

REPORT TO:	HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE 28 JUNE 2022
SUBJECT:	An overview of the Adult Social Care and Health Directorate
LEAD OFFICER:	Annette McPartland Corporate Director of Adult Social Care and Health
CABINET MEMBER:	Councillor Yvette Hopley Cabinet Member for Health and Adult Social Care
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	Annette McPartland Corporate Director of Adult Social Care and Health
PUBLIC/EXEMPT:	Public

ORIGIN OF ITEM:	This report has been requested by the Health & Social Care Sub-Committee to provide an overview of the Adult Social & Health Directorate.
BRIEF FOR THE COMMITTEE:	The Health & Social Care Sub-Committee is asked: - <ul style="list-style-type: none"> 1. To note the information provided in the report 2. To give consideration to the information provided when setting its work programme for the year ahead.

1. EXECUTIVE SUMMARY

- 1.1. This report provides the Health and Social Care Scrutiny Sub-Committee with an overview of the Adult Social Care and Health Directorate's services, the priorities for the year ahead and the potential challenges.
- 1.2. For reference, the Directorate has provided this committee with progress reports on delivery of the medium term financial strategy over the last two years; papers are on the [Council's webpages on the sub-committee](#)¹.

2. OVERVIEW OF THE ADULT SOCIAL CARE AND HEALTH DIRECTORATE

- 2.1. The Adult Social Care and Health Directorate (ASCH), comprises of the operational division, and the strategic commissioning, policy and improvement division.
- 2.2. Our greatest asset is our committed workforce and we will continue to invest in them to deliver high quality services.
- 2.3. In May 2022, Mayor Perry, set out a priority to, '**Put service users at the heart of our policy and ensure that co-production includes those who are most vulnerable, whether that be our elderly, disabled or hard to reach because of social isolation**'.

¹ <https://democracy.croydon.gov.uk/ieListMeetings.aspx?Committeeld=168>

2.4. Our vision, aligned to the Mayor's priority, set out in the ASCH strategy is to:

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

2.5. The strategy sets our direction for transformation and improvement for the next four years. It provides clarity to our residents, carers, workforce, providers and partners, on the core adult social care offer from the Council, and within its commitments to the One Croydon Alliance (our partnership arrangement with health).

2.6. Our adult social care offer focusses on enabling our workforce to deliver benefits for our residents, primarily:

- Safeguarding vulnerable adults.
- Providing social care information and advice to all residents and their families who need it.
- Supporting residents in partnership with statutory and voluntary sector organisations in an asset based approach.
- Providing support proportionately, ensuring we make best use of the resources we have available.
- Integration with health where it makes sense for local residents.
- Developing an integrated plan to manage the effects of long-COVID.

3. RESIDENT VOICE

3.1. Launching the strategy, we made commitments at the Health and Social Care Scrutiny Sub-Committee (January 22) and Cabinet (February 22) to ensuring we make real our 'Resident Voice' priority, and that it is not seen as tokenistic. We will develop a 'Resident Voice Communications and Engagement Plan'. Again, this aligns to the Mayor's priority on co-production.

3.2. This will set out how we build long lasting relationships with our residents through strengths based operational and commissioning practice, ongoing officer representation with existing panels and partnership Boards, and in the six 'Local Community Partnerships' that have grown across the borough. It is also our intention to invite as members to the Improvement Board, resident and carer representatives.

3.3. The Local Account we will publish in 2022 (mentioned below in more detail), will be our opportunity to demonstrate how we are succeeding on developing Resident Voice.

4. KEY NATIONAL POLICY CHANGES ON THE HORIZON

4.1. There is substantial Government led legislative change expected during the remainder of the Council's medium term financial strategy. These are listed

below and will have an impact on both the Council's adult social care and health service core offer.

- 4.2. [Integration white paper](#)² - (published 09 February 2022). The Department of Health and Social Care published the White Paper Integration and innovation: working together to improve health and social care for all (and includes housing), which sets out the legislative changes to be delivered as part of the Health and Care Act 2022.
- 4.3. [Adult Social Care Reform](#)³ - 'people at the heart of care' (published December 2021); this includes implementation of the 'Care Cap', and the 'Fair Cost of Care' market sustainability programme.
- 4.4. **Adult Social Care Inspection** - The new Care Quality Commission inspection cycle begins in April 2023. This will enable a robust and realistic understanding of strengths and weaknesses and mitigating actions. We will be measured against four domains: (1) Working with people, (2) Providing support, (3) Ensuring safety; and (4) Leadership and workforce.

5. KEY STRATEGIC PARTNERS

- 5.1. **South West London Integrated Care System** – a collaboration of the NHS, local authorities and other partners across SW London including:
 - South West London Clinical Commissioning Group (Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth).
 - All six local authorities represented.
 - Acute and community providers: Central London Community Healthcare, Croydon Health Services NHS Trust, Epsom and St Helier University Hospitals NHS Trust, Hounslow and Richmond Community Healthcare, Kingston Hospital NHS Foundation Trust, The Royal Marsden Foundation Trust, St George's NHS Foundation Trust, and Your Healthcare.
 - Two mental health providers: South West London and St George's Mental Health NHS Trust, South London and the Maudsley NHS Foundation Trust.
 - GP Federations in each of the six boroughs.
 - London Ambulance Service.
 - Six Healthwatches and key borough voluntary sector organisation.
- 5.2. **One Croydon Alliance (Croydon 'Place' health and care partnership)**
 - Croydon Council

² <https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>

³ https://engage.dhsc.gov.uk/social-care-reform/?utm_campaign=Adult%20Social%20Care%20Update%202024.03.22&utm_content=dhsc-mail.co.uk&utm_medium=email&utm_source=Department%20of%20Health%20and%20Social%20Care&wp-linkindex=15

- Croydon Clinical Commissioning Group (CCG)
- Age UK Croydon
- Croydon GP Collaborative
- Croydon Health Services NHS Trust
- South London and Maudsley Mental Health NHS Foundation Trust

5.3. **Provider market** - We have recently reviewed our market engagement strategy and established four new provider forums based on market segmentation. The first provider forums were held in May and June 2022.

6. THE ROLE OF A DIRECTOR ADULT SOCIAL SERVICES (DASS)

6.1. The Corporate Director for Adult Social Care and Health, holds the statutory Director Adult Social Services role; often referred to as the DASS.

6.2. The DASS's key leadership role is to deliver the local authority's part in:

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

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

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

7. DIRECTORATE PRIORITIES

7.1. To achieve our vision and strategy, we have revised our directorate priorities:

- Develop our Resident Voice and fulfil all our statutory responsibilities ensuring that our adults are supported; and those at risk of abuse or neglect are safe.
- Deliver a balanced budget, achieving our savings targets, implementing managing demand principles and processes, strong commissioning and market management; and moving activity and expenditure to the targets in our strategy.

- Ensure health and care integration is successful and proportionate, and that it aligns to the Council's objectives for its budgets and our residents.

7.2. We will work in collaboration with a range of statutory and non-statutory partners to ensure people's finances are maximised, their housing, care and support needs are met; with our support where this is needed.

7.3. We will also continue to improve and integrate services where this makes sense for residents and continue our long-term ambition to reduce inequalities across the Borough.

8. OUR SERVICE MODEL

8.1. To meet our obligations under the Care Act 2014 we are using the layered model of, 'prevent, reduce and delay'.

8.2. The Model is designed to ensure that people can get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support and maximise people's independence.

8.3. The changes in adult social care are being made on operational decisions and practice, using relevant legislation frameworks, and the way we commission services and shape our market to meet identified needs. The statutory service offer remains the same, and as outlined in the principles below:

- Our adult social care service eligibility and service provision reflect the relevant legislation underpinning social care and health through the Care Act (2014), Mental Health Act 1983, Mental Capacity Act, Deprivation of Liberty Safeguards, The Children and Families Act, Children with Disabilities Act, and the current social care action plan related to the COVID Act.
- All packages are assessed or reviewed, proportionately, through a strengths based approach, considering safeguarding, to meet the needs of the individual and carers.
- Residents can access appropriate services provided in-house or commissioned by the Council or delivered independently by the voluntary and community sector.
- Where people have the financial means to pay a contribution, or to pay for their care in full, this will be in line with the self-funding legislations outlined in the Care Act and wider National policy.

9. BUDGET, GROWTH, SAVINGS, IMPROVEMENT AND TRANSFORMATION

9.1. The 2022/23 net Directorate budget is £114m. As part of the budget development, the Directorate also received growth.

Area	£'s
Growth to fund cost inflation in block contract	264,000
Growth to fund projected demographic and cost pressures	5,209,000
Care package inflation above corporate allowance	1,387,000

Growth to fund demographic and inflation pressures	59,000
Financial assessments improvements	300,000
Growth for Public Health funding	380,000
Market Sustainability / Fair Cost of Care	946,000
Total growth	8,545,000

- 9.2. The challenging savings programme detailed below is being met by a combination of savings and managing demand. The directorate continues to apply firm financial controls on spending through the use of daily Challenge Panel along with a robust financial monitoring process.
- 9.3. During 2021/22, through its improvement plan, the directorate delivered its savings of £10,978m. This was achieved in three key areas:
1. **reviewing packages of care** (which is a requirement of the Care Act). Ensuring the costs remain relevant to the care and support plan agreed between the resident and the social worker.
 2. **managing demand of new requests for support**. Ensuring full use of technology enabled care, reablement, better accommodation placements, uptake of direct payments, and a review of whether there was potential for health related costs to be considered, i.e., continuing health care.
 3. **Reviewing contract spend**. Including if expiring contracts should be renewed, negotiating cost share with system partners; and negotiating costs of care increases with the provider market.
- 9.4. For the 2022-24 period of the medium-term financial strategy, these three areas will receive continued focus, although the balance of savings will shift from packages of care and contracts, to managing demand effectively.
- 9.5. The plan has evolved and now includes the business development part of the directorate. Acknowledging that not all areas of the service require improvement, yet require strategic focus. These include our charging policy, engagement with providers, integration, and preparation for inspection.
- 9.6. The 2022/23 savings for the Directorate is £16,478m; of which the substantial elements are set out below.
- £11,044m is from operational budgets: Transitions, Disabilities, Older Adults, and Adult Mental Health, detailed in the table below.
 - £0,960m sits against contracts, of which £0.264m has been achieved, and £0.603m identified.
 - £3,613m has been achieved through a mixture of budget capitalisation and growth reduction.

Packages of care savings	2021/22	2022/23	2023/24
Transitions operational budget	-4,382	-5,584	-5,277
Disability operational budget	-260	-826	-260
Older adults operational budget	-684	-934	-834

Mental health operational budget	-2,599	-3,700	-3,019
Total	-7,925	-11,044*	-9,390

*As of 17 June 2022, for the 2022/23 targets, £1.454m (13%) has been achieved, and a further £0.986m (9%) identified.

- 9.7. The core areas of focus within the business development and improvement plan are set out below.

10. OPERATING MODEL AND WORKFORCE

- 10.1. **Provider services transformation:** Taking the agreed recommendations following the outcome of the Provider Service Options appraisal; segmenting them into short, medium and long-term delivery plans. Each delivery plan will be prioritised into high, medium and low. Each service area will develop bespoke delivery plans to deliver the recommendations.
- 10.2. **Learning disability framework:** To develop the new framework, what will effectively become both the core offer for learning disability and inform commissioning intentions; based on the outcomes of the LD Framework Review completed in early 2022, in collaboration with Alder and the Local Government Association.
- 10.3. **Practitioner quality audit:** The Performance Board will assess the efficiency and productivity of Social Work teams, analysing the appropriateness of referrals, the application and effectiveness of asset-based practice, the impact of professional leadership, and the quality of appraisal, supervision and effectiveness of practitioner case-load management.
- 10.4. **Local Account:** Publish a revised 'Local Account' (last published in 2017). Local accounts are annual reports designed to give residents a clear picture of the achievements made in adult social care; how well we are performing, the changes and challenges we are facing and our plans for future improvements.

11. BUSINESS DEVELOPMENT AND SYSTEMS

- 11.1. **Inspection Governance Framework:** This is to prepare the Council, Directorate and System Partners, for the Local Systems Inspection Review. The inspection cycle begins April 2023. This will enable a robust and realistic understanding of strengths and weaknesses and mitigating actions. We will be measured against four domains: (1) Working with people, (2) Providing support, (3) Ensuring safety; and (4) Leadership and workforce.
- 11.2. **Audit preparedness:** To enable the Directorate to have an independent and robust review of policy and procedure, as part of the annual audit cycle.
- 11.3. **Information technology / data quality, accuracy, information sharing:** To ensure both the case notes (LAS) and financial information (ContrOCC) systems are maintained, so that operations processes and staff training are embedded across the directorate. This will enable accurate performance management, forecasting, learning and development opportunities.

12. INTEGRATED CARE SYSTEM (ICS)

- 12.1. **Integrated Care System transition governance:** To be ready to operate as a Place within South West London ICS, One Croydon partners need to achieve the following key milestones by June 2022:
1. Refresh the Health and Care Plan priorities for 2021-23.
 2. Support and develop a clinical leadership structure; and
 3. Evolve One Croydon governance structure so Place responsibilities are discharged.
- 12.2. **2022/23 s.75 agreement and Better Care Fund (BCF) Plan:** To ensure the legal agreement is signed by partners with a BCF plan that meets the national guidance framework.

13. STRATEGIC COMMISSIONING AND CONTRACTS

- 13.1. **Fair Cost of Care/Market Sustainability Plan:** In 2022 ASCH will undertake a fair cost of care exercise, engaging with the market, and establish a Market Sustainability Plan to support a sustainable market that provides excellent care with a focus on staff development/retention.
- 13.2. **Market Position Statement:** the development and publication of our Market Position Statement will set out our key messages to the market, development opportunities and commissioning intentions.

14. STRATEGIC MANAGING DEMAND

- 14.1. **Developing a demand and capacity model for out of hospital care:** The project seeks to support our local Croydon 'Place' system to understand how we can optimise the arrangements for out of hospital care.
- 14.2. **Croydon Adult Support options appraisal (service and website):** Enabling the service to support customer enquiries, directing them through the 'prevent, reduce, delay model,' avoiding the need for disproportionate intervention from statutory services.
- 14.3. **Short term crisis intervention:** Ensuring ASCH provides timely, targeted and effective use of re-ablement and rehabilitation that has a focus on enabling independence and self-management and avoiding the over-prescription of care. We will explore opportunities for reablement to be implemented between Croydon Adult Support (the front door) and long-term disability and older adult care services. Assessments for long term needs will take place after the crisis has passed.
- 14.4. **Direct payments:** Increase uptake of direct payments to the national average of 26%. In doing so, a coherent offer is available, which staff can articulate, and is supported by digital infrastructure, partners and the provider market.
- 14.5. **Technology enabled care plan:** Care technology is established as a core element at all stages of the adult social care 'prevent, reduce delay' model.

15. KEY PERFORMANCE TARGETS

15.1. Our overarching performance targets remain to reduce our activity and budget to the:

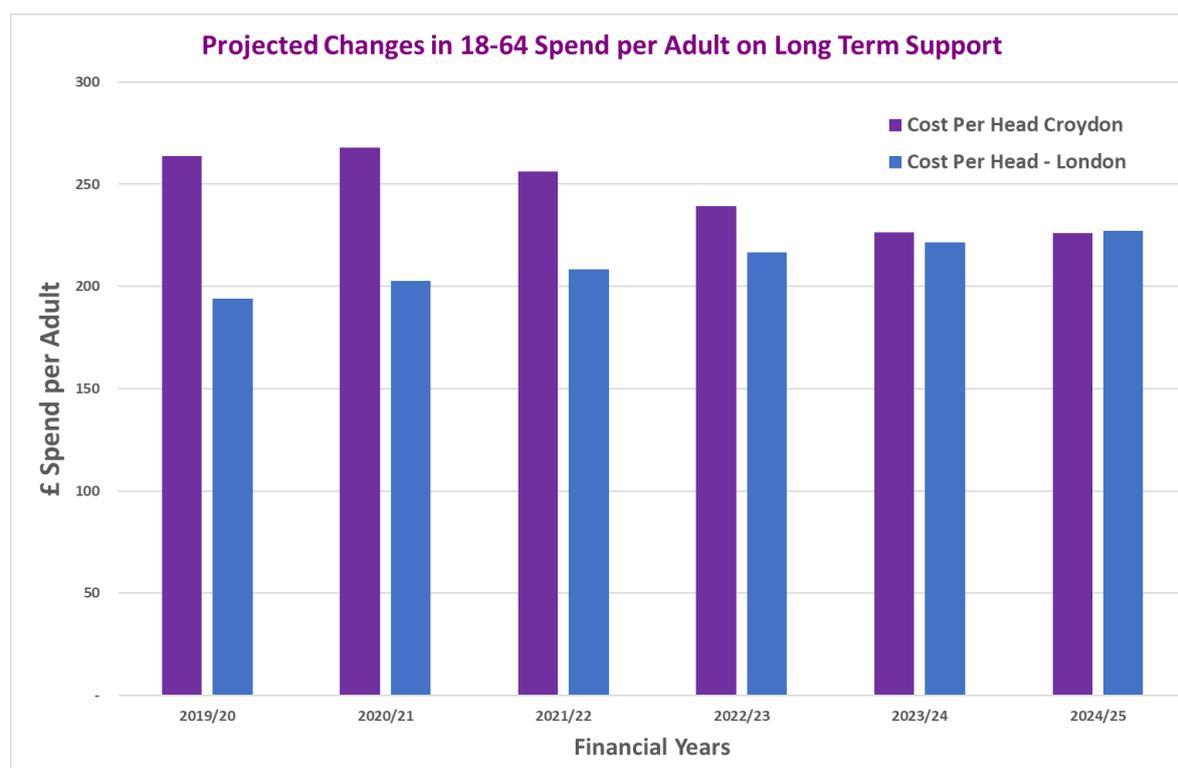
- London average or below for younger adults (18-65); and
- the English average or below for older adults (65+) by March 2024.
- Whilst fulfilling all our statutory responsibilities.

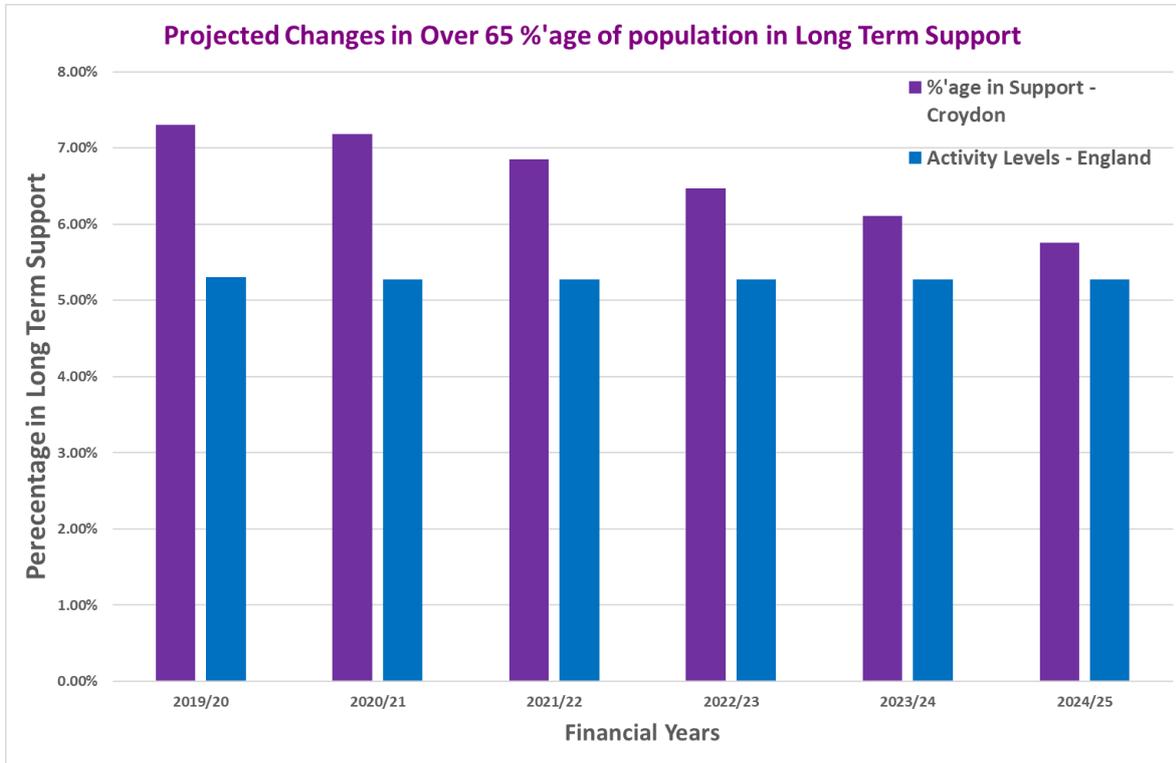
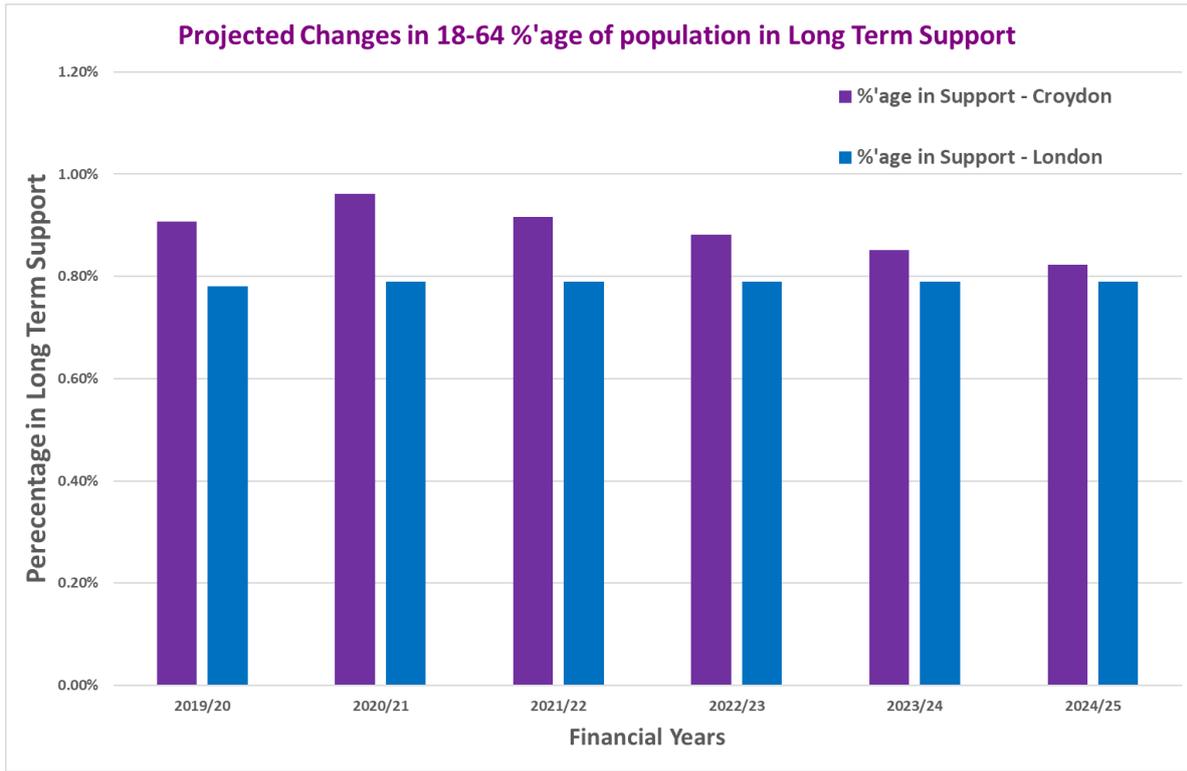
15.2. We report Corporately a monthly Key Performance Indicator (KPI) set to Cabinet via the Corporate Performance Report. The datasets for 22/23 will inform the overarching targets above, and those related to the Adult Social Care Outcomes Framework (ASCOF) and in preparation for Care Quality Commission inspection.

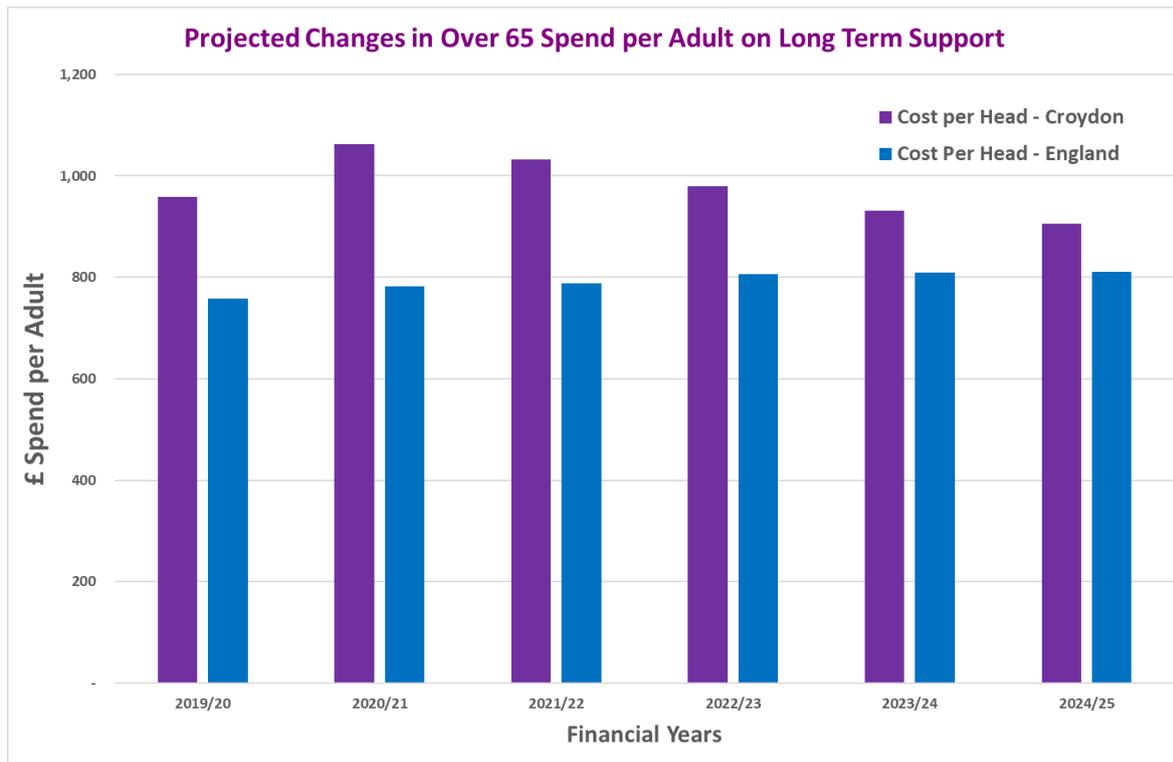
15.3. At Directorate level, we hold a monthly Performance Board, Chaired by the Corporate Director, where all service and financial performance data is reported, interrogated and with mitigating actions agreed to resolve risks and/or issues.

15.4. These targets have been developed in agreement with the Local Government Association, and will be reviewed annually, taking into account national concerns such as inflation, legislative changes, and any other substantially impacting matter.

15.5. The tables below set out the spend per adult and Long Term Support, direction of travel the Council and Directorate need to deliver against.







16. GOVERNANCE

16.1. To enable successful delivery of the strategy and business development and improvement plan for 2022/23, we have developed a revised governance structure, including:

- **Improvement Board** which will be independently Chaired and will oversee delivery of the ASCH strategy.
- **Performance Board** will ensure key statutory, financial and performance indicators are being delivered or appropriate actions put in place to achieve them. Its overall focus is to ensure the Council is prepared for the inspection of its adult social care services.
- The Directorate Management Team will act as the **Programme Board**, to oversee delivery of the programmes and projects, including transformational and capital investment detailed in the plan.

16.2. The Corporate Director and Directors will ensure that all correct reporting and decision making is delivered through the Corporate Management Team, the Mayor, Cabinet, and committees including scrutiny and audit.

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BACKGROUND DOCUMENTS:

- **Adult social care and health strategy**
<https://democracy.croydon.gov.uk/documents/s35215/Appendix%201%20-%20Draft%20Adult%20Social%20Care%20and%20Health%20Strategy.pdf>
- **Croydon Health and Care Plan**
<https://swlondonccg.nhs.uk/your-area/croydon/croydon-our-plans/croydon-health-and-care-plan/>
- **Care Act 2014- guidance**
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>
- **People at the heart of care – Adult Social care reform paper**
<https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>
- **Health and social care integration: joining up care for people, places and populations**
- <https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>
- **Market Sustainability and Fair Cost of Care Fund: 2022 to 2023**
<https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023>