCD)** – information about ABCD projects in Croydon, from the Croydon Council website and Croydon Voluntary Action (CVA) website.
 - Croydon Council – <https://www.croydon.gov.uk/community/advice/abcommunity-dev>
 - CVA - <http://www.cvalive.org.uk/CVANEighbourhoods/AssetBasedCommunityDevelopmentinCroydon.aspx>

Appendix 1

National context

Government reform of the adult care and support system has continued to progress, underpinned by the key policy aims of taking a preventative approach, supporting independence and improving access to adult social care information and advice.

The Health and Social Care Act 2012 transferred responsibility for public health to local authorities from April 2013 and contains a number of provisions to encourage and enable the NHS, local government and other sectors to improve patient outcomes through more effective integrated, joined up working. The Act also required the setting up of Health and Wellbeing Boards from April 2013 to oversee the planning and delivery of health services in an area.

The Care Act 2014

The Care Act, which received Royal assent on 14 May 2014, places a range of new duties on local authorities. The aim of the Care Act is to put people and their carers in control of their care and support, and to change the way in which people are cared for with the concept of 'wellbeing' being central to the act. This means local authorities have a duty to consider the physical, mental and emotional wellbeing of the individual needing care. The key measures being introduced, and timescales for implementation, are set out below.

Care Act – measures from April 2015:

- New duties, including -
 - to provide information and advice, including about paying for care
 - to shape local care and support the market
 - to arrange care for self-funders, including for residential care
 - to provide support plans and personal budgets for people with assessed eligible needs
 - to provide deferred payments (i.e. local authorities currently have discretion about when to offer deferred payments)
 - new duty of prevention and wellbeing to prevent or delay the need for care and support

- The introduction of national eligibility criteria for adult social care, covering both service users and carers (i.e. the removal of local discretion about setting eligibility). This includes a new duty to meet the eligible support needs of carers and new duties around the portability of assessments where people move to a different local authority
- The introduction of statutory Adult Safeguarding Boards and associated responsibilities for adult protection.

Care Act – measures from April 2016:

- **The introduction of care accounts and a cap system where the local authority becomes responsible for the costs of meeting eligible needs once the cap has been reached (from April 2016 the amount you pay for care if you are over 65 is being capped at £72,000).**
- **The extension of the means test (upping capital thresholds for financial assessment) so that more people qualify for state funding towards the cost of their care.**
- **A new duty to provide direct payments for people in residential care.**

Care Act 2014 - key messages for the market

- All care and support processes, activities and services should to be underpinned by a focus on the needs and goals of the person concerned - with the core purpose of helping people to achieve the outcomes that matter to them in their lives.
- Implementation of the act will bring many people who currently 'self-fund' their care and support into contact with local systems - this will mean increasing numbers of people seeking information and advice about what is available in their local area, and support for arranging services to meet their needs.
- Comprehensive, easy to access, information and advice about care and support in the local area must be available for everyone – this is fundamental to enabling people to take control and make well informed decisions, as well as playing a vital role in preventing or delaying care and support needs.
- New rights for carers, giving them the same rights to assessments and care services as those they care for – this will mean many more carers coming into contact with the care and support system and the need to provide an increased support offer to help carers continue with their caring role.
- Local services will need to be mindful of the 'wellbeing principle', and that the Care Act seeks to promote this through all care and support functions.

- The meaning of 'wellbeing' is broad and it includes personal dignity, physical & mental health, emotional wellbeing, protection from abuse and neglect, control over day-to-day life, participation in work, education, training or recreation and social & economic wellbeing.

DR