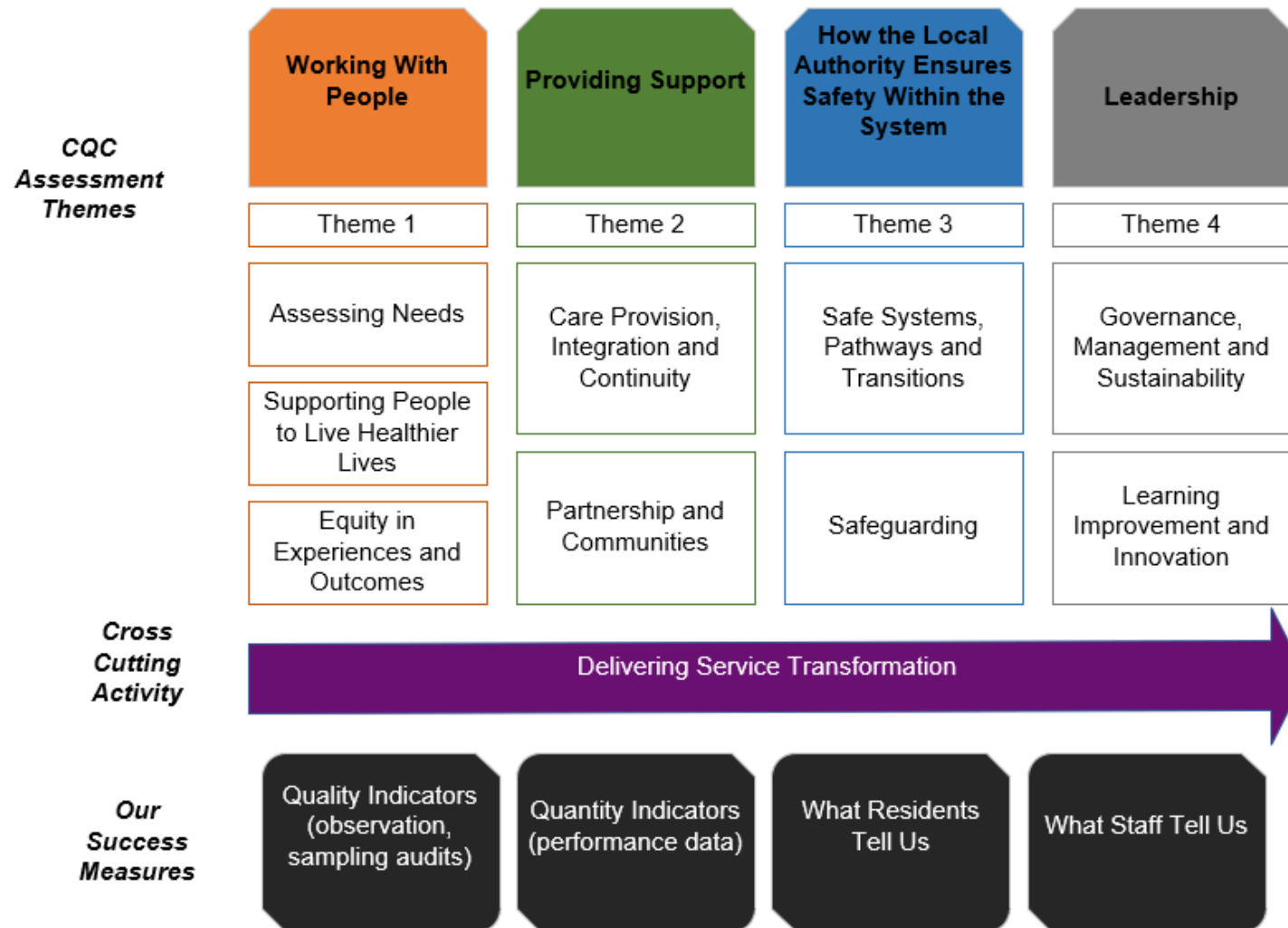


# Adult Social Care & Health Assurance Improvement Plan

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## ADULT SOCIAL CARE & HEALTH ASSURANCE IMPROVEMENT PLAN ON A PAGE

The Adult Social Care & Health Assurance Improvement Plan is structured around the 4 CQC assessment themes as set out below



Working with People – Theme 1 (Lead: Principal Social Worker)						
Ref	Priorities and key activity	By when	Revised Timeline	Status	Success Measures (Impact for residents and what good looks like)	Impacts/ Outcomes
1	<b>Continually improve practice across the directorate.</b> This includes activity to:					
	1.1 Review the good conversation record to identify required improvements to support good quality, legally literate practice.	June 2024	October 2024		<ul style="list-style-type: none"> <li>✓ Improved quality of care and support for residents, medication management is improved, a sense of community is enhanced, and practitioners have the time and resources to focus on their needs.</li> </ul>	The Good Conversation Record has been reviewed, and ways to improve the practice of those undertaking it have been identified. Continuous improvement will be underpinned by our Practice Standards Framework; supporting the assessment process, ensuring the delivery of high-quality, legally compliant, and accurate practice - ultimately leading to better outcomes for residents.
	1.2 Improve communication and sharing of information with residents and carers.	July 2024	October 2024			Our Caseload Tracker now includes a tick box to indicate whether documents have been sent to residents and carers. This has evidenced an increase in information shared.
	1.3 Review, re-establish and strengthen our vision for Community Led Support and strength-based approaches.	June 2024				Through the creation of key documents and the delivery of additional strength-based practice sessions for staff, the vision for Community-Led Support and strength-based approaches has been reinforced and further embedded. All practitioners undertake mandatory annual refresher training.
	1.4 Review caseload weighting tool to ensure	April 2024				The Caseload Weighting Tool has been trialled and is being used in teams to ensure staff are allocated the right number of cases, while also considering the complexity of those cases to ensure staff can

	caseloads are reviewed and weighted based on the complexity of the case.					adequately manage each one. This will continue to be reviewed, monitored, and adjusted accordingly based on feedback from each team.
2	<b>Continually improve practice mental health.</b> This includes activity to:					
	2.1 Review the Adult Social Care and Health case management system (LAS) to ensure that Mental Health records including, Approved Mental Health Practitioner assessment reports, case notes and risk assessments can be recorded.	June 2024	October 2024		<ul style="list-style-type: none"> <li>✓ A more consistent and effective communication between residents and practitioners from the Local Authority and SLAM improving the overall quality of care.</li> <li>✓ Mental Health practitioners can provide better care to residents, leading to improved outcomes such as reduced hospital admissions, improved quality of life, and increased access to appropriate services.</li> </ul>	Requisite forms to allow mental health recording – particularly AMPH – have been reviewed and built via workshops with relevant staff in preparation for recording to transfer from EPJS to the wider social care system LAS.
	2.2 Mental Health Practitioners to use ASCH templates for good conversations and risk assessments.	September 2024	March 2025		<ul style="list-style-type: none"> <li>✓ A more consistent and effective communication between residents and practitioners from the Local Authority and SLAM improving the overall quality of care.</li> <li>✓ Mental Health practitioners can provide better care to residents, leading to improved outcomes such as reduced hospital admissions, improved quality of life, and increased access to appropriate services.</li> </ul>	ASCH templates have been reviewed to ensure appropriate for use, alongside the strengths-based risk assessment tool. Training for mental health staff will commence in February to support the transition to LAS.
	2.3 Review the AMHP arrival pathway, approval, reapproval and authorisation procedures.	June 2024				The AMHP arrival pathway, approval, reapproval, and authorisation procedures have been reviewed to ensure that staff are competent and legally literate, able to effectively undertake their statutory duties. This process helps ensure that residents are kept safe and that actions are in line with the Human Rights Act.

3	Develop the early intervention and prevention offer in partnership with Public Health	July 2024	January 2024		<ul style="list-style-type: none"> <li>✓ Identifying health inequalities and gaps in service provision, which can be addressed through targeted interventions.</li> <li>✓ Improve health outcomes and reduce disparities.</li> </ul>	A new relational model of prevention has been co-designed and will be implemented. This work will continue, this work will be evidence.
4	<b>Minimise and monitor waiting list and waiting times.</b> This includes activity to:					
	4.1 Recruit Occupational Therapists to support preventative work at the front door to minimise numbers on the waiting list.	June 2024			<ul style="list-style-type: none"> <li>✓ Residents will receive the care and support they need in a timely manner, reducing the risk of health complications and ensuring that they can maintain their independence and dignity.</li> </ul>	<p>2x Occupational Therapy Assistants recruited since April 2024. This has helped with supporting the OT Front Door triage and screening process, responding to residents in a timely manner and minimising the waiting time for assessment for residents that had been prioritised as having more urgent needs.</p> <p>There has been a significant reduction in the numbers of people on the waiting list over the last 9 months, and we continue to focus efforts on reducing this further. This is reported to ASCH Performance Board.</p>
	4.2 Develop a portal for referrals for the Occupational Therapy Service.	March 2024				The portal has been developed and is in use, enabling good quality referrals and triage.
	4.3 Ensure that all residents on the waiting list (including safeguarding) have an up-to-date risk assessment and risk mitigation plan.	September 2024				All residents awaiting an assessment are reviewed daily by a Team Manager or Advanced Practitioner. We utilise a risk assessment which explores risks, needs and complexity. From January 2025, following conversation with the resident, communication via text/email/letter will be sent to those waiting, advising of next contact (3 weeks) and where to seek information and advice if needed whilst waiting for an assessment. Three weekly contact is made to those waiting for an assessment and cases are re-prioritised in accordance with any change in circumstances which is reported prior to 3 weeks or at the 3 week point.

Working with People – Theme 1 (Lead: Principal Social Worker)						
Ref	Priorities and key activity	By when	Revised Timeline	Status	Success Measures (Impact for residents and what good looks like)	Impacts/ Outcomes
5	<b>Review carer assessment and support approaches.</b> This includes activity to:					
	5.1 Review the carers strategy and respite/replacement care demand.	October 2024	December 2024		<ul style="list-style-type: none"> <li>✓ Increased satisfaction among carers with the support they receive and reduction in the number of carers reporting feelings of stress or burnout.</li> </ul>	The Croydon Carers Strategy was formally launched on 21 November 2024, and feedback on improvements required from the respite offer built into the new contract.
	5.2 Review the carers good conversation record.	March 2024			<ul style="list-style-type: none"> <li>✓ Increased uptake of support services, such as respite care and training opportunities, by carers.</li> <li>✓ Reduced costs to health and social care services, as a result of more effective support for carers and prevention of crisis,</li> </ul>	The Carers Good Conversation Record has been reviewed and will be reviewed again in January, in line with the awarding of the Carers contract. Following this, further training will be delivered to ensure the record supports carers effectively and aligns with updated practices.
6	<b>Work in equal partnership with people who use care and support and improve how we collect and act on feedback.</b> This includes activity to:					
	6.1 Review the process for capturing resident/carer feedback.	March 2024	March 2025		<ul style="list-style-type: none"> <li>✓ Identifying areas for improvement and implementing changes to services based on feedback from people who use care and support.</li> </ul>	A resident feedback form (online and physical) has been developed and will be piloted in January. Feedback from the pilot will feed into the final version.
	6.2 Review and improve how easy it is for residents, carers and providers to contact ASCH by phone.	June 2024	December 2024		<ul style="list-style-type: none"> <li>✓ Better communication between people who use care and support and those who provide it</li> </ul>	We have established a quality assurance process within the Directorate to assess the timeliness of response to phone queries, emails and the completeness and accuracy of email address details. Findings will be used to improve the consistency and quality of our customer response. We conduct the statutory Carers Survey and Social Care Survey, as required by the Department of Health. This data is monitored at our Performance Board and is fed back through the Carers Board.

7	<b>Improve outcomes for people with complex needs.</b> This includes activity to:				
7.1 Develop a pathway for residents with learning disabilities, autism and mental health.	October 2024	March 2025		<ul style="list-style-type: none"> <li>✓ Better health, increased independence, and reduced costs.</li> <li>✓ Better quality of life for those who require care and support.</li> </ul>	<p>ASCH, SWL ICB &amp; SLaM have worked in partnership with SCIE to review existing pathways, engage with people with lived experience and their carers, and co-design a new protocol and operational policy.</p> <p>We are currently working with system partners to embed the new ways of working.</p>
7.2 Work with partners to set out expectations, roles, responsibilities and commissioning around complex and transforming care.	October 2024	March 2025			<p>Work continues with system partners to embed the corresponding pathways and agree roles and responsibilities. This has been delayed by significant reorganisation within the local system.</p>

**Working with People – Theme 1 (Lead: Principal Social Worker)**

Ref	Priorities and key activity	By when	Revised Timeline	Status	Success Measures (Impact for residents and what good looks like)	Impacts/ Outcomes
8	<b>Review of the front door pathway and operating model.</b> This includes activity to:					
	8.1 Review the front door assessment criteria, how it is applied and how it affects vulnerable people specifically those with autism/neurodivergent.	May 2024	March 2025		<ul style="list-style-type: none"> <li>✓ Helps to ensure that people receive the right level of support at the right time leading to earlier identification of needs and more timely interventions.</li> <li>✓ Better experience for people accessing adult social care services.</li> </ul>	The client journey through the front door and into long-term teams has been mapped. A series of working groups are in progress to ensure clarity of offer and pathways for vulnerable resident groups, including those with autism or who are neurodivergent.
	8.2 Recruit Mental Health Worker to early intervention.	January 2024				The post has been established and implemented.
	8.3 Improve access to information and advice.	March 2024				A review of the ASCH webpages has been undertaken to ensure residents are able to access the information they need, including a better understanding of what services are available in the community.
9	<b>Significantly increase direct payment take up.</b> This includes activity to:					
	9.1 Explore ways of developing the micro market so that residents have more places to spend their direct payments.	May 2024			<ul style="list-style-type: none"> <li>✓ Empowers residents to have more control over their care arrangements, enabling them to choose services and support that best meet their needs.</li> </ul>	<p>ASCH is working in partnership with Community Catalysts &amp; Croydon Almshouses to deliver the micro-market development programme.</p> <p>Ongoing oversight will be maintained through the Adults Living Independently Partnership Group.</p>
10	<b>Improve communication regarding financial assessments.</b> This includes activity to:					
	10.1 Improve communication regarding financial assessments and charging.	June 2024			<ul style="list-style-type: none"> <li>✓ Improved transparency in financial assessments</li> <li>✓ Improved financial planning for social care clients and increased accuracy in assessments.</li> </ul>	This service has been improved by embedding officers into hospital settings to provide specialist information on the financial assessment process prior to patient discharge. Policies and procedures on Tri-X have been reviewed and updated. All information and advice is publicly available on our website and advice and information is given to residents through assessment.



11	<b>Improve access to technology enabled care and explore innovative TEC approaches.</b> This includes activity to:					
11.1 Develop the Careline/assistive technology offer.	October 2024	March 2025		<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>✓ Improve access to care for those who may otherwise struggle to access it due to mobility issues, geographical location, or other limitations.</li> </ul>	A full Technology Enabled Care (TEC) review is being carried out by our partner PA Consulting to identify opportunities, gaps and growth areas for ASCH to deliver better outcomes and to significantly improve the independence of our residents through use of TEC. The diagnostic is due in January to inform plans for implementation.	
11.2 Review our providers use of digital technology solutions.	May 2024			<ul style="list-style-type: none"> <li>✓ Enhanced quality of care, social care staff can monitor and respond to the needs of their clients in real-time, ensuring that they receive the care they need when they need it.</li> <li>✓ Increased efficiency, social care staff manage their workload more efficiently, reducing waiting times and improving overall service delivery.</li> </ul>	The Council has established a joint programme of work with ICB to work collaboratively with the care market to focus on the use of Digital Care Records, use of Virtual GP and fall sensor technology. This is now a core ongoing programme. Croydon works with Virtual Ward to support hospital discharge and enable residents to live independently in the community.	

**Working with People – Theme 1 (Lead: Principal Social Worker)**

Ref	Priorities and key activity	By when	Revised Timeline	Status	Success Measures (Impact for residents and what good looks like)	
12	<b>Strengthen how we understand and tackle inequalities to services.</b> This includes activity to:					
	12.1 Review equity of access to referral services and identify groups with less access and make plans to improve.	September 2024	March 2025		<ul style="list-style-type: none"> <li>✓ Improved access to social care services for underrepresented and marginalised groups.</li> <li>✓ Enhanced trust, respect, and goodwill between social care providers and service users from different backgrounds.</li> <li>✓ Greater participation and engagement from diverse communities in the development and delivery of social care services.</li> </ul>	<p>Our newly developed Practice Standards Framework incorporates EDI standards including in relation to equity of access. This is being rolled out in January 2025 to all staff.</p> <p>As part of the refresh of our Adult Social Care and Health Strategy 2025-2030, we are reviewing our performance using a range of national datasets, including the ASCOF, Carers Survey and annual personal social services survey. This includes comparison against statistical neighbours and national averages. We will identify any inequities in access and outcomes related to people’s personal characteristics and develop interventions to address accordingly.</p>
	12.2 Raise awareness of the Equality Diversity and Inclusion Board and activities.	June 2024			<ul style="list-style-type: none"> <li>✓ More targeted and effective interventions to address specific health and social care inequalities.</li> </ul>	<p>Awareness raising through staff webinars and newsletter. Our Principle Social Worker represents ASCH on the Equalities Board.</p>
	12.3 Review levels of recording of protected characteristics on the Adult Social Care and Health recording system (LAS) and implement improvement plan as required.	June 2024	March 2025			<p>Data quality has improved and exploratory analysis has begun to establish any inequities of access to services. Areas for improvement identified include recording Primary Support Reason upon initial contact. This work is done jointly with Public Health.</p>

Providing Support – Theme 2 (Lead: Head of Adult Placement, Brokerage and Market Management)						
Ref	Priorities and key activity	By when	Revised Timeline	Status	Success Measures (Impact for residents and what good looks like)	
13	<b>Plan to meet future housing/accommodation needs for people who need the support.</b> This includes activity to:					
	13.1 Re-procure floating support and enablement service	October 2024			<ul style="list-style-type: none"> <li>✓ Appropriate and accessible accommodation, promoting independence and increased opportunities for social engagement and community involvement.</li> <li>✓ Access to safe, affordable, and appropriate housing options that meet unique needs and preferences.</li> </ul>	<p>New services successfully awarded for: 1) Vulnerable adults floating Support service and, 2) A Disabilities and/or Autism Floating support and accommodation based service.</p> <p>The specifications were revised and refreshed with input from service users to ensure outcomes were being measured and a trauma-informed approach was applied to service delivery.</p>
14	Establish improved process for providers requesting reviews	June 2024				Providers have been contacted to inform them of a process of how to request reviews or support to residents. This is done via an online portal request form to ensure that the request goes to the correct team and that this is triaged to ensure residents are prioritised based on their need.

Providing Support – Theme 2 (Lead: Head of Adult Placement, Brokerage and Market Management)						
Ref	Priorities and key activity	By when	Timeline Revised	Status	Success Measures (Impact for residents and what good looks like)	
15	<b>Review and update strategy documents.</b> This includes activity to:					
	15.1 Develop and carry out an engagement framework, setting out how resident input will be a part of individual, operational and strategic decision-making.	March 2025			<ul style="list-style-type: none"> <li>✓ Setting SMART objectives and KPIs to measure success, improving quality of care for residents, prioritising person-centered care, identifying opportunities for innovation and improvement, and ensuring safety and well-being of residents.</li> </ul>	A review of our approach to communications and engagement was carried out. We have five priorities in line with the corporate strategy, including “Listen”. This is in line with the Mayor’s priority of listening to residents.
16	<b>Improve processes for reablement, intermediate care and hospital discharge including links to services for carers.</b> This includes activity to:					
	16.1 Review and re-design the hospital discharge pathway.	September 2024	March 2025		<ul style="list-style-type: none"> <li>✓ Residents receive the appropriate level of care and support they need to recover from illnesses or injuries.</li> <li>✓ Faster recovery times, reducing the risk of readmission, and minimised pressure on carers.</li> </ul>	ASCH has worked closely with One Croydon Alliance partners through the Frontrunner, and subsequent Discharge & Intermediate Care programmes to agree pathway redesigns. Work to embed pathways and recruit required staff continues under the programme, but we have already seen an increase in the numbers of people supported to go home having regained their independence.
17	Review approach to continuing health care (CHC)/Joint Funding	September 2024	March 2025		<ul style="list-style-type: none"> <li>✓ Resources are distributed fairly and equitably ensuring that people with the greatest need receive the highest level of support.</li> </ul>	ASCH has contributed to the SWL review of joint funding protocols. Additional resource has been identified to support this piece of work and embed in local practice. This is worked through, case by case, by assessment.

How the Local Authority Ensures Safety Within the System – Theme 3 (Head of Safeguarding and Quality Assurance)						
Ref	Priorities and key activity	By when	Timeline Revised	Status	Success Measures (Impact for residents and what good looks like)	
18	<b>Continually improve safeguarding practice.</b> This includes activity to:					
	18.1 Work with Croydon Safeguarding Adults Board (SAB) to review local arrangements for working with adults with care and support needs who are self-neglecting.	March 2024			<ul style="list-style-type: none"> <li>✓ Effective implementation of safeguarding protocols and compliance with relevant legal and regulatory frameworks.</li> <li>✓ Vulnerable individuals are protected from harm and their welfare is safeguarded effectively.</li> </ul>	<p>Our contribution to the work on self-neglect, coordinated by Croydon SAB is that we have implemented self-neglect and hoarding training for our staff.</p> <p>SAB is planning to undertake further work regarding self-neglect in 2025, and we will continue to support and contribute as this progresses.</p>
	18.2 Work with Croydon Safeguarding Adults Board (SAB) to review local arrangements for working with adults with care and support needs who are at risk of Modern Day Slavery.	April 2024				The Head of Adult Safeguarding reviewed the referrals of adult safeguarding concerns received regarding modern slavery over a six-month period. Three referrals were received. One case indicated a learning need regarding referrals to the National Referral Mechanism and this was shared with the relevant manager.
	18.3 Review barriers to reducing the waiting list for DoLS, including those relating to attracting s12 Doctors and independent DoLS Best Interest Assessors (BIAs).	June 2024				We identified key barriers to attracting s12 Doctors and has been addressed. This has helped us increase the pool of s12 Doctors that work with us, increasing our capacity for DoLS assessments.
19	Review safeguarding operating model	June 2024	October 2024		<ul style="list-style-type: none"> <li>✓ Staff satisfaction with the new operating model and its effectiveness in safeguarding vulnerable adults.</li> <li>✓ Increase in the proportion of adult safeguarding work that our quality assurance auditing rates as 'Good' or 'Outstanding'.</li> </ul>	A task-and-finish group was established to carry out this review. The group reported back on completion of its work in October 2024. The outcome was to maintain the existing model, but there were some practice and process improvement issues that needed to be addressed. We have established a Safeguarding Adults Improvement Board to oversee and coordinate that work.

Leadership – Theme 4 (Lead: Head of Improvement)					
Ref	Priorities and key activity	By when	Revised Timeline	Status	Success Measures (Impact for residents and what good looks like)
20	<b>Support and develop the workforce.</b> This includes activity to:				
	20.1 Enhance the workforce strategy.	July 2024			<ul style="list-style-type: none"> <li>✓</li> <li>✓ Positive feedback from staff regarding training and development opportunities.</li> <li>✓ Improved retention rates among staff.</li> </ul>
					<p>An action plan in conjunction with the wider Southwest London Strategy has been developed and a Workforce Board set up that has representation from:-</p> <ul style="list-style-type: none"> <li>• Care Providers</li> <li>• DWP</li> <li>• Colleges &amp; Universities</li> <li>• South London Partnership</li> <li>• Job brokerage teams (Croydon Works)</li> <li>• Principal Social Worker &amp; Occupational Therapists</li> <li>• Human Resources</li> <li>• Learning &amp; Development teams</li> <li>• Economic Development teams</li> </ul> <p>This is to have a Croydon Place focus on all issues related to the workforce. This will provide regular updates to the Health &amp; Care Wellbeing Board on the action plan.</p>

Leadership – Theme 4 (Lead: Head of Improvement)						
Ref	Priorities and key activity	By when	Revised Timeline	Status	Success Measures (Impact for residents and what good looks like)	Impacts/ Outcomes
	20.2 Embed and evidence workforce equality diversity and inclusion (EDI) standards.	October 2024	March 2025			The council has signed up to the Social Care Workforce Race Equality Standards and is exploring equality, diversity, and inclusion within the workforce. Action plans are being developed with the Workforce Race Equality Standards team to address the findings. Ongoing meetings with the team will focus on developing an action plan to address the identified areas for improvement. This is then reported into the council's equality and workforce Board.
	20.3 Identify learning from the assessed and supported year in employment (ASYE) social worker reviews and plans to maintain develop the ASYE programme.	March 2024				The most recent cohort of the ASYE programme has just finished. Feedback has been gathered through a Google form, and the data is being analysed to identify areas for improvement. Some key points from the feedback include a request for additional workshops to better prepare participants for managing full caseloads as social workers, as they currently work with a limited caseload during the ASYE programme. These insights will be used to enhance and further develop the ASYE programme. The ASYE programme has been recognised as good by SCIE.
21	<b>Ensure and evidence the best quality outcomes for residents who have care and support needs.</b> This includes activity to:					
	21.1 Complete and implement audit programme.	April 2024			✓ Residents trust and have confidence in the social care and health system.	Ongoing auditing is now business as usual, with themed audits undertaken in addition.
	21.2 Review the Quality Assurance Framework.	October 2024	February 2025		✓ Greater peace of mind for residents and their families.	The Head of Adult Safeguarding and Quality Assurance has reviewed the Quality Assurance Framework and found no changes are needed at this time.

					<p>✓ Effective communication and collaboration with other healthcare providers and community organisations to promote holistic care.</p>	<p>The Head of Adult Safeguarding and Quality Assurance and the Principal Social Worker will carry out a further review of our auditing arrangements in early 2025.</p>
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RAG Rating	Description
	Complete
	In Progress
	Issues
	Overdue