

LONDON BOROUGH OF CROYDON

ADULT SOCIAL CARE AND HEALTH

DIAGNOSTIC FINDINGS & NEXT STEPS

JULY 2024



OVERVIEW

- What is the purpose of the diagnostic?
- What are the main themes that we have found
- Thematic areas:
 - Reablement
 - Older People
 - Disabilities
 - Transitions
 - Mental Health
- Overall findings and next steps

Context

There are several significant challenges facing Croydon over the coming years and have contributed to the current financial challenges. Transformation must deliver the vision and look to safeguard the council against these external pressures.



Section 114 has significantly impacted spend and investment in services across Croydon over the last 5 years. With adult social care budgets cut significantly during this time



The continuing ageing of our population alongside the growth in challenges such as mental health conditions that country has experienced since the pandemic



Significantly high levels of inflation reducing the wealth of our residents, increasing costs for our providers and increasing the personal financial pressure on our staff



Record numbers of vacancies across the country for social care staff as well as provider staff

Understanding the size of these challenges will allow us to also understand how the opportunities identified in this diagnostic can mitigate these risks

Diagnostic Scope

We therefore designed a diagnostic to understand the greatest opportunities we have right now to drive better outcomes for our people

There have been 4 areas of focus as part of the diagnostic:



Routes into our service:

Such as the front door and hospital discharge pathways



Short term services:

Such as reablement, Intermediate Care Beds and enablement



Core social work teams:

Our adults, disabilities, transitions and mental health social work teams



Foundations:

Our operating model, commissioning function and digital capabilities

Within these areas, we have asked 3 fundamental questions:

1

What can we do to maximise the independence of our residents?

2

How can we support our teams to benefit as many people as possible?

3

How can we ensure we have the right services, with the right capacity, available when our teams and residents need them?

Diagnostic Activity

Multiple activities have formed the diagnostic to give us an in-depth understanding of the service





65,000 resident interactions analysed

140 survey responses collected to assess our environment for change, digital readiness and decision-making drivers

Over 200 resident journeys reviewed with over 100 experienced practitioners

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200+ total staff engaged throughout the process

75+ hours of front-line shadowing with 18 teams

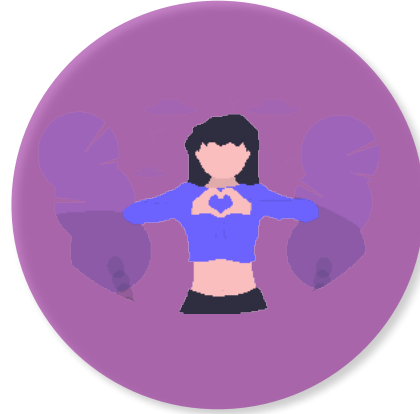
11 interviews of colleagues from across the digital and performance and operational teams

Where are we already doing great work?



We have already delivered over £40m in savings

Our teams are achieving fantastic results in a system that has been under significant financial pressure and have already delivered significant savings across all teams with significant additional control in place and teams to review and step down support where appropriate



Our teams are passionate about our residents

All our teams showed a passion to support our residents and ensure that they can enjoy a great life in Croydon, whilst they have been involved in significant change already teams are still passionate and open minded about how they can do even more fantastic work



We have ongoing projects to deliver further change

We see great examples of ongoing work such as the disabilities review team, transitions 2 new outreach workers, the work being done to increase awareness of the physiotherapy pathway in the community and the upcoming work to improve the safeguarding pathway

Themes across transformation

We have seen several consistent themes across all of our services which prevent us from delivering the most independent outcomes to our people.

Strengths-based decision making



Our surveys and shadowing showed multiple examples of challenges our staff face on the ground to truly drive independence for our residents. These included:

- Family challenges
- Perception of support from our managers
- Time pressures
- Processes which make independence the default i.e. paperwork and systems

Effective use of data



A near universal comment from Croydon staff was that they wished they had access to better data in order to drive higher performance:

- Production of clear management information that will clearly show the challenges and opportunities
- The right processes, meetings and culture around data that will enable it to be fully utilised
- The right cascade of information that will enable support and performance management

Reablement and Enablement mindset



We have consistently seen across all of our teams that our residents can become more independent through specialist and skilled support. We have found that:

- Our reablement services are not currently delivering the improved outcomes that we know they can achieve and may not be identifying the residents that would benefit the most
- A number of our residents with disabilities both from our transitions and working age cohort could benefit from enablement support to develop key skills and promote further independence

Capacity

We know that doing a day job and having a role in a large transformation programme results in being pulled in many different directions. Only one in four front-line staff disagree with the need to change but only 53% of this group believe they have capacity to engage with a change programme and only 25% of colleagues believe that there is sufficient dedicated resource to support a change programme. This must be considered when planning implementation

Themes – environment for transformation

We created an “Environment for Change” survey to understand the factors that could impact a transformation programme. Thank you to all 91 colleagues who submitted responses.

A number of themes emerged from the survey results:

We need to understand how we are going to create **time and capacity for transformation** alongside day-to-day work.

Collaboration is regularly noted as a blocker between teams that could impact future transformation work

We still find it difficult to **access to the right data** – addressing this will be key to enabling several of the opportunities that we have found

It is **crucial** that we **involve all levels of the directorate in future changes** to ensure we consider the impact on our day-to-day roles.

“With all the changes that have already happened, I just don't have the head space to do more change.”

“Work is being siloed – there's good stuff going on, but none of it is linked up.”

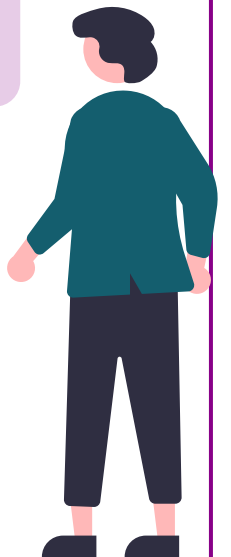
“I don't have time to collect and understand the data for my team.”

“I would appreciate if senior management would talk to our teams before major changes are made.”

“I believe changes are being made now to make sure positive change continues.”

“Data quality has really improved this last year.”

“I feel very supported at the moment and have enrolled on a course that will benefit me when it comes to analysing data.”



Summary of diagnostic findings

We'd like to take this time to share a broad overview of some findings from the diagnostic exercise in the following areas:



Reablement



Older People



Disabilities



Transitions



Mental Health

Reablement

Reablement - where are we already doing great work?



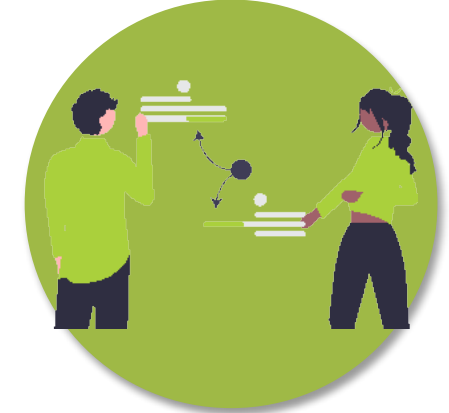
Great examples of reablement practice

The internal team in particular have an excellent reputation, most people just wish they were bigger / had more capacity. We saw fantastic examples of reablement, creating clear goals to ensure residents are striving towards living more independent goals



A clear understanding of many of the issues currently facing the team

As part of the national Frontrunner Programme, a lot of progress has already been made. This has culminated in a business case, demonstrating good awareness of issues the service is facing, with ideas on how to tackle them



A culture of continuous improvement

A number of trials have already been run, seeking new ways of working to ensure the service is always improving is a clear priority

Reablement overview – Starts and Effectiveness

An effective reablement service is key to increasing the independence of residents, both in the community and those discharged from hospital



Service starts

We need to ensure we are **maximising** the **number of people** starting the reablement service.



Effectiveness

We want to maximise the independence residents gain through our reablement service. This is measured as the **average reduction of care needs**.

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Reablement starts

To increase the number of our residents who can benefit from the reablement service, we need to look at both the number of individuals who are referred into the service as well as the capacity of the service.

Capture the right demand

Additional potential referrals were identified through the following pathways:

- 20% of older adults receiving **domiciliary care packages** could become more independent through reablement.
- 54% of individuals in **intermediate care beds** could benefit from reablement.
- Additional **clarity** for our teams on the **purpose of reablement** could lead to 142 additional referrals per year.

Increase the service capacity

To handle these additional referrals several opportunities were identified:

- The **length of stay** of residents in the service could be decreased by up to 23% by improving goal setting and tracking, and by stepping down residents who have reached their goals.
- 83% of those currently going through the externally provided service are not receiving **'true' reablement**, and could be redirected to a more appropriate pathway
- We are exploring further options to **increase the reablement service capacity**, including increasing the internal team.

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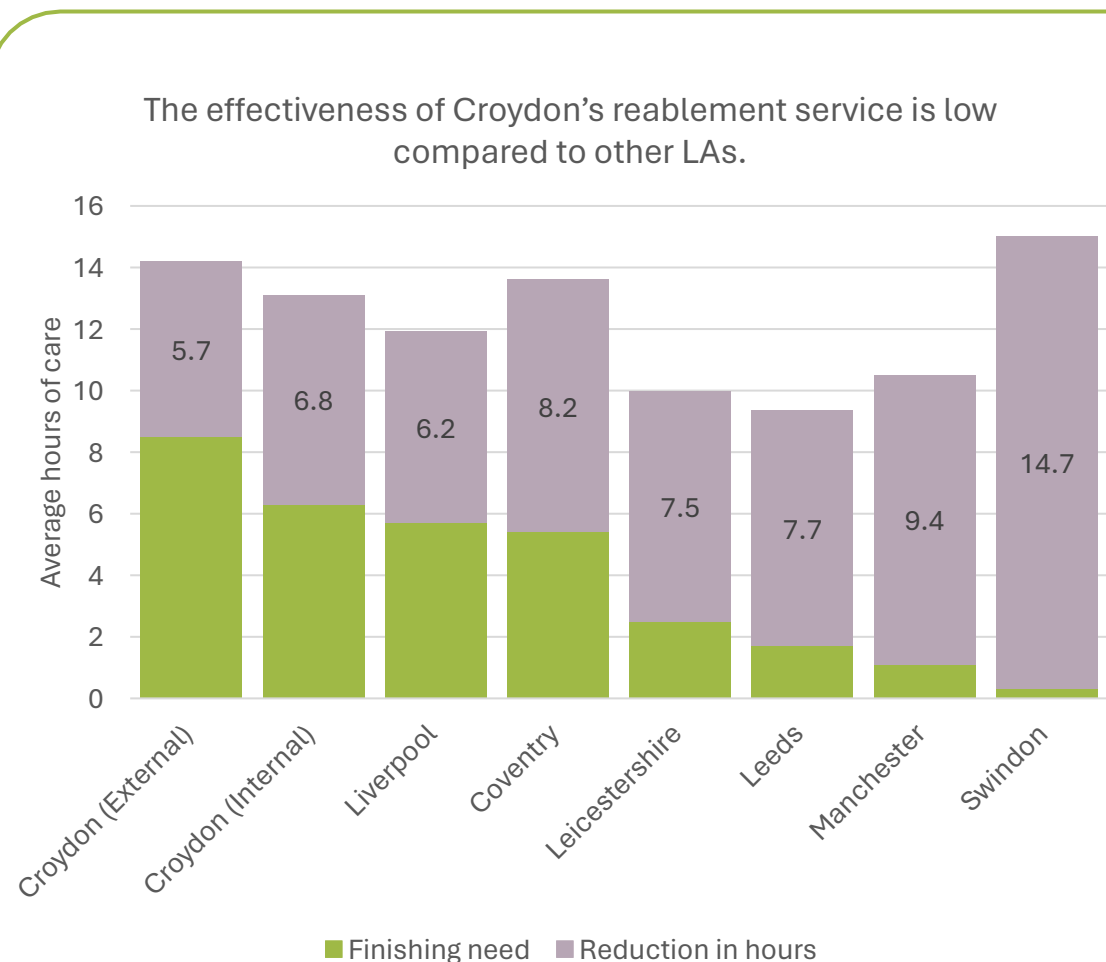


Effectiveness

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Effectiveness benchmarking across local authorities

We define 'effectiveness' as the difference between the start and end need of someone going through the reablement service.



We have worked to understand the factors which make a good reablement service:

- **Goal-oriented front-line care** – Goals set could be more specific, measurable and timebound to enable better tracking and step downs.
- **Data led improvement cycles** – KPIs are not currently recorded or tracked.
- **Timely access to equipment & therapy services** – There are delays when requesting equipment and a lack of access to therapy service.
- **Timely & accurate reablement assessments** – Part B assessments are completed on average 3 days after a person is home.
- **Dedicated and experienced team** – External providers shadowed use the same carers for domiciliary care and reablement.

Reablement – Opportunities Summary



Service starts

We believe we can increase the true reablement starts by

504 starts per year (from 832 to 1336)



Effectiveness

We can increase the average effectiveness of the internal **and** external service by

1.3 hours (from 6.4 to 7.7)

Older People

Older People – We have seen some fantastic work taking place



The team are seeing far less residents placed in a residential home

Our teams have been working hard to support our residents at home with residential placement starts reducing by 40% over the last 4 years



Our teams are passionate about our residents

All our teams showed a passion to support our residents and ensure that they can enjoy a great life in Croydon, whilst they have been involved in significant change already teams are still passionate and open minded about how they can do even more to support residents



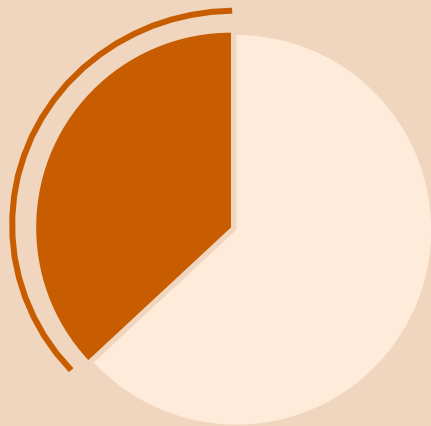
We have seen examples of fantastic practice

We have seen examples both through case reviews and shadowing of resident focused strength-based practice which we can continue to build upon as a service

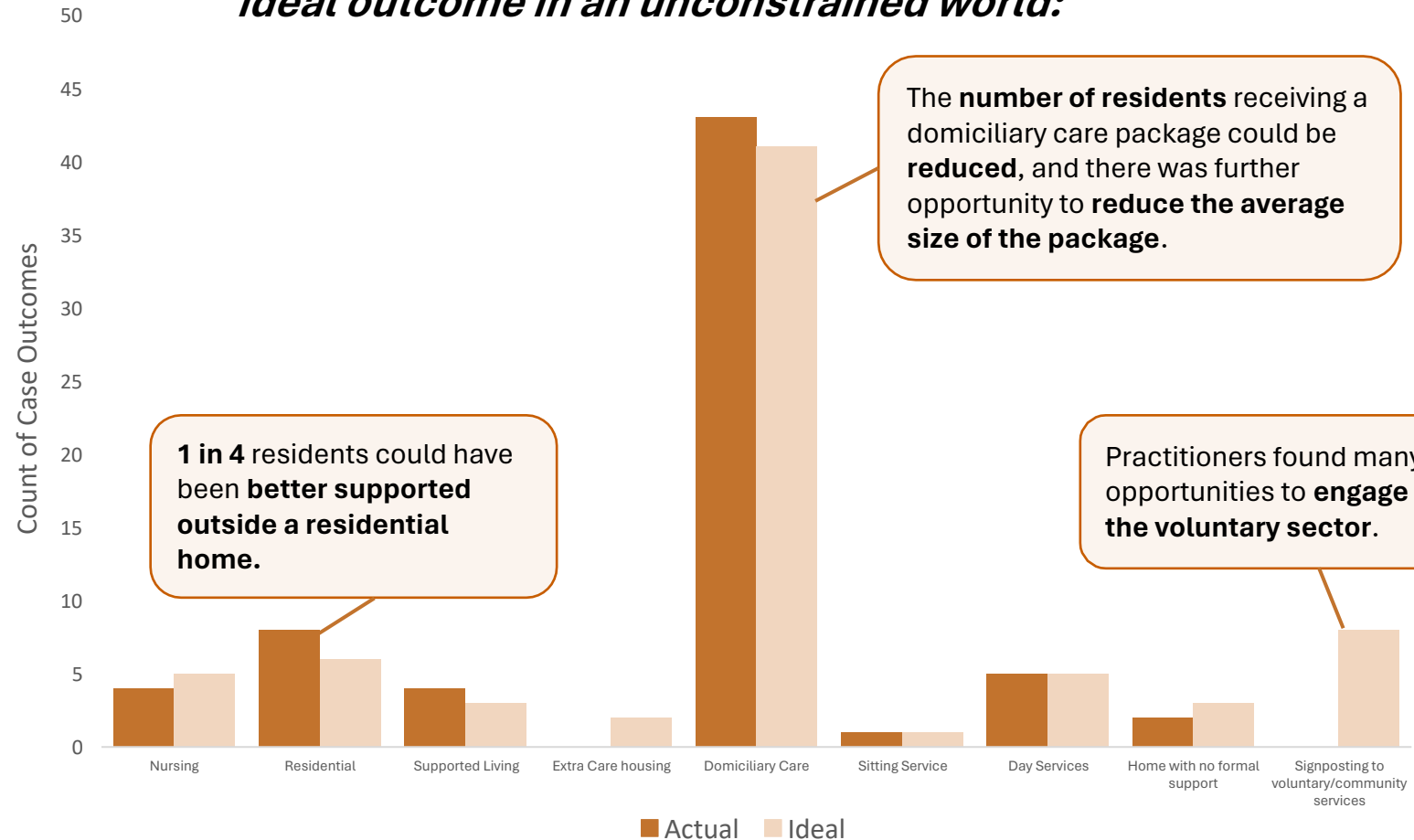
Older People – Case Review Findings

Across 3 days of case review workshops, we reviewed 65 older people’s cases.

For **37%** of cases, practitioners told us there was opportunity for a more ideal outcome for residents



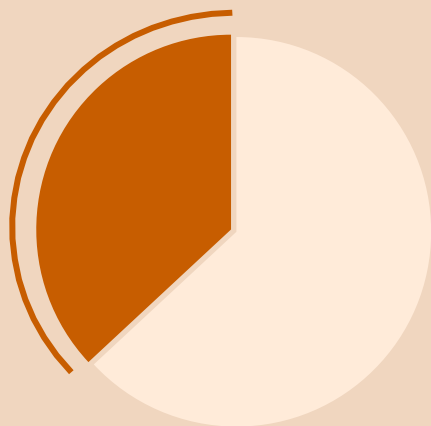
We asked practitioners, what would have been an **ideal outcome in an unconstrained world:**



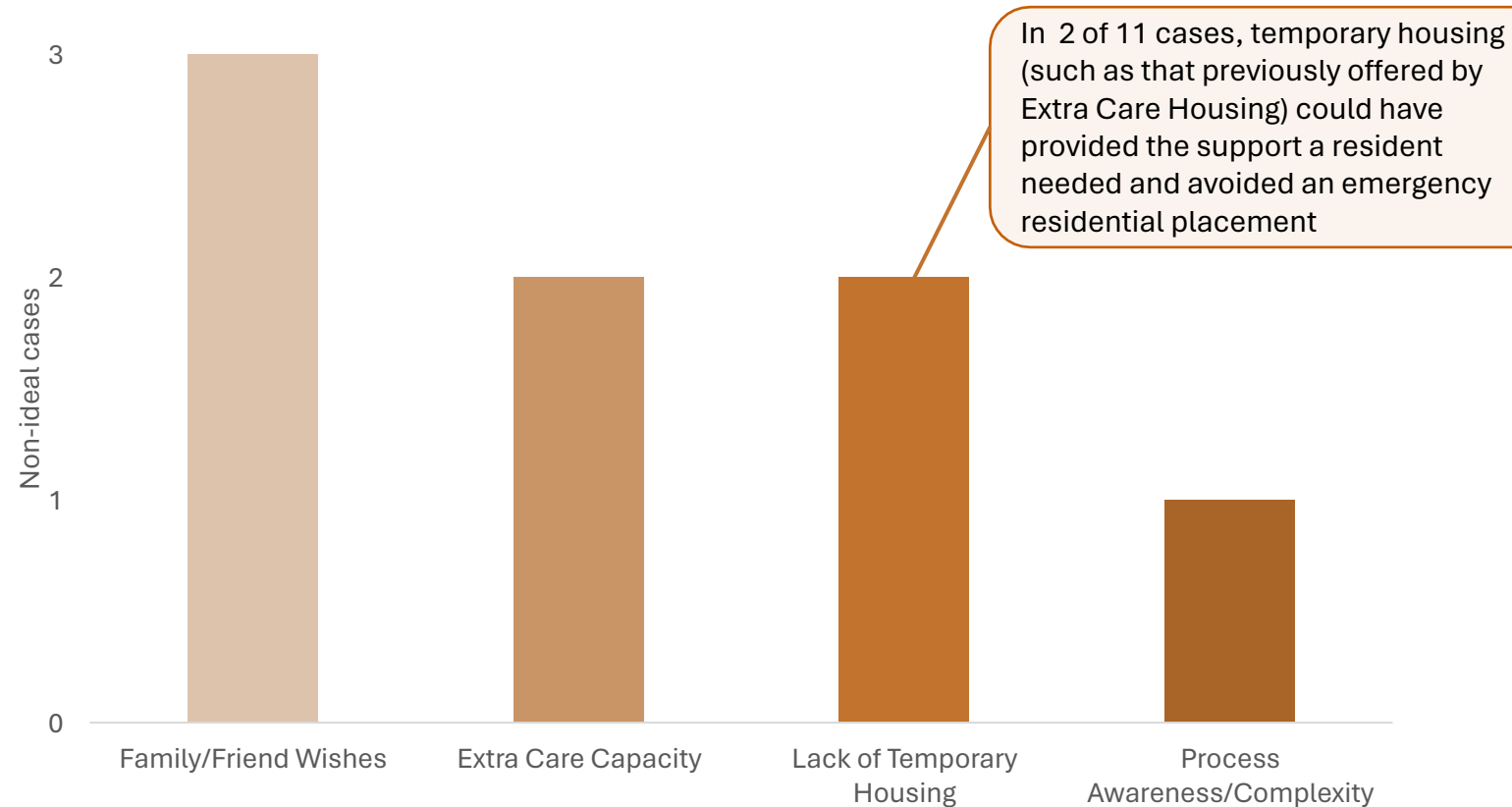
Older People – Case Review Findings

Across 3 days of case review workshops, we reviewed 11 recent residential placements.

In **45%** of cases, practitioners felt that residential placements could have been better supported in Extra Care housing to maintain their independence



Practitioners also identified the barriers they felt prevented us from achieving this outcome for residents



Case Reviews – Key Findings

The key themes that drove the case review outcomes were:



Risk-averse decision making

- There is **pressure from residents' families**, who have a higher perception of risk
- We face challenges due to limited access to **historical case data** to learn from previous best practice
 - At a locality level we are constrained by **time and resources, such as OT** in exploring creative solutions for residents.



Community services

- We could increase our **awareness** of community services even further and make it work with our partners to make it **easier to refer into these services.**
- We also need to work with our partners to ensure we are confident in the **quality and consistency** of these services



Residential Placements

- 1 in 4 residents could have been better supported outside a residential home
- By increasing our **ability to access Extra Care Housing and its capacity** we could **prevent 40 residential placements per year.**

Disabilities

Disabilities - where are we already doing great work?



Our teams have tight control over new starts into the service

We can see that our teams have good grip and control over the number of new starters entering the system each year, especially into residential placements



Ongoing work by teams to support the review and step-down process

We have a dedicated review team that have been working to step down packages where they see an opportunity to do so. This is a fantastic starting point to the develop our commissioned services further



A consistent desire to support our residents to live a fulfilling life

Our teams have already achieved significant saving over the last 3 years, however there is still a desire from those that we have met to achieve more and some great ideas about how we can achieve that

Disabilities

In summary, when looking at the ways we support residents today, the main barriers practitioners identified to achieving a more ideal outcome were...



Awareness/Capacity of the ideal service

Practitioners felt that in some cases **alternative or more services could have been considered**, increasing awareness and capacity/access to these services could benefit outcomes for residents



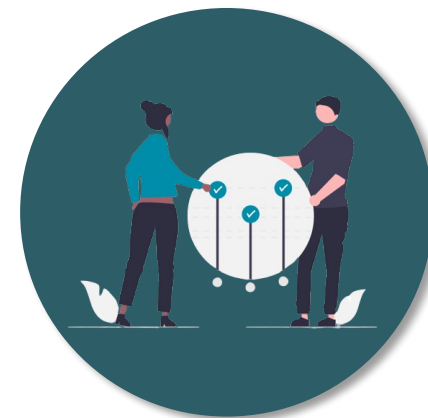
Communication between services

Practitioners identified decision points where additional **communication or information sharing between services** could benefit staff and residents' outcomes



Effective commissioning of placements

Working with colleagues in **commissioning and housing** to ensure that **when a placement is the best outcome** for a resident, it provides the **right level of support at a sustainable cost**

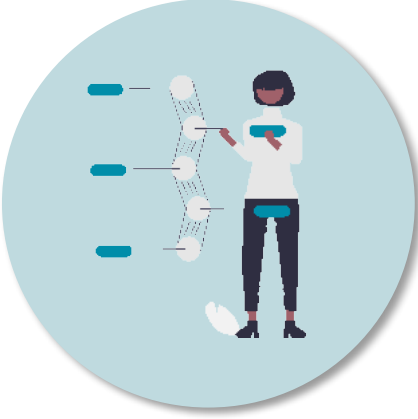


Ambition and Goal focused working

Practitioners noted that we could bring out a **resident's ambitions and goals** even more to enable them to develop their further skills. Alongside working with providers to ensure they are enabling this

Transitions

Transitions - where are we already doing great work?



Teams achieving great results within our current system

Our teams are achieving fantastic results in a system that has been under significant financial and operational pressures. Our practitioners found many examples of fantastic, ideal outcomes that we had achieved working with young people and their families



A passion to support young people to achieve their goals and aspirations

All our teams showed a passion to support our young people in achieving their goals and ambitions. Our teams enjoyed the opportunity to discuss what more we could achieve, how we could further work together and both what was going really well but also what was challenging



A shared set of values across services and a desire to collaborate more

All teams had a shared set of values that resonated consistently with each other. There was a desire to work even more closely with each other as in each other and build on the skills and knowledge that each group already has

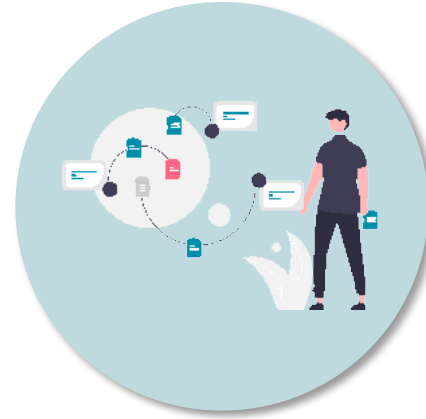
Transitions - Key Findings

Practitioners identified several opportunities to deliver more ideal outcomes for our young people through our transitions process



Use of Multi Disciplinary Team working

Through increased communication and joint working between services we could improve the transitions process by aligning across directorates and services on the ideal support and pathway for a young person



Advanced planning

Through continuing to develop our transitions offer and delivering this through our new early work team, we can work with young people and their families to achieve an even more ideal transition



Increasing the capacity of enablement services

We have an opportunity to continue to develop the skills of our young people through increasing the enablement offer that we have in line with their aspirations and goals

Mental Health

Mental Health - where are we already doing great work?



Our teams are working in a complex system and still achieving great outcomes

Our teams are currently working closely with both health and adult social care colleagues in a challenging and complex space. Even with current system limitations they are achieving a significant number of ideal outcomes



Opportunities to improve outcomes through step downs etc... are being identified

Our teams can identify and call out a significant number of residents that could have a more ideal, independent outcome. They are stepping down a number of these and have ideas on how they could deliver more with the right support



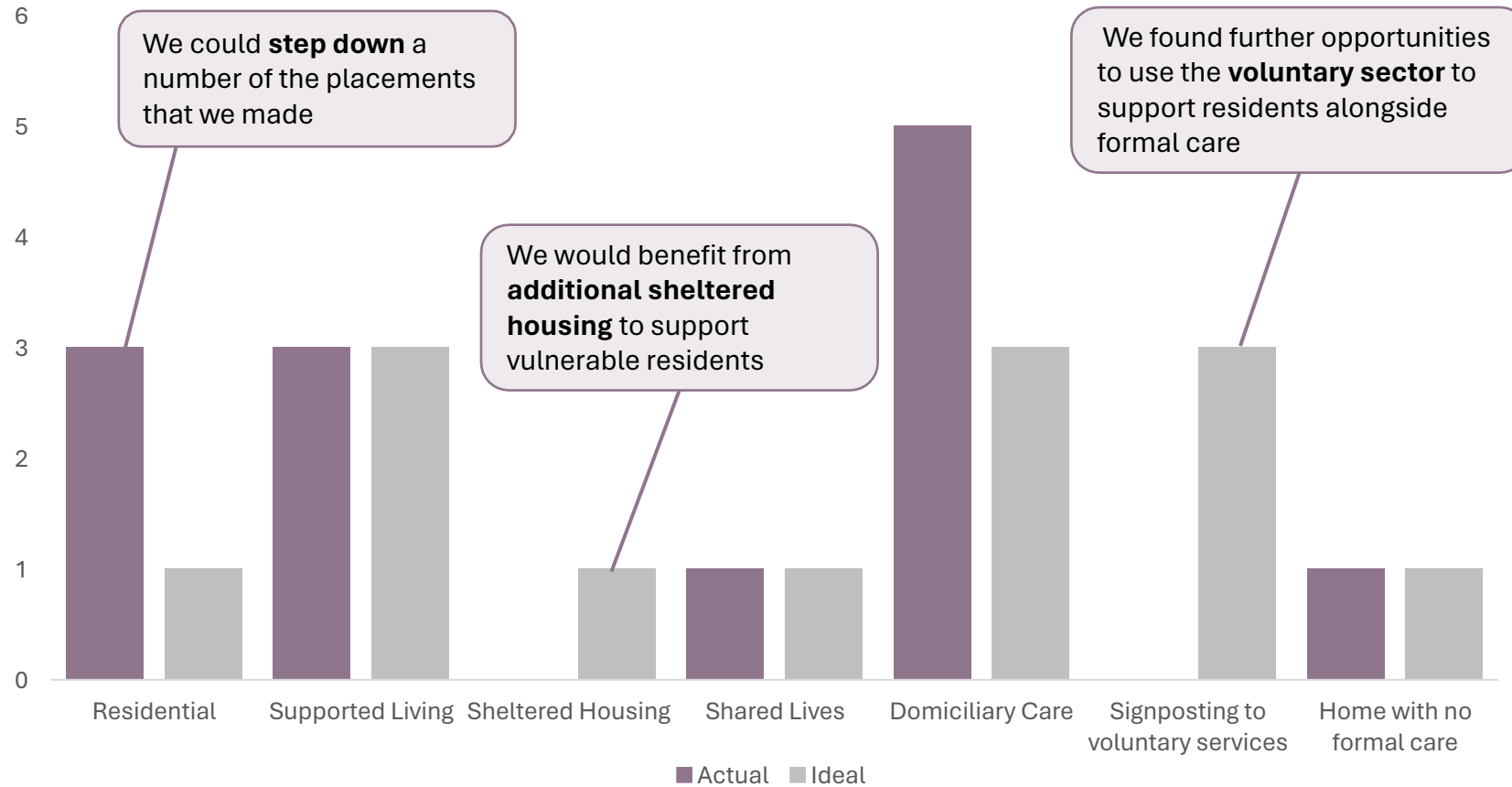
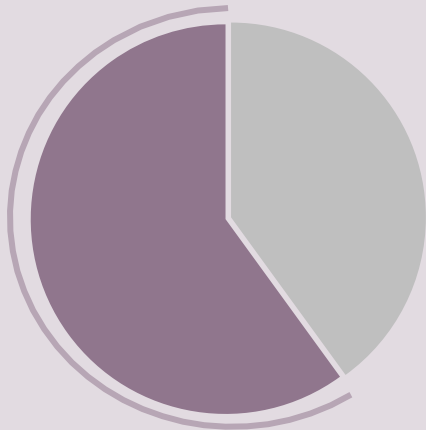
Our team want to achieve better outcomes and make significant change

When working with teams it was clear the passion that they had to continue to improve the service they can provide to the residents of Croydon and their passion for new and innovative ideas

Mental Health – ideal outcomes

Across 3 days of case review workshops, we discussed 13 mental health cases. We asked practitioners, what would have been an **ideal outcome in an unconstrained world**:

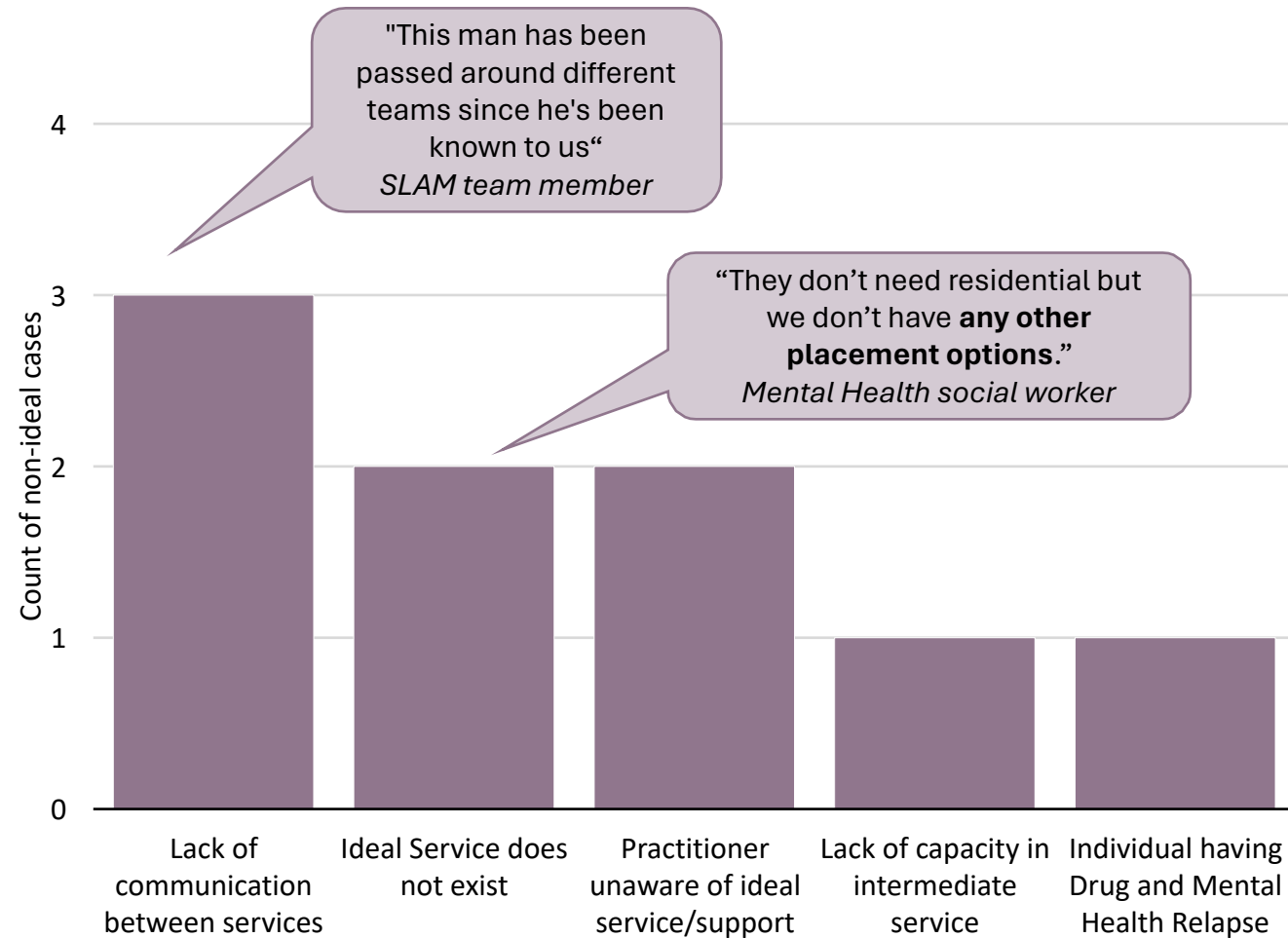
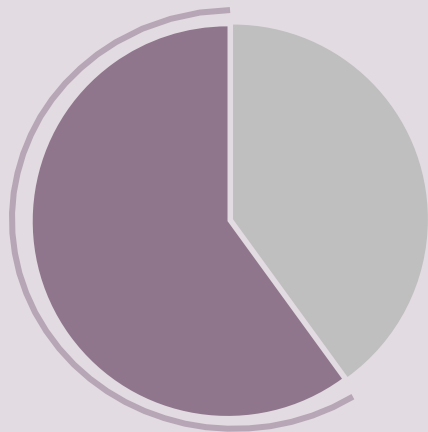
For **69%** of cases, practitioners told us there was the opportunity for a more ideal outcome for residents



Mental Health – barriers to ideal outcomes

Practitioners also identified the barriers they felt prevented us from achieving this outcome for residents. They felt the biggest challenges were

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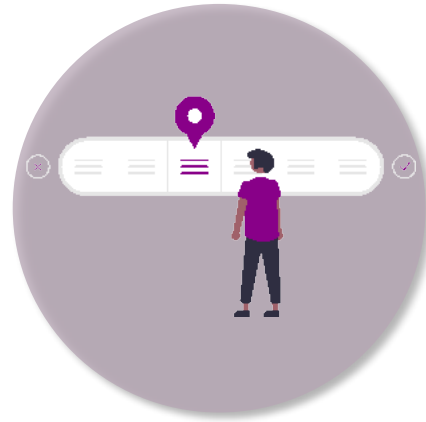
Mental Health – key findings

We have several opportunities to deliver better outcomes for our residents accessing our mental health services



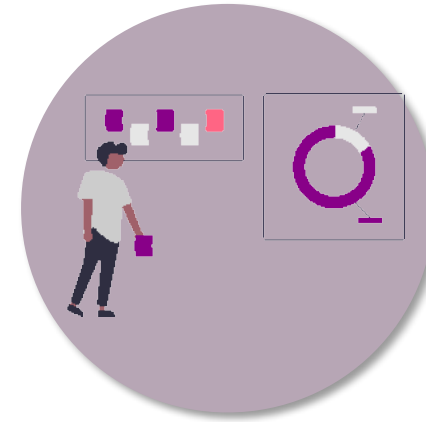
Placement Step Downs

We could potentially **step down** up to 20 placements per year into more independent settings



Improved Working Practices

We have an opportunity to improve **communication** between key teams in mental health, brokerage, commissioning and housing



Demand Driven Commissioning

Through early identification of step downs and data sharing between teams, we can ensure **strategic commissioning** decisions are driven by more accurate forecasting

Summary

Through collaboration across teams we will be able to...

Reablement – at home and ICBs



Fully utilise our existing capacity, increase our demand to capture more people who could benefit and align our processes to best practice.

951 to 1336 people per year could live more independently and have smaller formal packages of care

Strengths-based decision making



Enable a strengths based working environment, design a more resident-centric process and collaborate effectively with our community services.

279 adults every year could have a better journey through the social care process and live more independently

Disabilities + Transitions



Challenge our mindset and model around progression, enable creative and strengths-focussed decision making, utilising enabling services and ensure we have an effective transitions pathway.

328 of our residents with a learning disability could live more independently

Mental Health



Partner with commissioning and brokerage to create a progression focused service that effectively steps down placements into the community through effective risk management.

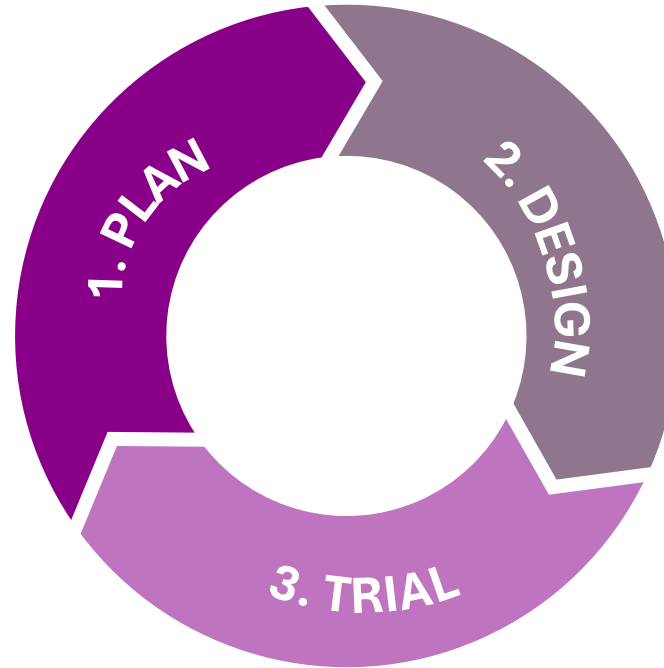
62 of our residents with a mental health condition could be more independent each year

Any transformation will be underpinned by commissioning, change management and digital tools / capability. Developing our people to ensure that changes sustain will be a key focus for the transformation programme.

What will the next 3 months look like?

1. PLAN

- Who will be involved?
- What works well now?
- Where would we want to make changes?



2. DESIGN

- What are the key outcomes we want to achieve for residents?
- What are we going to do to achieve these outcomes?
- What is best practice and what does good look like for us?
- How will we measure our progress?

3. TRIAL

- How has the trial impacted outcomes for our residents?
- How has the change felt for us?
- Could we do even better?
- Are we ready to roll this change out to the rest of the service?