

Scrutiny Health & Social Care Sub- Committee Supplementary Agenda



6. 2021-22 Adult Social Care Budget Proposals (Pages 3 - 38)

The Sub-Committee will be provided with an overview of the Adult Social Care budget proposals for 2021-22.

The Sub-Committee is asked to review the information provided and consider whether it wishes to make any comments or recommendations to be fed into scrutiny of the budget by the Scrutiny & Overview Committee.

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Agenda Item 6

REPORT TO:	HEALTH & SOCIAL CARE SUB-COMMITTEE 26 January 2021
SUBJECT:	2021/22 Adult Social Care Budget Proposals
LEAD OFFICER:	Guy Van Dichele Executive Director Health Wellbeing and Adults
CABINET MEMBER:	Councillor Janet Campbell Cabinet Member for Families, Health & Social Care
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	Guy Van Dichele Executive Director Health Wellbeing and Adults

POLICY CONTEXT/AMBITIOUS FOR CROYDON:

Adult social care continues to be under pressure nationally and locally. The outturn for 2016/17, 2017/18, 2018/19 and 2019/20 demonstrated both an increase in costs and increased use of transformation monies to meet current demand and increased complexities. Increasingly we are seeing residents who fund their own care running out of money, often referred to as 'wealth depleters'.

A change in the way we deliver social care in order to reduce spend and live within our available resources is underway. This aligns to the following Croydon Renewal Plan priorities:

- We will live within our means, balance the books and provide value for money for our residents.
- We will focus on providing the best quality core service we can afford. First and foremost, providing social care services that keep our most vulnerable residents safe and healthy. And to keep our streets clean and safe.

ORIGIN OF ITEM:	Scrutiny of budget proposals is one of the key work strands within the Scrutiny Work Programme.
BRIEF FOR THE COMMITTEE:	The Sub-Committee is asked to review the information provided and consider whether it wishes to make any comments or recommendations to be fed into scrutiny of the budget by the Scrutiny & Overview Committee.

1. EXECUTIVE SUMMARY

- 1.1. This report provides the committee with an update on the adult social care 2021/22 budget development, and associated change programmes required to deliver aligned savings.

- 1.2. The budget development was also reported to Cabinet on 25th November 2020, 'The Croydon Renewal Financial Recovery Plan and Submission to MHCLG for the Capitalisation Direction', Appendix B, section 3.

2021/22 ADULT SOCIAL CARE BUDGET PROPOSALS

2. BACKGROUND

- 2.1. Adult social care continues to be under pressure nationally and locally. The outturn for 2016/17, 2017/18, 2018/19 and 2019/20 demonstrated both an increase in costs and increased use of transformation monies to meet current demand and increased complexities. Increasingly we are seeing residents who fund their own care running out of money, often referred to as 'wealth depleters'.
- 2.2. A change in the way we deliver social care in order to reduce spend and live within our available resources is underway.
- 2.3. The council is working with social work practice and finance leads from the Local Government Association (LGA) and have accepted their view that Croydon's spending on younger and older adults is significantly higher than that of comparable boroughs.
- 2.4. A 'cost of care' tool has therefore been developed to build a zero based adult social care budget and set a baseline for current activity and cost from which then to reduce to bring in line with the average level of spending in London or England as appropriate.
- 2.5. Savings and change programmes are being developed with key LGA guidance taken into consideration, 'why savings are not delivered' (see appendix).

3. ISSUES

- 3.1. The headline issues for Croydon are set out below.
 - Croydon is a high spender on adult social care.
 - High spending on younger adults is a recent development and has been getting worse.
 - Croydon is a high spender on older people but this has improved slightly.
 - There is scope to make significant savings in the medium term, however, the budget must be set at the right level.
 - The Council must get a grip on the young adults budget now.
- 3.2. Adult social care managers are committed to sorting out these issues.
- 3.3. In December 2020, a renewed 'One Croydon Alliance Commitment statement' included the following (see appendix for full statement):

- The financial position of Croydon Council, with the issuing of a Section 114 notice, presents another challenge for the Alliance, but we believe that there is strength in our unity. All partners remain committed to working together as a local system to find solutions where possible and mitigate negative impact for the benefit of Croydon residents. We believe that greater integration will support us to achieve efficiencies across the system and a sustainable health and care system that works for Croydon people.
- We wish to restate our commitment to partnership working and the One Croydon Alliance principles as we move forward with the delivery of our Health and Care Plan and the establishment of the Croydon Health and Care Board. The Alliance reconfirms its commitment to whole system savings (or effectiveness) and continuing to work under our shared set of agreed principles.

4. CURRENT BUDGET DEVELOPMENT

- 4.1. The table below sets out the budget growth and savings requirements for next year for Health Wellbeing and Adults and the plans to reduce expenditure from this starting point.

	2021/22 (£,000's)
<u>Health, Wellbeing and Adults</u>	
Reduction in Welfare Rights	(230)
Baseline Savings - Disabilities Operational Budget	(3,015)
Stretch Savings - Disabilities Operational Budget	(1,367)
Review of Contracts - OBC Commissioning, Working Age Adults	(600)
Baseline Savings - Mental Health Operational Budget	(459)
Stretch Savings - Mental Health Operational Budget	(225)
Reduction in Placements & Accommodation - budget (PLAN A)	(200)
Croydon Discretionary Support - reduction in service (PLAN A)	(292)
Contact centre and Access Croydon: Reduction in line management	(95)
Restructure	(72)
Savings on care provision - ASC Older People Baseline (5%, 7.5%, 10%) - Net of income adjustments	(1,908)
Savings on care provision - ASC (Older People - Stretch (2.5% extra Yr 1 & 2) - Net of Income Adjustments	(691)
Income from Care UK Beds released to self-funders	(254)
Welfare rights in-house service deletion - stretch	(300)
Health, Wellbeing & Adults - savings	(9,708)
Growth to fund current Activity/Run Rate	23,048
Growth to fund Cost Inflation in Care UK Contract	254
Growth to fund projected Demographic and Cost Pressures	5,221
Convert Unfunded Income Officers to Permanent GF Funding	311
Growth to fund demographic and inflation in future years - ASC (Community Equipment Service)	57
Health, Wellbeing & Adults - investment	28,891
Health, Wellbeing & Adults - Net	19,183

Source: November 2020 Cabinet

- 4.2. The stretch targets are 10% over three years' package and placement spend reductions. Further areas being developed will support increasing the savings proposals further.
- 4.3. On the advice of the Local Government Association (LGA) finance lead, the council is setting a revised budget to reflect current activity. The revised 2020/21 budget limits current spending where it is safe to do so.
- 4.4. The 2021/22 budget is based on current activity (the 2020/21 outturn) with 3% added for demand growth and 4% added for inflation; a 5% saving is then applied to the revised budget achieved.
- 4.5. LGA advice is that 5% savings for 2021/22 will be challenging but are achievable if implementation starts as soon as possible with appropriate resources and focus. Given high spending on adult social care, higher savings should be achievable in later years – potentially 10% a year, possible because there is more time to plan, consult and implement savings.
- 4.6. The intention is that by the end of 2023/24, spending and activity for younger adults should be aligned to the average for London and spending and activity for older adults should aspire to be at or below the national average.

5. YEAR ONE MEDIUM TERM FINANCIAL STRATEGY PROPOSED SAVINGS

- 5.1. The total impact of the proposals below is expected to provide a minimum of £9.7m savings in year one (2021/22). Further options appraisals and decisions will continue to be made to add to these proposals.
- 5.2. For year one of the MTF period of 21/22, adult social care package and placement spend will be reduced between 5-10%, to be achieved through:

Savings proposals ready to be taken forward

- a. The 'placements programme' will contribute significantly to the placement and package spend reduction by improving systems, processes and payments; better use of accommodation, and better use of placements.
- b. By using good information and advice for self-help, direct payments as a first offer to residents and 'digital by default' plans will all contribute. The adult social care front door is diverting 85% of enquiries from transferring into statutory care. Further work to embed the gateway model and strengths based practice to continue to increase diversion and improve information and advice to ensure self-help is maximised.

Savings proposals can be taken forward after external engagement

- c. Contractual arrangements with providers in the adult social care market are being reviewed. 65% of contracts are due to end in the next two years and opportunities will be taken to design out cost at the design stage, apply further efficiencies during procurement and ensure value for money during the

contract period once let with good contract management, operational and strategic provider relations.

- d. The integration of health and social care and locality focused working in multi-disciplinary teams will provide good outcomes for residents joining up care and resources, contributing to financial sustainability in the medium to long term. Accurate funding and affordable service models for hospital discharge pathways are included. The community equipment joint pool with health will be re-evaluated in relation to health and social care spend and re-negotiate the funding levels.
- e. Croydon remains an outlier for those assessed as eligible for continuing health care (CHC) health funding for people with health conditions compared to its South West London neighbours. New CHC processes and joint funding agreements are being negotiated and put in place to ensure appropriate levels of funding for people across health and care.
- f. The adult social care charging policy will be re-reviewed, although it has already contributed to an additional £3.2m is being achieved from the review implemented this year as outlined above.

Savings proposals needing more work before they can be progressed

- g. Spending on younger adults transitioning into adulthood.
- h. A transition to the voluntary sector of adult social care activity will bring a return on investment in the medium term.
- i. Where subsidy remains, such as for service user of the meals service, this will be reviewed and consulted on as appropriate.
- j. A three year care commissioning plan and sourcing of appropriate accommodation plan is being defined to contribute to the 5-10% reduction in package and placement spend.
- k. The in-house provision service providing extra care accommodation for older adults, active lives day services for people with autism, learning disabilities and physical disabilities, day provision for people with dementia, careline responders service and shared lives accommodation which provides an efficient way of accommodating and caring for people with disabilities to meet assessed eligible care needs. An options appraisal will be conducted to:
 - ensure we maximise the use of these services as an alternative to commissioned care packages as the first priority
 - decommission external contracts and bring people with needs into this provision, or decommission parts of the in-house service;
 - deliver a combination of these.
 - The Careline response service income targets will also be maximised as well as looking at the funding levels for this service.

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APPENDICES TO THIS REPORT

- Why savings are not delivered - october-2017
- One Croydon Alliance Commitment statement

Why savings are not delivered

Context to explain why this note was written

This note has been written to set out some of the reasons why adult social care savings are not delivered. It is based on my personal experience and also work that I have undertaken with a number of local authorities.

1. They are **speculative**. They may be a clever idea but there are no plans in place (and maybe no plans could ever be put in place) to ensure that spending falls. An example would be a bald statement to save £0.5m from early intervention. Other examples include assuming saving from integration or from the local Sustainability and Transformation Plan. These should only be included if it is clear how the savings will be delivered and that they will come to the local authority.
2. There is a **barrier** to delivery which will not be overcome. Examples could include externalizing services which will not be supported by the political decision makers.
3. They are **unlawful**. Examples could include deciding to reduce everyone's personal budget (and therefore care package) by 10%.
4. They are dependent on the agreement and action of **partners** which is unlikely to happen. Examples include assumptions that there will be more income from Continuing Health Care when there is no evidence that the process of assessing people for Continuing Health Care is consistently wrong.
5. There are no **management plans** in place to deliver the saving (or the plans are not implemented). Whilst it may be possible to make savings by closing or stopping funding day services or housing related support, they can only be delivered if the various stages necessary to implement this are completed. The stages will include consultation, formal procedures (whether a notification or procurement), implementation/transitional arrangements.
6. Even if management plans are in place, they will not be delivered if there is not clear **management leadership**. Senior managers need to make clear the importance of delivering the savings plans and ensure that there is sustained and focused attention by all those who need to contribute. Complex savings must have a senior manager who is personally responsible for delivering that saving.
7. This means that savings must be **owned**. All managers (and their employees) need to seem delivering them as part of their day to day business.
8. Savings are deliverable but the **timing is optimistic**. Many savings are assumed to be implemented in full from 1st April of the financial year. This is nearly always unrealistic unless the decision was made more than 12 months earlier. From agreement in principle by policy makers to implementation of the full saving will take a minimum of 6 months for internal services and longer for external services. This reflects the stages that must be followed - see point 5 above.
9. **Transformational changes** normally take two or more years to implement because they involve changing behaviour and expectations of all those involved: service users, carers, care assessment workers, providers, partners. It is unrealistic to assume that this will happen in a matter of months. In practice, I would expect to see very well-developed plans in place for year 1 with potentially less well developed and more uncertain savings in year 2 and possibly more so in year 3.

Why savings are not delivered

10. **Circumstances have changed** so that the original savings proposals are no longer achievable. This may reflect changes in the market or the law (especially court judgements).

If Directors of Adult Social Services are uncomfortable with the discussions that are taking place within their authority, there are the following sources of advice that can be used:

- ADASS has issued advice to Directors on the top tips for Managing Financial Pressures
- Directors can speak to the Chair of the ADASS region who can provide advice or seek advice from elsewhere within ADASS
- They can approach the regional Care & Health Improvement Adviser who may seek the involvement of the National Care & Health Improvement Adviser

John Jackson

National Care & Health Improvement Adviser Finance and Risks

9th October 2017

One Croydon Alliance Commitment Statement

December 2020

The One Croydon Alliance Partners (Croydon Health Services, Clinical Commissioning Group, Age UK Croydon, Croydon GP Collaborative, South London and Maudsley NHS Foundation Trust and Croydon Council) work together in a 10-year Alliance Agreement to further integration and improve outcomes for Croydon residents, helping to establish and maintain system financial stability. A directional statement was agreed by One Croydon Alliance in 2019 and this update builds on the current environment and reinforces the partnership commitment.

During the COVID-19 pandemic, One Croydon organisations and the wider voluntary and community sector have come together to support each other and residents. The maturity of the partnership meant that despite immense pressure on individual organisations and changing accountabilities, there has been quick and effective action to respond to the pandemic.

The financial position of Croydon Council, with the issuing of a Section 114 notice, presents another challenge for One Croydon, but we believe that there is strength in our unity. All partners remain committed to working together as a local system to find solutions where possible and mitigate any negative impact for Croydon residents. We believe that greater integration will support us to achieve efficiencies across the system and a sustainable health and care system that works for Croydon people.

We wish to restate our commitment to partnership working and the One Croydon Alliance principles as we move forward with the delivery of our Health and Care Plan and the establishment of the Croydon Health and Care Board. The One Croydon Alliance reconfirms its commitment to whole system savings and effectiveness and continuing to work under our shared set of agreed principles:

One Croydon Alliance principles

- Acting in accordance with the needs of people in Croydon and the achievement of positive outcomes, recognising the cultural diversity within the borough
- Embracing a culture of openness, trust, and transparency
- Making decisions on a unanimous, best-for-outcomes basis
- Being collaborative, co-operative and timely in our approach to system transformation and decision making
- Continuing to operate to principles of co-design and co-production through engagement with the people of Croydon
- Being mindful of the wider impact of decisions and actions
- Committing to a “no disputes” approach to resolving issues
- Being transparent with each other, sharing information, learning and best practice
- Committing to a culture that promotes innovation and transformation across the system, and organisational boundaries.

All partners welcome the NHS England document, *Integrating Care, Next steps to building strong and effective integrated care systems across England*. The focus on stronger partnerships in local places between the NHS, local government and other partners is the direction we have been building towards in Croydon since 2017 when the One Croydon Alliance Agreement was first signed.

Age UK Croydon
Croydon Council
Croydon GP Collaborative
Croydon Health Services NHS Trust
South London and Maudsley NHS Foundation Trust
South West London CCG (Croydon Place)

DRAFT

Adult social care budget development

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Guy Van Dichele

Executive Director

Health Wellbeing and Adults

26/01/21

Service vision

To safeguard vulnerable adults

To provide social care information and advice to all residents and their families who need it

To support residents in partnership with our statutory and voluntary sector organisations in an asset based approach

To provide support proportionately ensuring we would make best use of the resources we have available

To integrate with health where it makes sense for local residents

Report in public interest

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Implications for adult social care

to - address the underlying causes of overspends: in adults social care and take effective action to manage both the demand and the resulting cost pressures

mediate response

Working with social work practice and finance leads from the Local Government Association (LGA)

Accepted their position that our practices do not encourage people to live independent lives, we are a high spender on younger and older adults

Developed a 'cost of care' tool to develop a zero budget build, and identify how we baseline against other similar councils.

In agreement with LGA finance lead, a revised budget to be set against current activity (based on lead's published work on adult social care budget)

- 20/21 budget - advice is to limit (where it is safe to do so) the run rate, i.e. what we are currently spending.
- 21/22 budget - advice is: budget = current activity (20/21 outturn) + 3% demand growth + 4% inflation growth

Advice recommends 5% savings in 21/22 as realistic and achievable; savings in subsequent two years could be as much as 10% per year.

Long term position advice recommends 3 year end position should align:

- younger adult spend and activity to average for London.
- Older adult activity and spend should aspire to well below the national average.

to address the underlying causes of overspends: in adults social care and take effective action to manage both the demand and the resulting cost pressures

Managing the change

Although recent staffing review and previous restructures yielded savings, the workforce is at capacity, focus must be on retention and morale designed to strengths based practice and integrated working.

Savings we have delivered to date include:

- 18/19 - £3.685m, 19/20 - £2.082m
- 20/21 – 100% confident in delivering £5.3m of revised (deflated due to COVID), initial in year savings target.
- Additional immediate measure in year savings target of £0.250m for direct payments and £0.100m for domestic care; delivery plans and confidence estimates being assessed.

2023/24 savings advice is reduce as shown in slide above, additional savings to be achieved through:

- placements programme – improving systems, processes and payments; better use of accommodation, and better use of placements
- Direct payments as a first offer to residents
- Ongoing reviews, our little and often approach to this has a strong track record in delivering savings.

The integration of health and social care and locality working will provide good outcomes for resident's joining up care and resources, creating financial sustainability in the medium to long term

There needs to be a transition to the voluntary sector of adult social care activity, this brings a return on investment in the medium term.

In-house provider services can work well financially and in terms of quality, if we maximise use or re-provide through commissioning it.

Key figures, pressures and priorities

Key figures

7000+ residents use our services every year

3500 use services for 12 months or more

Roughly 3000 residential beds, of which 1/3 are used by the Council, 1/3 self-funders, 1/3 by other boroughs

260+ people are placed out of borough

260+ new supported homes required in the next 5 years

12% take up on direct payments (**this is too low**)

Carers – 31% of carers in Croydon have done it for 30 years or more!

Agency workforce reduced from 35% to 5%

Summary of growth pressures

Covid-19 pressures

Demographic growth

Safeguarding

Underfunding

Ordinary Residence

Contract Inflation

Unmet needs and Unpaid Care

Provider Sustainability

Transitions

- Self Funders (cost transfers to us as people go below £23k)
- Interdependencies between health and care
- Deprivation of Liberty Safeguards (DOLS)
- Transformation
- London Living Wage (implementation of DPS)
- Care Homes insourcing (manifesto pledge)
- Brexit
- Impact on Public Health move to NHS – transitioning out...

Key messages from Adult Social Care activity and finance report in Croydon 2019-20

Croydon has the highest gross current expenditure on adult social care in London (£144m in 2019/20). It was £146.6m in 2018/19.

In 2019/20 on average, Croydon spent a total of £494 per 18+ person on adult social care (gross current expenditure). This is £20 higher than any other London borough.

Between 17/18 and 18/19 gross current expenditure increased from £121.4m to £144m. This was £419 to £504 per 18+ population, higher than the London increase.

Croydon has the highest net current expenditure on adult social care in London (£118m in 2019/20). It was £119.2m in 2018/19.

In 2019/20 on average Croydon spent a total of £405 per person on adult social care (net current expenditure). This is the 6th highest in London.

Between 17/18 - 18/19 net current expenditure increased from £102.8m to £119.2m. This was £354 to £410 per 18+ population, higher than the London increase.

Croydon has the most clients receiving long term support than anyone in London (6,050).

Total numbers of Long Term Clients are decreasing, however gross current expenditure on Long Term Clients is increasing.

885 65+ year olds in Croydon receive long term support. This is a rate of 7,305 per 100,000. This is the 14th highest rate in London.

165 18-64 year olds in Croydon receive long term support. This is a rate of 905 per 100,000. This is the 4th highest rate in London.

Croydon has a gross current expenditure of over £23.6m for 18-64 year olds receiving long term support in a residential setting. This is the highest in London.

75 18-64 year olds in Croydon receive long term support in a residential setting. This is a rate of 15.1 per 100,000. This is the highest number and rate in London.

2019/20 ASCOF satisfaction measures in Croydon are generally below London average levels.

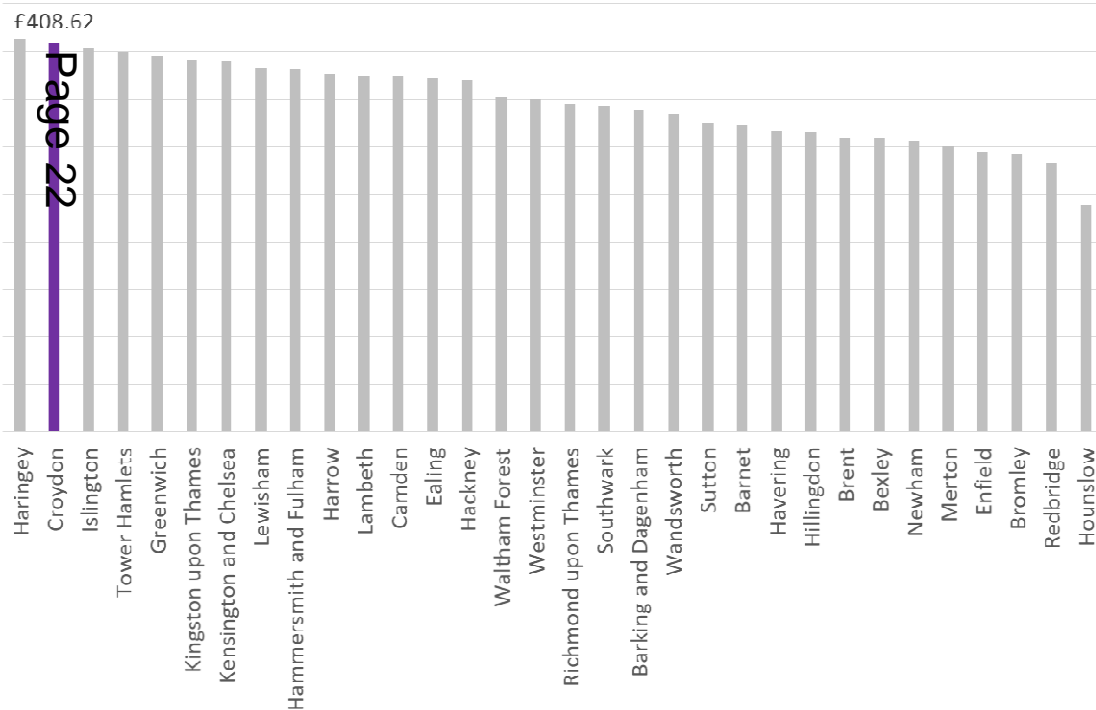
**2018/19 on average Croydon spent a total of
£408.62 per person on adult social care
(net current expenditure)**

This was the 2nd highest in London

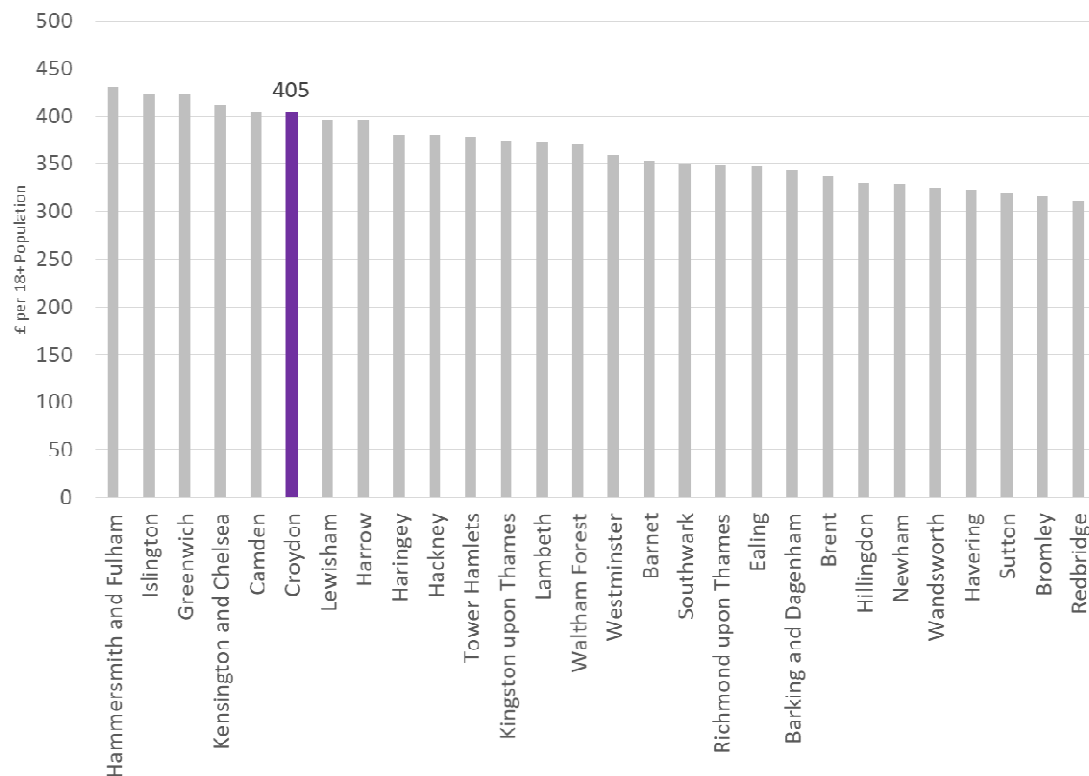
**In 2019/20 on average Croydon spent a total
£405.00 per person on adult social care
(net current expenditure)**

This is the 6th highest in London

of Net Current Expenditure on Adult Social Care spent per 18+ population -
2018/19



Average gross current expenditure on adult social care per 18+ year olds - 2019/20



In 2018/19 on average Croydon spent a total of £501.85 per person on adult social care (gross current expenditure)

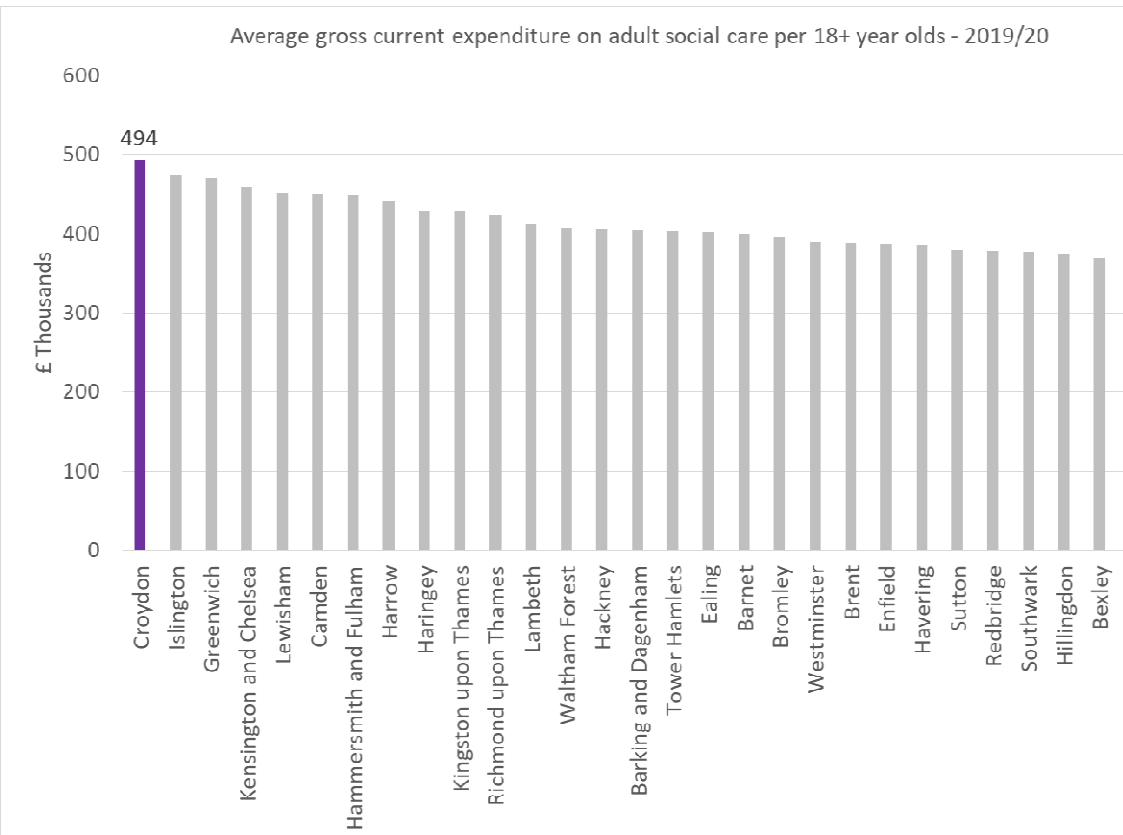
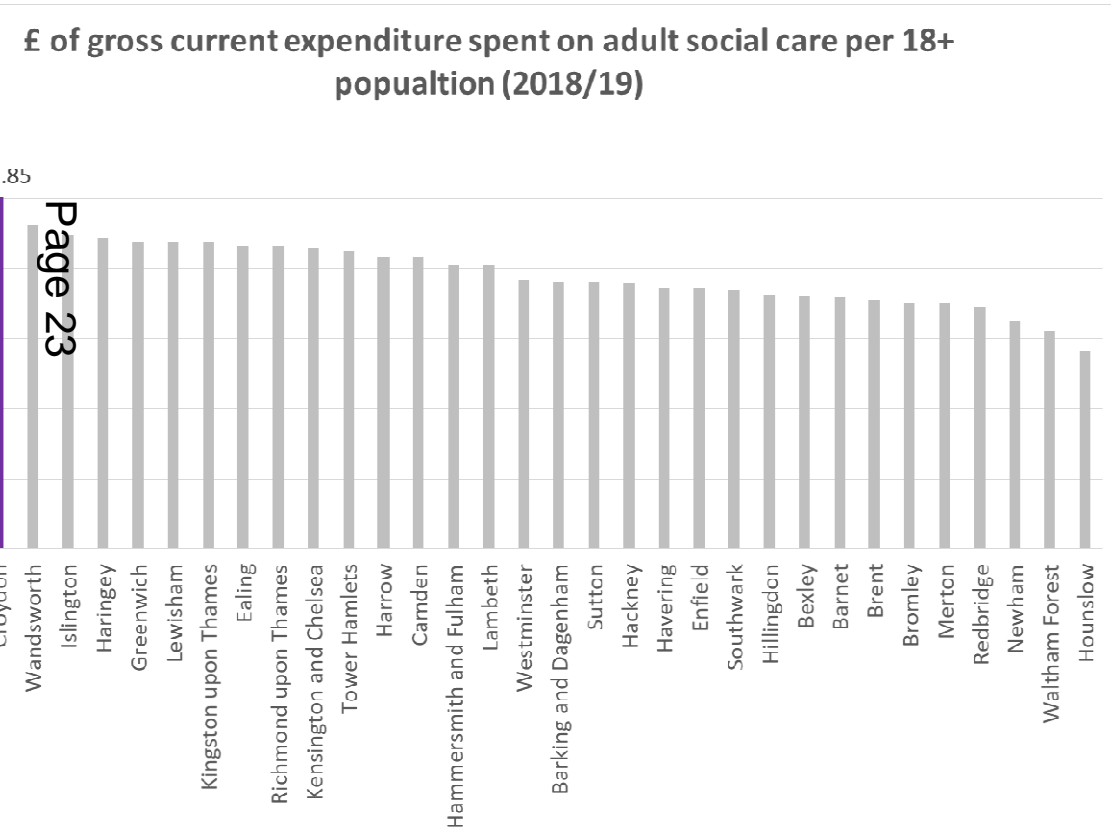
This was nearly £40 higher than any other London borough.

Gross expenditure includes income, so if we pay for services that are re-charged to CCG it will be in this spend, it also includes client income

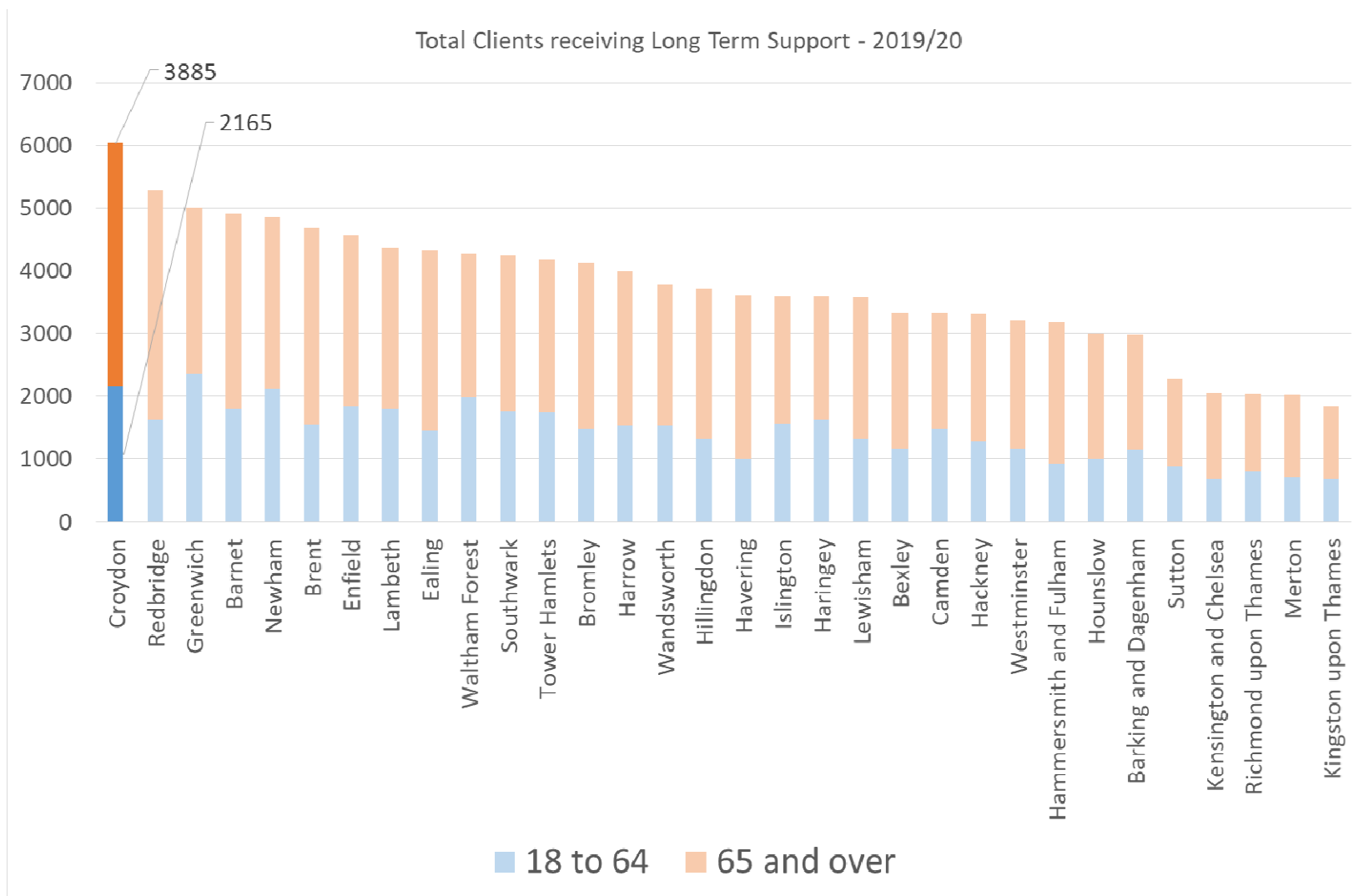
In 2019/20 on average Croydon spent a total of £494 per person on adult social care (gross current expenditure)

This is £20 higher than any other London borough.

Gross expenditure includes income, so if we pay for services that are re-charged to CCG it will be in this spend, it also includes client income



Croydon has the most clients receiving long term support than anyone in London (6,050)



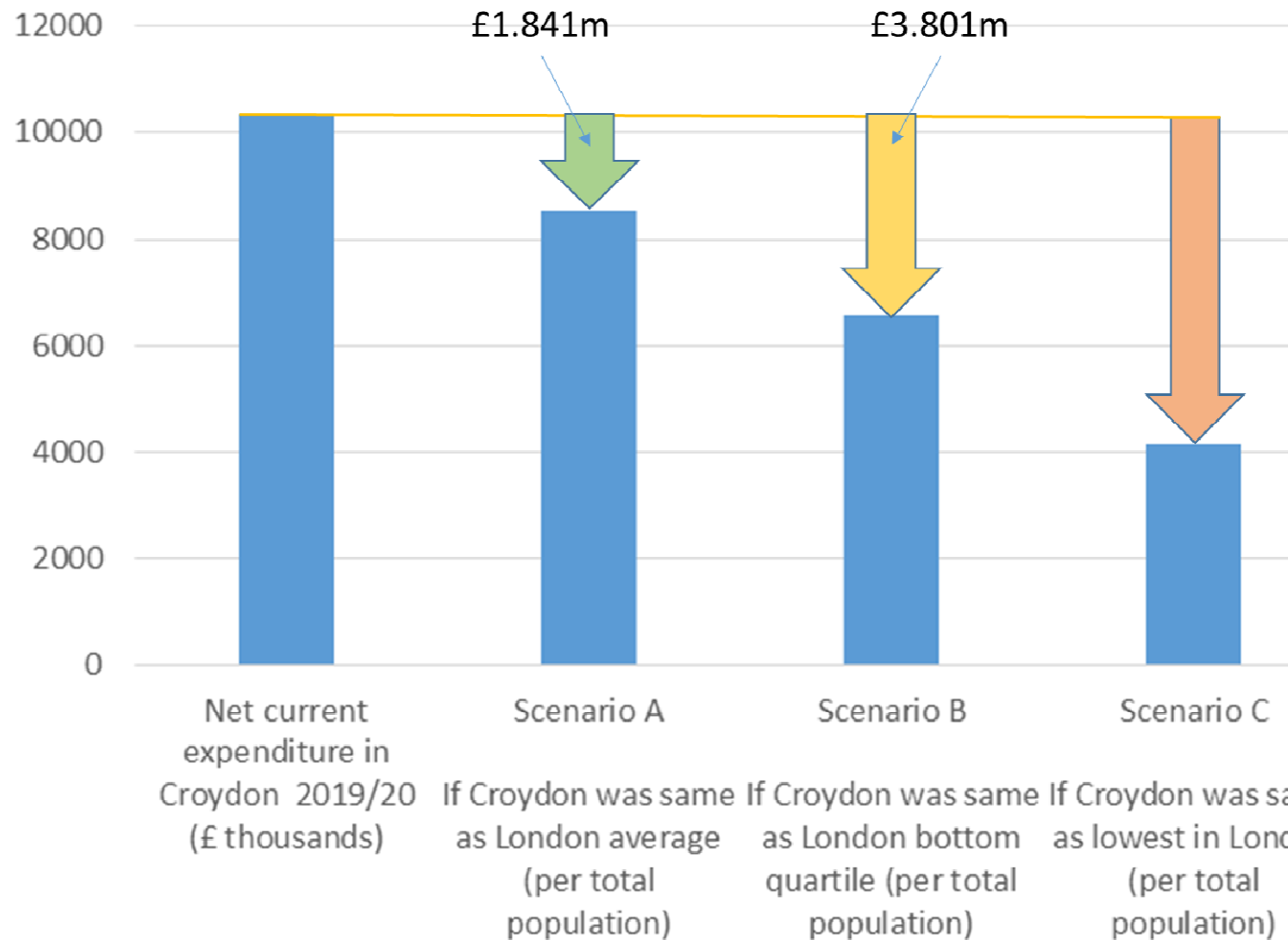
Physical support – adults 18-64

Opportunity: High / Medium

Croydon is 7th most expensive out of 28 councils in London (data does not include City of London).

Tasks:

1. Check figure correctly reflects Croydon's spending.
2. Explore opportunity to reduce Croydon spend to London average.
3. Explore opportunity to reduce to bottom quartile and how this might impact on performance.

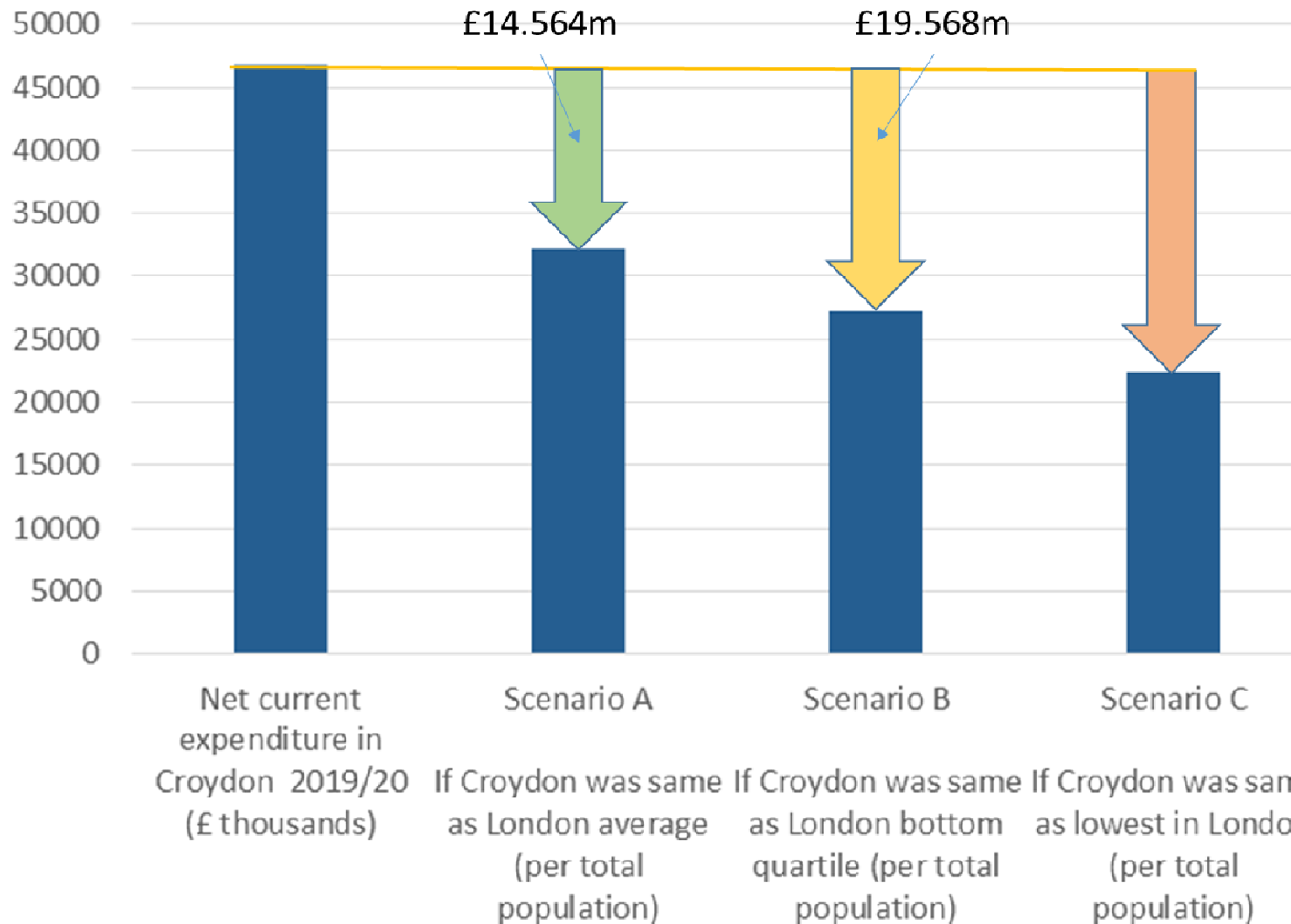


Learning disability support – adults 18-64

Opportunity: High

Croydon is 1st most expensive out of 28 councils in London (data does not include City of London).

- Check figure correctly reflects Croydon's spending.
- Explore opportunity to reduce Croydon spend to London average.
- Explore opportunity to reduce to bottom quartile and how this might impact on performance.



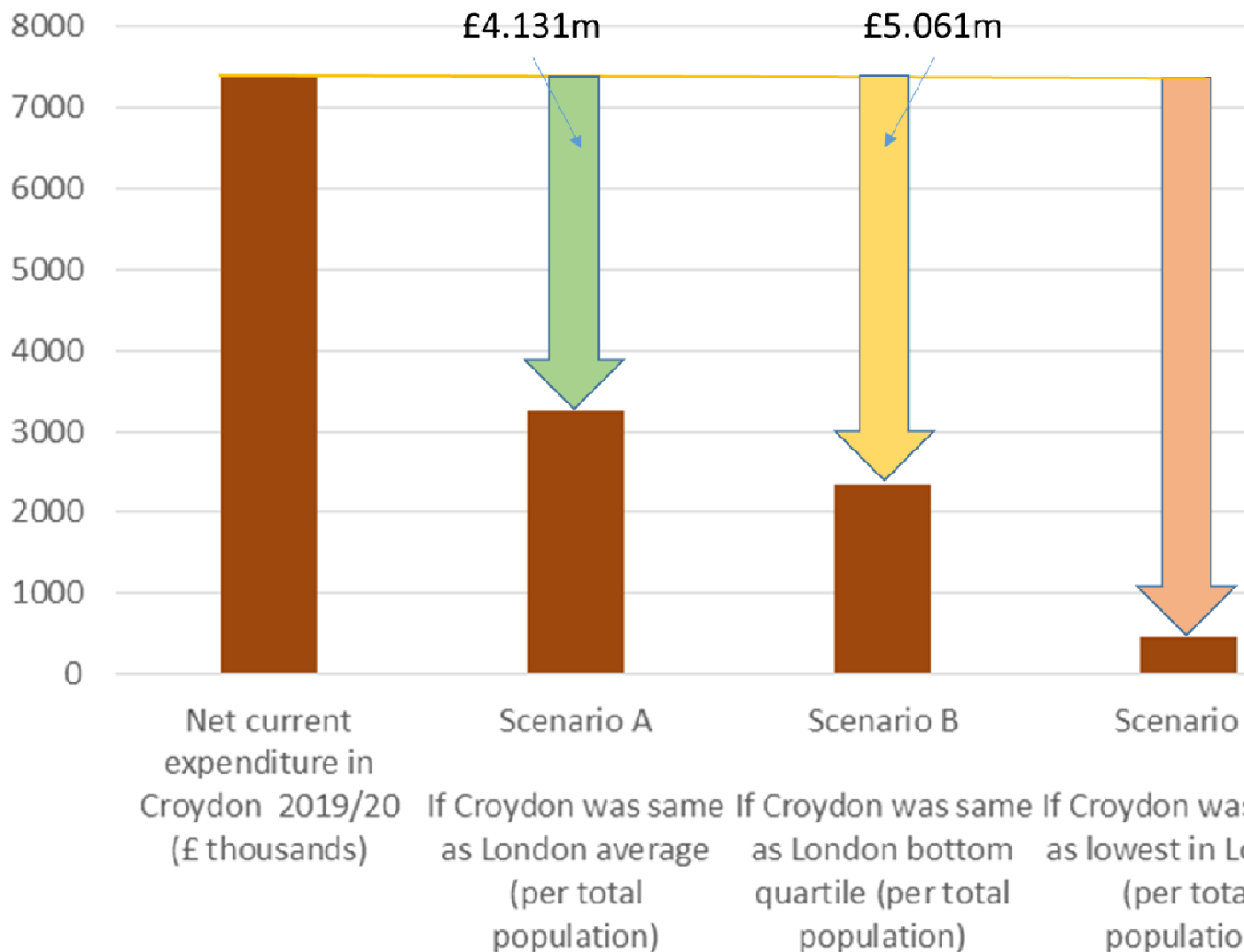
Learning disability support – older people (65+)

Opportunity: High

Croydon is 2nd most expensive out of 28 councils in London (data does not include City of London).

Tasks:

- Check figure correctly reflects Croydon's spending.
- Explore opportunity to reduce Croydon spend to London average.
- Explore opportunity to reduce to bottom quartile and how this might impact on performance.

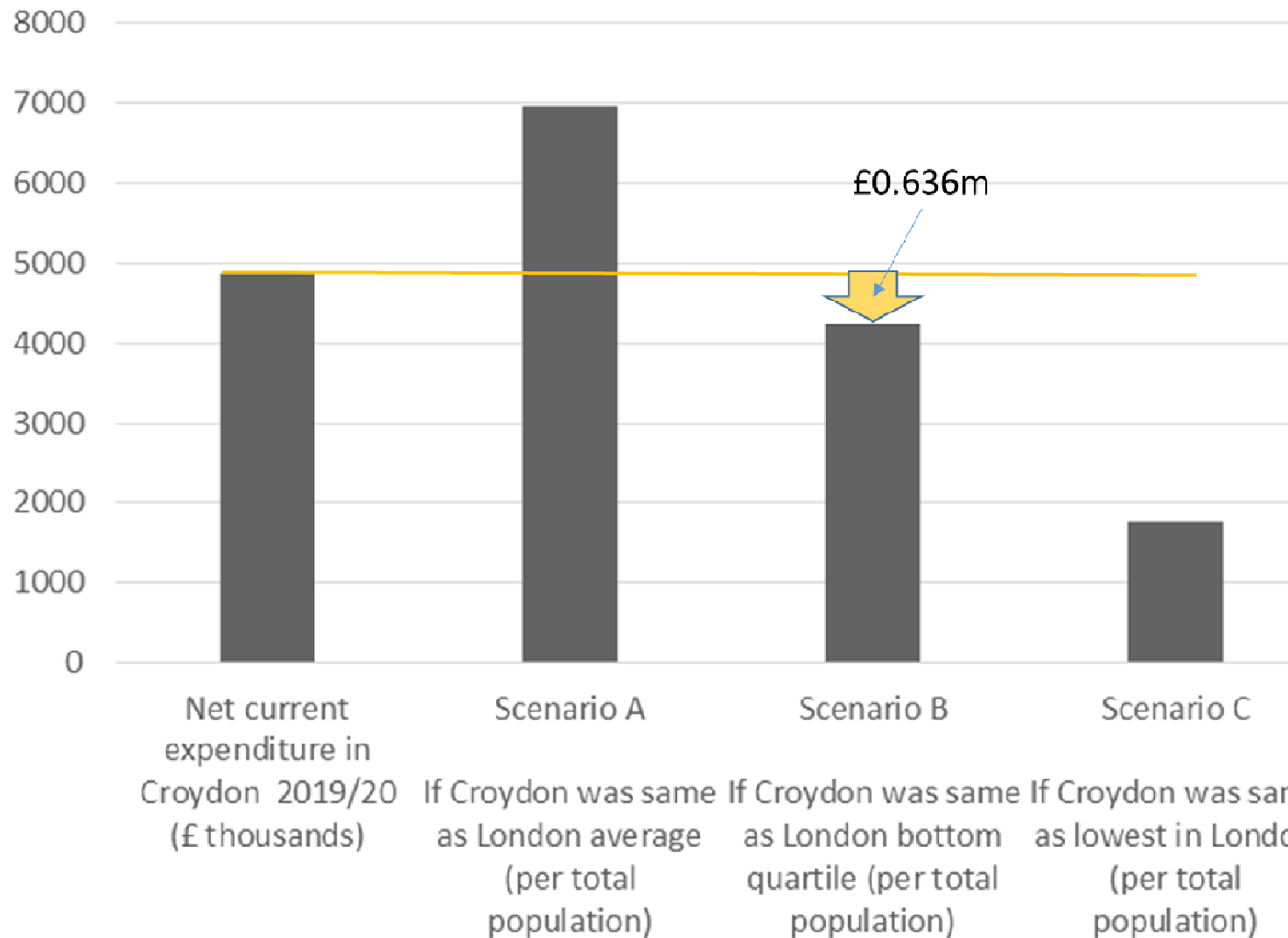


Mental health support - adults (18-64)

portunity: Low

Croydon is 18th most expensive out of 32 councils in London (data does not include City of London).

Check figure correctly reflects Croydon's spending. Explore opportunity to reduce to bottom quartile and how this might impact on performance.



Mental health support – older people (65+)

Opportunity: High

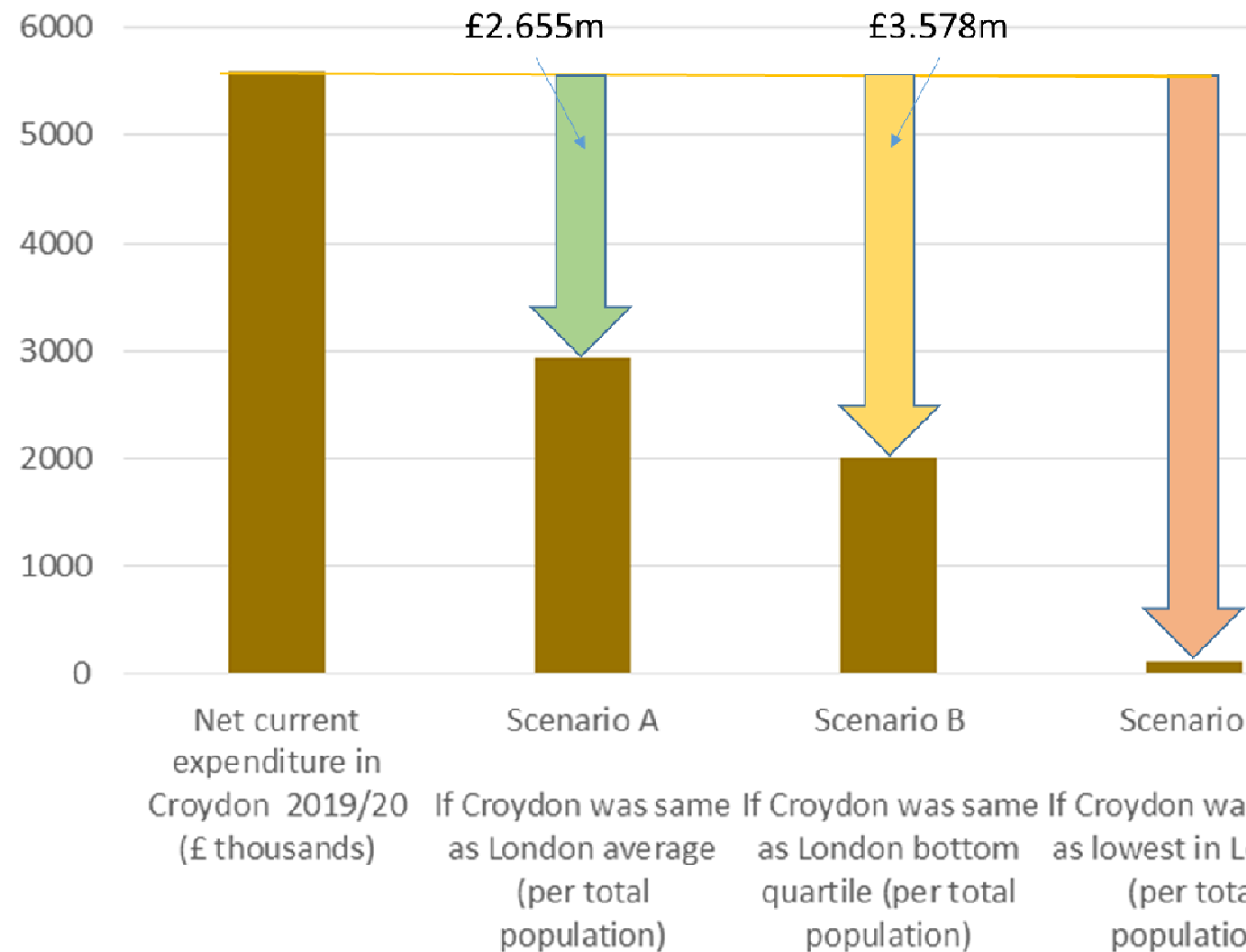
Croydon is 2nd most expensive out of 28 councils in London (data does not include City of London).

Tasks:

Check figure correctly reflects Croydon's spending.

Explore opportunity to reduce Croydon spend to London average.

Explore opportunity to reduce to bottom quartile and how this might impact on performance.



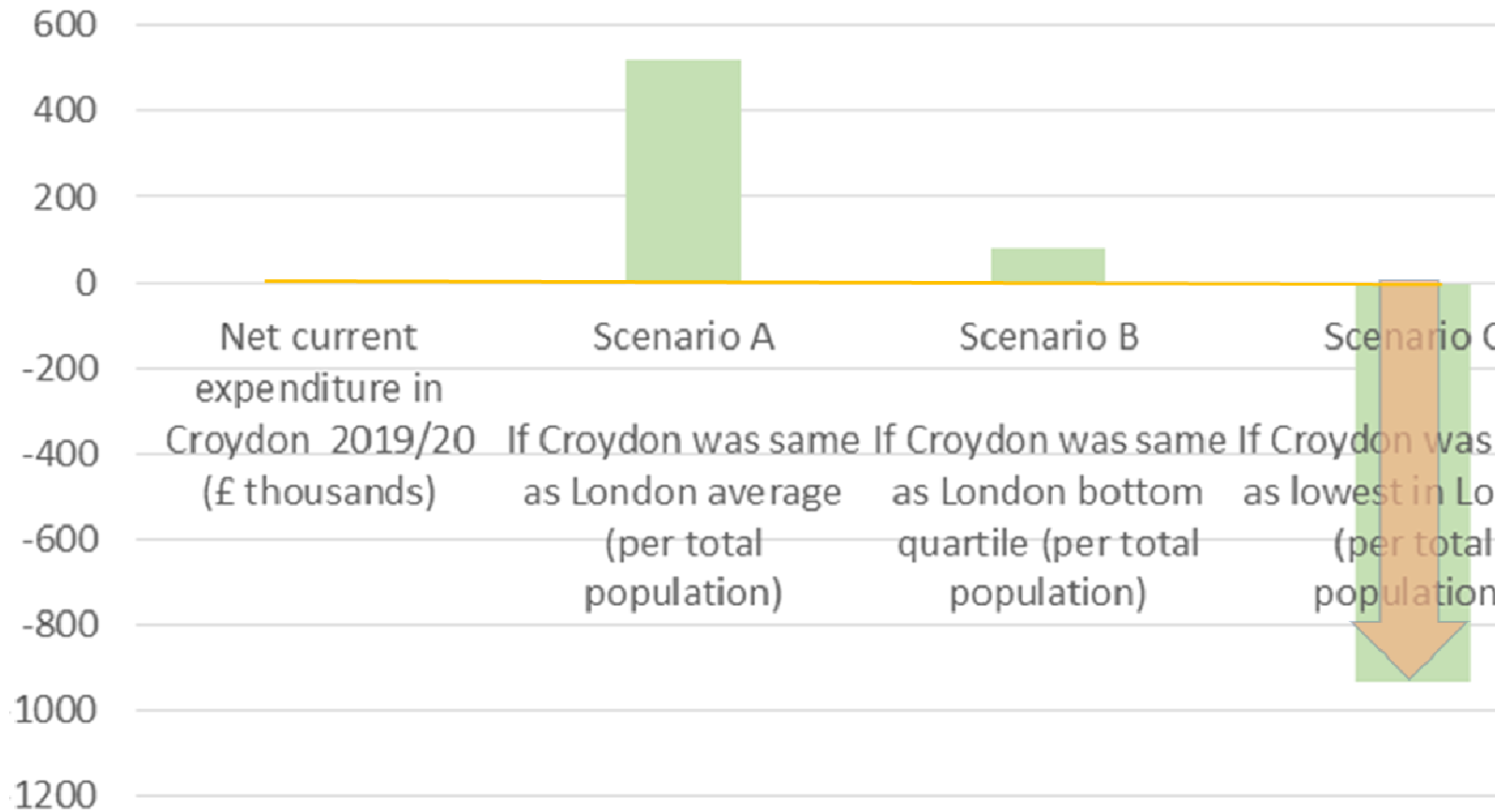
Support for carers

portunity: Low / None

Croydon is 25th most expensive
 of 28 councils in London
 (data does not include City of
 London).

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Check figure correctly reflects
 Croydon's spending.
 At least one council is
 reporting net income against
 this category – investigate.



Care assessments and safeguarding

Opportunity: High / Medium

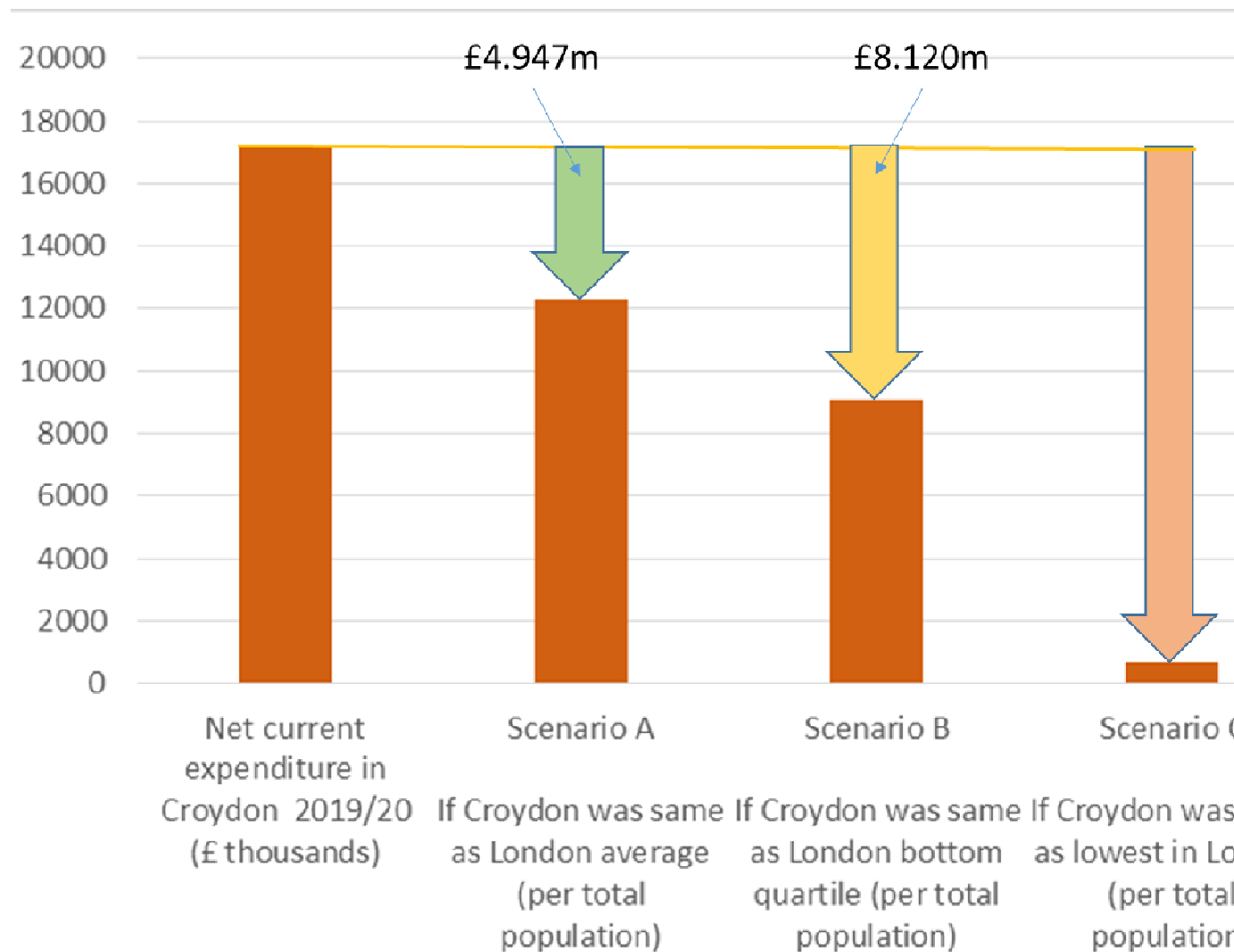
Croydon is 4th most expensive out of 28 councils in London (data does not include City of London).

Notes:

Check figure correctly reflects Croydon's spending.

Explore opportunity to reduce Croydon spend to London average.

Explore opportunity to reduce to bottom quartile and how this might impact on performance.

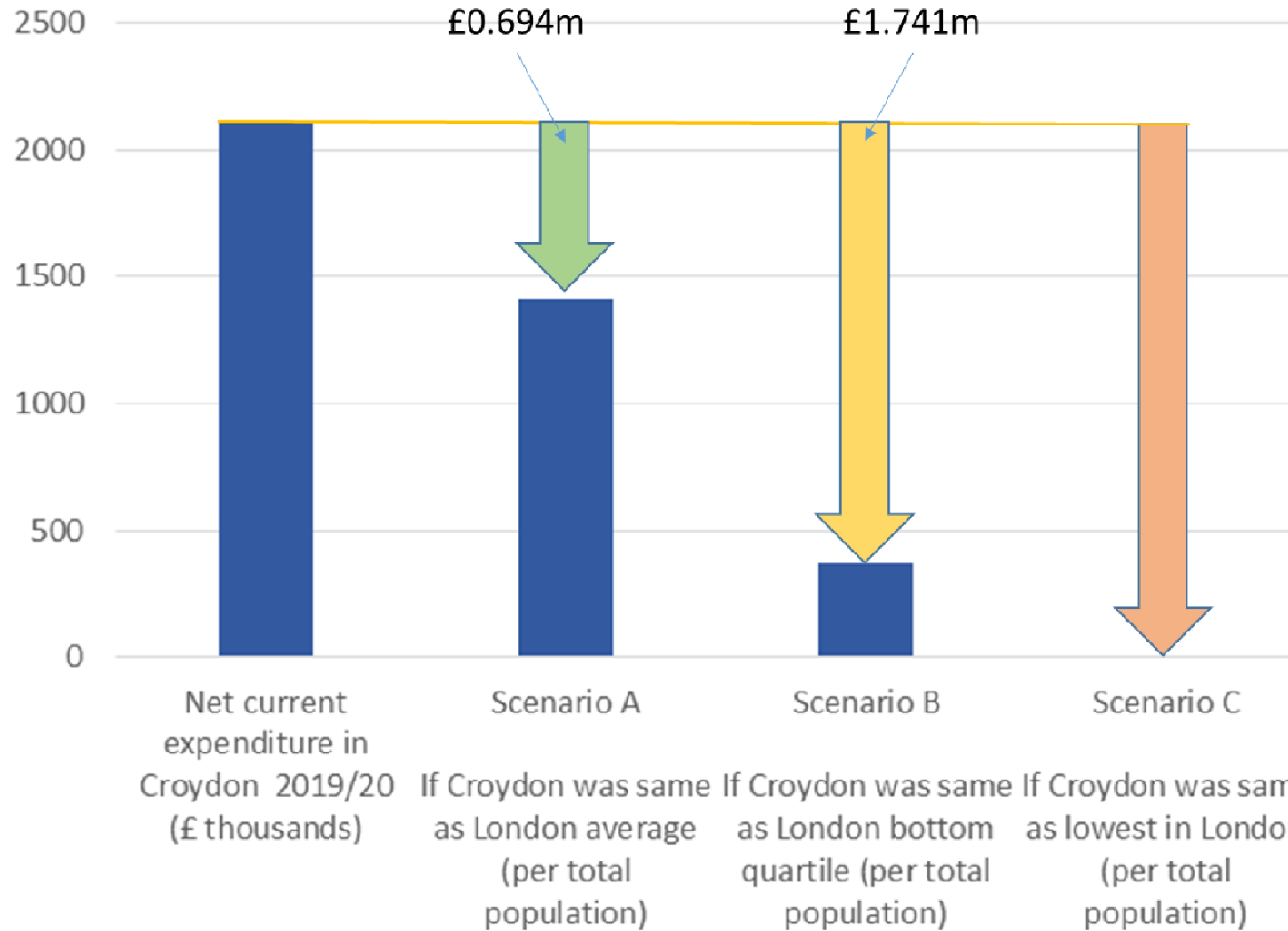


Information and early intervention

Opportunity: High / Medium

Croydon is 4th most expensive out of 28 councils in London (data does not include City of London).

- Check figure correctly reflects Croydon's spending.
- Explore opportunity to reduce Croydon spend to London average.
- Explore opportunity to reduce to bottom quartile and how this might impact on performance.



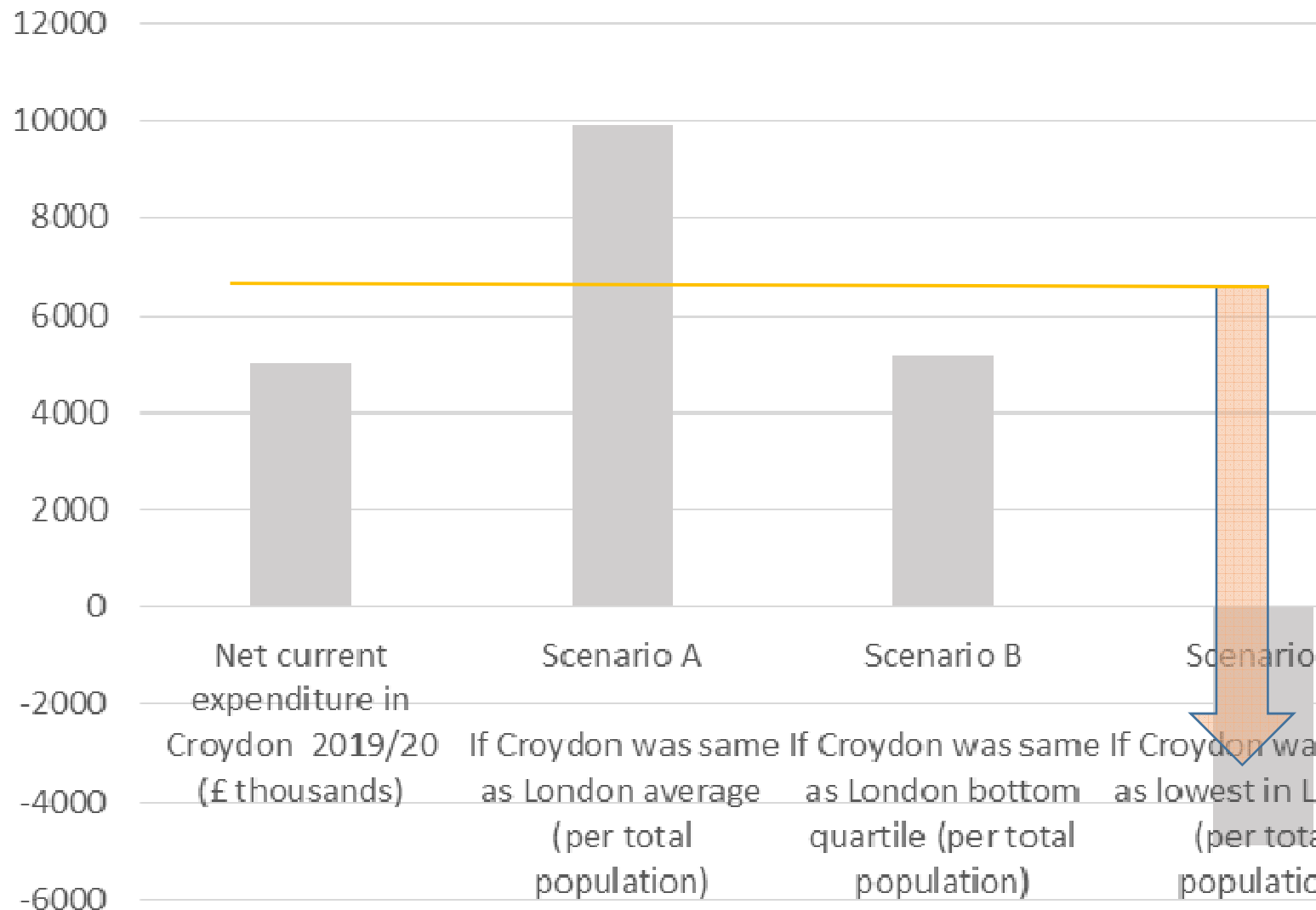
Commissioning, strategy and admin support

portunity: None / Low

Croydon is 22nd most expensive out of 28 councils in London (data does not include City of London).

ks:
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Check figure correctly reflects Croydon's spending.
At least one council is reporting net income in this category – investigate.



Summary for Adult Social Care

al current spend (2019/20 outturn) £130.5

al opportunity to reduce to London average £33.1m

al opportunity to reduce to lower quartile £52.3m

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Immediate, medium and long term solutions

mediate priorities for adult social care

Covid-19 care and resilience

Integration of health and social care

Digital support and enablement

Increase in prevention in voluntary sector (including domestic care to VCS)

Increase in support to unpaid carers

Direct payments by default

Strengths based practice and locality multi-disciplinary teams

Existing savings programmes

To bring Croydon net spend down into the middle range, in line with England / London average appropriate

mand management & transformation plans

mediate	Next 2 years	Longer term
<p>Monthly budget / activity monitoring</p> <p>Monthly challenge panel</p> <p>Review existing savings programme</p> <p>Lengths based practice</p> <p>Head of 25-65 disability role</p>	<ul style="list-style-type: none"> • Placements programme • Review the core learning and development offer • Move people to direct payments • Learning and disability core offer review • Reduce cost impact of hospital discharge • Transition spend reductions (18-25) • Commissioning programme for 25-65 • Integration of health and social care • Provider services options appraisal • Digital by default 	<ul style="list-style-type: none"> • Implement review recommendations Provider Service model • Review of all commissioning spend • Shift activity to voluntary sector

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Thank you

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Guy Van Dichele
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Health Wellbeing and Adults