

# LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	<b>SCRUTINY HEALTH AND SOCIAL CARE SUB-COMMITTEE</b>
<b>DATE OF DECISION</b>	<b>30 July 2024</b>
<b>REPORT TITLE:</b>	<b>Adult Social Care and Health Directorate Transformation Progress Report</b>
<b>CORPORATE DIRECTOR</b>	<b>Annette McPartland Corporate Director Adult Social Care &amp; Health</b>
<b>LEAD OFFICER:</b>	<b>Bianca Byrne Director of Adult Social Care Policy &amp; Improvement</b>
<b>LEAD MEMBER:</b>	<b>Councillor Yvette Hopley Cabinet Members for Health and Adult Social Care</b>
<b>AUTHORITY TO TAKE DECISION</b>	<b>ASC Transformation has been identified as a priority in the Sub-Committee Work Programme</b>
<b>WARDS AFFECTED:</b>	<b>All</b>

## 1 SUMMARY OF REPORT

- 1.1 The adults transformation programme, aligns to the [Future Croydon Transformation Plan](#). This report and accompanying slide deck presentation (Appendix A), set out the learning from the phase 1 diagnostic exercise of the programme.
- 1.2 The diagnostic was completed during February to May 2024. It was informed by multiple activities, including the engagement of over 200 members of staff and key stakeholders; and 65,000 lines of data analysed.
- 1.3 The Adult Social Care and Health Directorate Management Team approved the Phase 1 report during May 2024; with the Transformation Corporate Management Team (CMT) cited on the diagnostic progress in April 2024 and the report in June 2024.
- 1.4 The Cabinet Member for Health and Social Care has been regularly briefed, as has the Director of Adult Social Services on the Improvement and Assurance Panel.
- 1.5 The Executive Mayor received a progress update at the May and June 2024 Transformation Mayor's Advisory Board.
- 1.6 This programme is required to enable the transformation ambitions of the council – including providing statutory adult social care duties within a sustainable financial model, to support the priorities in the Mayor's Business Plan 2022-2026.

## 2 RECOMMENDATIONS

2.1 For the reasons set out in the report, the Sub-Committee is recommended:

2.1.1 To note the progress of the Directorate's transformation programme.

## 3 BACKGROUND

3.1 As reported to the Sub-Committee in October 2023. The council through its star chamber process, reviewed proposed annual revised budgets and savings targets. From this the 2024-27 Medium Term Financial Strategy (MTFS) was developed. Within it, the Adult Social Care and Health Directorate has saving requirements.

3.2 To enable delivery of these requirements, the Directorate procured a strategic deliver partner. The approach is a central strategy for the Directorate to identify and enable evidenced savings to be agreed and delivered; as well as a substantial transformation of the core service operating model.

3.3 The Corporate Director and Directorate Management Team have spoken to other local authorities where a similar approach has been taken, to fully understand the opportunities and risks and organisational requirements. In February 2024, following completion of the competitive procurement exercise, Newton were appointed as the strategic delivery partner.

3.4 The core elements of the work will be delivered between February 2024 and March 2026. This is over two phases:

**Phase 1** (February - May 2024): An operating model diagnostic to identify opportunities to further transform our services, significantly improve the outcomes and independence of our residents and deliver annualised financial benefits.

**Phase 2** (August 2024 – March 2026): Design and implement the new structures, processes and ways of working; enabling delivery of our statutory duties and a sustainable budget reduction.

## 4 ADULTS LIVING INDEPENDENTLY TRANSFORMATION PROGRAMME

4.1 Formerly known as the Managing Demand Programme during the 2021-2024 medium term financial strategy, we have revised the name. This is to reflect the Directorate's commitment to, 'social work practice and resident focus', being at the heart of our transformation; and in preparation for Care Quality Commission Assurance.

4.2 Phase 1, the diagnostic, as described above is now complete. Below sets out a summary of the diagnostic and findings, which the accompanying (Appendix A) slide deck presentation expands with further detail.

### **Diagnostic Summary**

4.3 The primary objective of the diagnostic into Adult Social Care and Health was to understand how we can improve outcomes for our residents within Croydon. The scope and activity of the diagnostic was formed around this vision, with our residents at the heart of it.

- 4.4 This diagnostic was designed to give an objective analysis of the greatest opportunities, to support better outcomes for our residents and safeguard the council's financial resources.
- 4.5 The activities that have formed the diagnostic have ranged from time with front-line teams (over 75 hours), to the analysis of over 65,000 resident packages of care.
- 4.6 In-depth reviews of close to 200 individual cases undertaken with Croydon staff and partners, have informed confidence weightings against the opportunities and have been backed up by surveys, 1:1 conversations, national benchmarking, detailed process mapping, variation analysis and further bespoke analysis.
- 4.7 There are significant opportunities to improve the outcomes for our residents:
- The reablement service has the capacity and capability to support an increased number of people as well as supporting and effectively reabling resident with more complex needs. This would benefit over 1,300 people per year.
  - Within Older People, Disabilities, Transitions and Mental Health teams, adopting a truly independence-first culture, ensuring consistency within processes and ensuring full use of enabling and community services would benefit a further 700 residents every year.
  - Through streamlining processes, enabling prevention, reducing formal support and adopting a culture of controlled high performance, staff will be empowered to spend more of their time enabling and supporting the residents of Croydon.
- 4.8 These findings have been disseminated to our various layers of management and to our wider staffing body through webinars and in-person roadshows.
- 4.9 If these processes are fully adopted, they will deliver an annual financial benefit to Croydon that is expected to exceed the 2025/26 (£4m) and 2026/27 (£4m) medium term financial strategy for 2024-27. If growth and inflation pressures are accounted for in total planned budgets, all financial benefits identified should lead to a cost reduction.
- 4.10 The full financial opportunity matrix is currently progressing through internal governance; a full update will be provided to the Sub-Committee once sign off has been received.

## **5 RESIDENT VOICE**

- 5.1 As reported previously, the Resident Voices Group were part of the procurement, shaping and scoring their own quality question. They have continued to play a key role alongside our staff and partners in shaping the diagnostic and the future design and implementation phase.
- 5.2 The Resident Voices group has been consulted at key stages during this process, with a dedicated session occurring in May 24. Further the work has been socialised with staff through other engagement groups including the Adult Social Care and Health Managing Demand Programme Board which has a resident and Healthwatch representative as standing members.

- 5.3 A core principle of the phase 1 diagnostic has been to consult and where possible to co-produce with our residents and carers, staff, statutory partners, providers and voluntary and community sector. This is equally important in phase 2, where we will be designing and implementing the new ways of working.

## **6 VOLUNTARY AND COMMUNITY SECTOR**

- 6.1 The voluntary and community sector (VCS) has been engaged at numerous points during the diagnostic, including at the:
- Adult Social Care and Health Improvement Board.
  - Adult Social Care and Health Managing Demand Programme Board.
  - One Croydon Voluntary Community Sector Leadership Board.
  - One Croydon Neighbourhood Development Board.
  - One Croydon Senior Executive Group.
- 6.2 Board members were engaged at the various stages of the diagnostic exercise and findings were communicated in June 24. Additionally, a smaller number of key VCS representatives were invited to take part in face-to-face multidisciplinary case review workshops which explored resident journeys and whether, on reflection, different solutions could have been offered.
- 6.3 As with all partners, the voluntary and community sector will continue to play an important role in the next and most important phase of our transformation. This 'design and implementation phase' will explore how we plan and deliver improved outcomes for the people of Croydon together.

## **7 CONTRIBUTION TO COUNCIL PRIORITIES**

- 7.1 The transformation programme will contribute to the following council priorities cited in the Mayor's Business Plan:
- The council balances its books, listens to residents and delivers good sustainable services.
  - People can lead healthier and independent lives for longer.
- 7.2 The transformation programme supports the following council priorities:
- Sound financial management and sustainability – ensuring services are value for money and maximising opportunities for joint investment.
  - Good customer service and operational delivery – delivering services that are outcome focused and informed by the resident's voice on what they need and would like from services.
- 7.3 The transformation programme falls within the following essential spend criteria:
- Expenditure required to deliver the council's provision of statutory services at a minimum possible level.
  - Expenditure required to deliver future savings.

## **8 EQUALITY IMPACT**

- 8.1 In terms of equality impact, a strategic and overarching impact assessment was approved in August 2023 (see Appendix B). It sets out the principles and approach the Adult Social Care and Health Directorate will take in developing and implementing the core requirements of its 2024 – 2027 statutory delivery, transformation plans and Medium Term Financial Strategy (MTFS).
- 8.2 It will be a living document. Updated at relevant points to ensure evidence and impact considerations are captured and inform decisions. Where there is substantial service or policy change identified through the diagnostic, specific equality impact assessments will be initiated at the design phase of implementation. This will include an expectation of proportionate co-production/engagement with residents, carers, staff and partners.
- 8.3 At present, the evidence has not identified specific potential for discrimination, and we have taken all opportunities to advance equality and foster good relations, subject to continuing monitoring and review.
- 8.4 There is a firm commitment that all potential changes occurring as a result of the diagnostic and new operating model will require detailed equality impact assessments to support decision making / recommendations.

## **9 NEXT STEPS**

- 9.1 Following receipt from Sub-Committee Members on further areas for focus, officers will prepare detailed reports for presentation at the designated future meeting.

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### **CONTACT OFFICER:**

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