



**Croydon's Adult Social Care and Health Strategy 2026-30**

# Forewords from our leaders

## Jason Perry, Executive Mayor

**“The refreshed strategy builds on all the work we have done to support people to live healthier, more independent lives. It sets out how we will design our services to offer more preventative services. This is fundamental to delivering financial sustainability, as better outcomes are good value for money.”**



## Councillor Yvette Hopley, Cabinet Member for Health and Adult Social Care



**“This strategy was born out of extensive engagement with the community, and that’s what I want to see in its delivery. I want residents, partners and our staff to see and feel this strategy, and for us all to be confident that it is having a positive impact on people’s lives. This won’t just be a piece of paper, but a way to communicate our vision, and change how we work.”**

## Annette McPartland, Corporate Director Adult Social Care and Health



**“I’m excited to publish our five-year strategy that focuses on early support and maximising independence. It builds on what we’ve heard from residents, our CQC inspection and delivering our Adults Living Independently (ALI) Programme. I’m committed to tackling inequities and shifting to more local ways of working. This means parity for residents, whether they have mental health needs, a learning disability, or are an older resident.”**

# Introduction

Croydon Council, like all Local Authorities, has a statutory duty under the [Care Act 2014](#) to assess and meet eligible needs for care and support, while also ensuring compliance with the Mental Health Act 1983, and the Mental Capacity Act 2005.

Nationally, the adult social care landscape is under increasing strain. According to the [2025 ADASS Spring Survey](#), 80% of councils overspent on Adult Social Care in Financial Year 24-25, with a total overspend of £774 million—the highest in over a decade. This will be further explored through the Casey Review, which will recommend reforms to the Adult Social Care System.

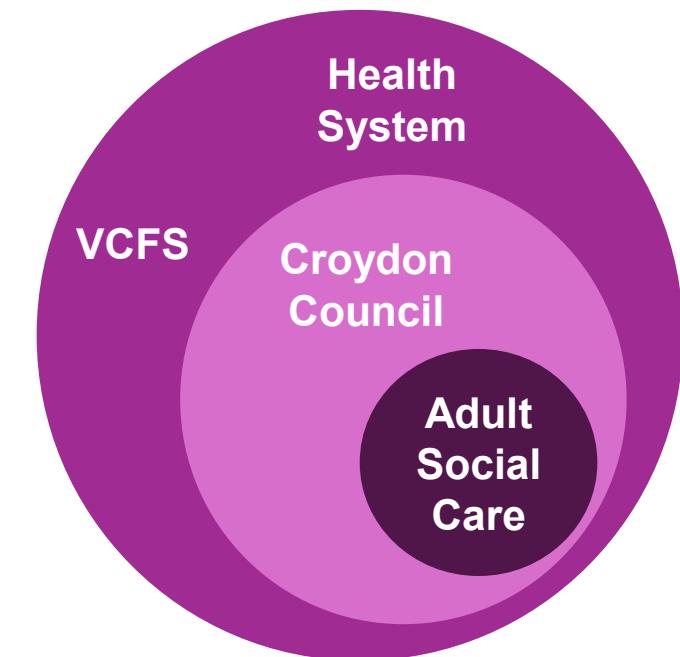
The [NHS 10 Year Health Plan](#) re-emphasises three key strategic shifts: moving care from hospital to community, from treatment to prevention, and from analogue to digital. This places local authorities at the heart of integrated, person-centred care.

However, the ability of councils to deliver this is increasingly compromised by financial pressures and rising complexity of need.

The challenges we face are broader than Adult Social Care. We acknowledge the impact of housing conditions on people's lives, and wider determinants that increase the reliance on social care services. We will deliver necessary changes within our immediate control, influence decision-making across the Council, and build the foundations required for systems change across Croydon as a borough.

This strategy complements and reinforces the aims of wider strategies, such as our Health and Wellbeing Strategy for the Borough. It expands on the aim for people to live healthier and more independent lives, beyond our older population.

This strategy sets out Croydon's population needs, reflects on data and insights, and outlines our strategic priorities over the next five years, to be delivered in partnership, to improve outcomes for our residents.



# This strategy was co-designed with over a 1000 people, including over 850 resident, VCFS organisations, and frontline practitioners across social care and health



# Croydon has the largest population of London boroughs, and it continues to grow, with high levels of diversity

100+  
languages

Croydon has the largest population of all the London boroughs with approximately 390,800 residents (ONS Census 2021). This is an increase of 7.5% (27,341) since 2011, larger than the England average of 6.6%. 52% of our residents are from a Global Majority background, with our residents speaking over 100 languages.



We have the third highest over 65 population in London, with 1.8% of our population over 85. This means that the care and support we provide as a borough must evolve, to meet the needs of our vibrant and changing population. This includes a rising level of residents with dementia.



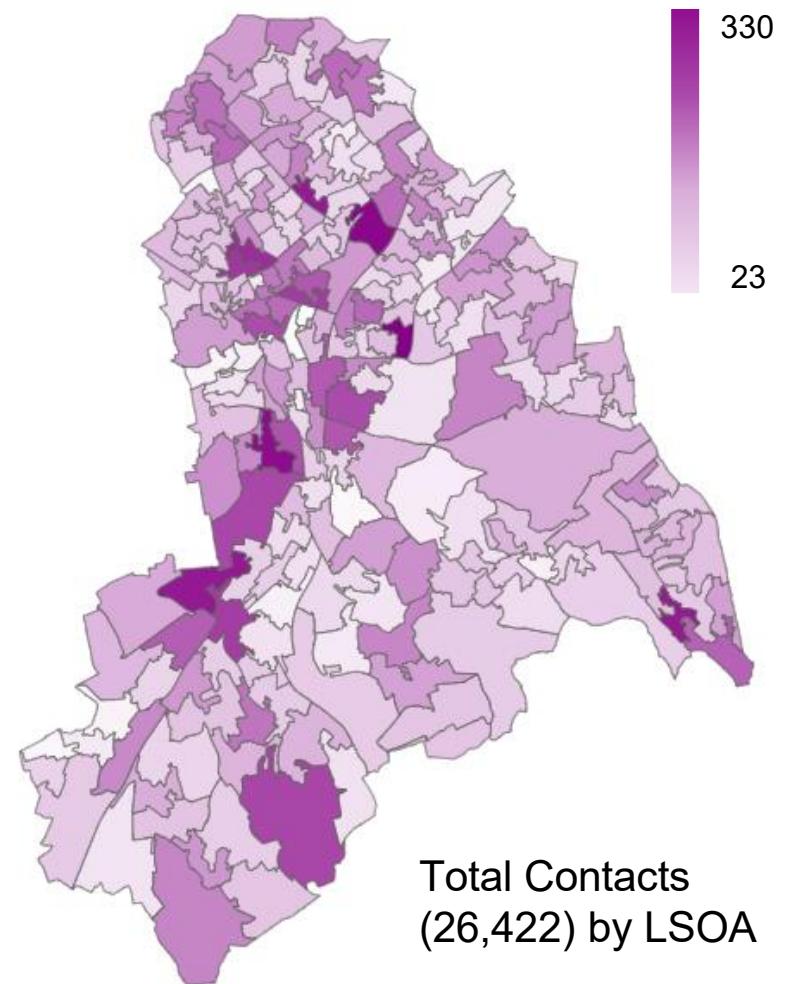
In Croydon, male life expectancy at birth is 9.2 years less in those living in the most deprived areas of Croydon compared to the least deprived areas of Croydon; the third largest inequality gap in London. Female inequality in life expectancy is 6.5 years less in the most deprived areas, the seventh largest inequality gap in London.

# We see geographic and socioeconomic disparities in Croydon when looking at our Adult Social Care activity

The rate of people contacting Adult Social Care in Croydon Council ranges from 76 per 1000 adults ("Woodside and Shirley") to 90 per 1000 adults ("New Addington and Selsdon"). Due to differences in population size in the current localities, volumes of referrals are highest in "East Croydon" (6819), and lowest is "New Addington and Selsdon" (2879).

We see a significantly higher rate of people contacting Adult Social Care in areas of higher deprivation, with 179.2 contacts per 1000 population in the 10% most deprived areas, compared to a contact rate of 74.2 per 1000 population in the 10% least deprived areas. This is most pronounced for Indices of Multiple Deprivation (IMD) deciles 1-4, where 57% of our contacts are from the 40% most deprived areas.

This disparity continues with long-term support provided to residents, with 21.3 per 1000 in the 10% most deprived areas, compared to 3.7 per 1000 receiving long-term support in the 10% least deprived areas.



# Data and insights tell us that our priorities would help improve people's lives, if we are clear on the actions we will take each year

**87%** of respondents scored a 7 (out of 10) or above to the statement that the priorities would make a positive difference to people's lives.

We have a **good reablement offer**, with **low levels of readmission to hospital** and reliance on long-term support after residents receive reablement support (ASCOF 2D1).

**31%** scored "identify and reduce inequities through high quality care" as the most important priority.

We have a **very high admission rate into residential or nursing care for working age adults** in London, and this is particularly stark for residents with Learning Disabilities.

**24%** scored "work with health partners to align services, providing the right support in the right place" as the most important priority.

Our residents report **low satisfaction with care and support** (ASCOF 1D) compared to the national average, and there is a disparity in Croydon for our Asian residents.

**7%** scored "embed resident voice within individual, operational and strategic decision-making" as the most important priority.

Carers do not feel consulted or involved in discussions (ASCOF 3B), and there is **poor access to information** (ASCOF 3C2) compared to national averages, especially our Asian residents.

Croydon Resident Survey to shape strategy, 134 responses

National Adult Social Care Outcomes Framework 2023-24, based on resident survey and data returns

Our residents created some art to outline what good housing looked like, highlighting the need for physical accessibility, community belonging, and being listened to by staff



# Our six priorities are informed by data and insights from the community, and set out our vision, building on our Adults Living Independently Programme

**Support people as early as possible:** we want to be proactive, before social workers are involved, to deliver more local and preventative services, including the use of technology-enabled care

**Help people live more independently:** we want to focus on helping people be more independent, such as through therapy or developing life skills, so they don't need to rely on long-term support

**Identify and reduce inequities through high quality services:** Croydon is diverse, so we need to make sure our residents receive the best quality service, regardless of their background

**Improve the range and accessibility of accommodation:** we want people to live in their own homes, or in more independent settings when they need to

**Use ideas from the community to shape our work:** we want to ensure that residents and partners actively influence our decisions, so services in Croydon meet their needs

**Work closely with health and community partners to provide more joined-up services:** we want the health and care services residents receive to be as easy to access and navigate as possible

# Supporting people as early as possible

**Our vision and offer:** a wide range of preventative services to help people avoid relying on statutory support services. This does not mean diverting people away without the right support. We will work with residents to understand what is available in the community and other services. These include employment support, how technology can help to improve life quality, and how occupational therapy and reablement can help reduce and delay need, as our first step.

## What data and insights tell us

- Residents raised growing levels of mental health needs, driven by wider determinants, including poor living conditions and loneliness
- Case reviews, pilots and examples from other local authorities have shown that people could avoid long-term support with preventative input e.g. reablement or technology

## Strategic actions

- Designing a social care service model to frontload support, including through an offer of reablement, occupational therapy and technology-enabled care
- Ensure our information, advice and guidance is responsive to what people are searching for, and is accessible
- Strengthen relationships with the VCFS to develop partnerships in local communities that identify needs, and design solutions to tackle them preventatively
- Ensure there is a robust respite offer to support unpaid carers, to prevent any deterioration in physical and mental health

## Key metrics

- Reduction in initial contacts with social care services that do not require statutory adult social care services
- Increase in short-term support offered, with reduction in levels of long-term support
- ASCOF: ease of finding information

# Helping people live more independently

**Our vision and offer:** our focus when assessing needs and providing care and support will always be on enabling people to become more independent. This isn't about reducing levels of support, but providing the right kinds of support, to regain independence. We will always look to use direct payments first, to give choice and control to residents, to spend on services in the community that meet care and support needs and improve independence.

## What data and insights tell us

- Our Direct Payment uptake is well below the regional and national average, at 17.4% in September 25
- Small-scale pilots are showing the effectiveness of reablement reducing likelihood of readmission to hospital, and reduced length of stay in the service, allowing us to support more people
- Evidence shows that an outcomes-based approach to commissioning is better for people, and can have long-term financial benefits for the local economy

## Strategic actions

- Design and embed a direct payment first approach, that focuses on meeting outcomes using community assets and services
- Create and embed a commissioning approach that focuses on outcomes, working with providers to maximise independence
- Develop our workforce, including those in the wider care market, to adopt an outcomes and strength-based approach
- Trial new interventions to facilitate improve outcomes post-hospital discharge, increasing Intermediate Care Bed capacity

## Key metrics

- Reduction in volume and cost of long-term care packages
- Reduction in re-admission to hospital after reablement support
- Increase in Direct Payment uptake

# Identify and reduce inequities through high quality services

**Our vision and offer:** we will have a live view of the decisions we're making around care and support, to make sure that all our residents are receiving the best quality care, with an emphasis on truly understanding the person's identity, backgrounds and beliefs. This includes people's wealth, as adult social care is means-tested. Our staff will be supported to work with all our residents and focus on their strengths and community assets. We will take an evidence-based approach to delivering and monitoring the quality of our services.

## What data and insights tell us

- Poor Adult Social Care Outcomes Framework (ASCOF) performance when compared to other London boroughs, and nationally
- There are inequalities in how people feel about social care services in Croydon, particularly in the Asian community, reported through the annual national survey
- Our CQC report highlights opportunities for improved consistency of frontline practice

## Strategic actions

- Develop a dashboard to visualise performance and inequalities in operational data, statutory returns, and survey responses
- Embed our new approach to overseeing our performance data, focusing on operational data, resident insights, and our workforce. Identify solutions to any issues identified, in partnership with the community
- Deliver improvements identified in our CQC report, including around practice e.g. carer assessments and contingency planning

## Key metrics

- An improvement in resident satisfaction as measured through DHSC national surveys, and reported through ASCOF measures
- Reduction of inequalities in ASCOF measures
- Operational waiting times for assessments and reviews

# Improve the range and accessibility of accommodation

**Our vision and offer:** residents will be supported in the least restrictive option, with our staff supported to consider community-based assets in achieving this. We will have a clear understanding of our market capacity, and the types of needs we can meet in different types of homes. Where there are gaps, we will work across the council and with partners in Croydon to meet current and future needs.

## What data and insights tell us

- There are waiting lists for our Extra Care homes, which would be a less restrictive option for many residents, currently in residential care or supported living settings
- There is a large insufficiency in our general needs and supported accommodation offer for those with low level mental health needs
- There is a historic underspend of our Disabled Facilities Grant, which can fund home adaptations

## Strategic actions

- Making homes more accessible, providing financial support for adaptations in a streamlined way
- Develop a live view of where there is space in accommodation to move people into, to inform operational and strategic decision-making e.g. to develop or redevelop sites to expand our Extra Care provision and expand our supported accommodation
- Improve and strengthen relationships between housing and social care, including through strategic housing supply planning, and operational service level agreements in areas of joint-working

## Key metrics

- Reduction in proportion of residents in more restrictive settings e.g. nursing and residential care homes
- Disabled Facilities Grant and Housing Revenue Account waiting times and spend on adaptations

# Use ideas from the community to shape our work

**Our vision and offer:** we will listen to residents and the wider community, to have them actively shape the services they, or loved ones, receive. We will always be transparent, and explain why we made decisions, especially where they might not align with all the feedback received. We will have a clear flow of information, both to and from residents and senior decision-makers.

## What data and insights tell us

- Some residents don't feel well consulted in decisions around care and support, especially Asian residents in Croydon
- Residents do want to feed into decision-making but aren't sure about what this looks like in practice. Some feel decisions come to residents for "rubber-stamping", not for genuine collaboration

## Strategic actions

- Establish and embed a new model of engagement and co-production, with clear, consistent feedback, including a redesign of our Resident Voices group
- Design and launch a communication and engagement framework and toolkit, to equip practitioners with the skills and resources to engage with the community on a range of decisions in a meaningful way

## Key metrics

- Carers will feel more consulted, as measured through the bi-annual carers survey
- Insights from surveys and engagement forums

# Work closely with health and community partners to provide more joined-up services

**Our vision and offer:** we will work with health and VCFS partners to work towards providing services as close to home as possible. Residents shouldn't have to repeat their stories, or feel like receiving care and support from across health and care services is burdensome. It should feel natural and logical when moving between services, where different skills and knowledge are needed to best support residents.

## What data and insights tell us

- Residents felt strongly that health and care services could be much more joined up. They particularly highlighted the role of primary care, and the opportunities this presents for more preventative work
- Staff want clarity on expectations between partners, and communicating this with residents clearly

## Strategic actions

- Develop named neighbourhoods, with a clear structure for how health, social care and VCFS partners will work together in these areas, to tackle specific local health, care and wellbeing issues
- Refresh policies, processes and pathways between different health partners, to set expectations across partners, and with the community for all existing activities
- Identify where outcomes can be improved through more joined-up working, designing pathways between partners

## Key metrics

- Resident satisfaction measured through surveys from services
- Reduction in delayed discharge due to non-health related issues

**We will publish an annual report to outline the progress we make against each of our priorities, and our actions for the year ahead**



If you have any thoughts, or want to get involved in making this strategy a reality, you can email us through [talk2socialcare@croydon.gov.uk](mailto:talk2socialcare@croydon.gov.uk)

# With thanks to all residents, including carers, staff, and our wonderful partners in the community

Providers in Croydon

Local Community Partnerships

Croydon Libraries

Faiths Together Croydon

Partnership Boards and Resident Voices



*Enabling 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.*