Overview and Scrutiny
Health and adult social care integration

Healthier Communities Select Committee
March 2017

Membership of the Healthier Communities Select Committee in 2016/17

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Lewisham

Health and adult social care integration in Lewisham

Chair's introduction

Demand for NHS services and demand for adult social care continue to rise. Demographic changes, an ageing population and increased longevity, coupled with entirely justified higher expectations of our services present a challenge like none we have known before.

This major review focuses on how better to integrate adult social care services between the NHS and our local Council. Wider issues, such as how to fund NHS and local authority care services, the Sustainability & Transformation Plan, charges to service users and the impact on acute NHS services of any shortfall in social care resources, are outside its scope. It is worth noting at this point that there is no evidence that integration of services saves any money: the purpose of integration is to make better use of resources to deliver the right services at the right time, without, for example, "demarcation" disputes and delays arising from referrals between different agencies, and to deliver appropriate services more effectively.

In keeping with the protocol for scrutiny reviews, this report confines itself to evidence received in writing or taken orally at meetings of the Healthier Communities Select Committee during the period of the review.

Across the land, the NHS and local authorities work in different ways; not always in harmony, not always without overlap and consequent duplication. They have different cultures, different funding arrangements, different governance arrangements. If politicians, clinicians and practitioners sometimes fail to penetrate and understand these complexities, how can we expect service users, their relatives and carers to do so?

What can Lewisham learn from best practice elsewhere in the country? Is there a better way to deliver services: one that more appropriately meets the needs of our residents, one that makes the most of community assets? Can integration speed up the commencement of delivery of services? Can we ensure that professionals communicate with each other, so that care plans of our service users are truly integrated, that everyone is up-to-date on changes in individual circumstances? How can preventative measures be incorporated, so that, in the longer term, people remain independent for longer? How good are we at telling people about all this? All this to be achieved at time of great austerity. This review addresses these issues and I commend it to the reader.

Councillor John Muldoon (Chair of the Healthier Communities Select Committee)

Executive Summary

1.1 Since the creation of the NHS in 1948, health and social care have been separate, with healthcare provided by the NHS and social care provided by local authorities.

1.2 However, given the increasing number of people living with long-term health problems and needing a range of health and care services, there is now a broad consensus that a more integrated approach is needed.

1.3 Both the Government and NHS have introduced various policies intended to encourage closer integration of health and care – from the Better Care Fund to the Five Year Forward View. In 2015 the Government said that all parts of the country should have fully integrated health and care by 2020.

1.4 In Lewisham, work to bring health and care closer together began in 2011. The commissioning of some areas community-based care was integrated and community-based staff were brought together into virtual teams with new ways of working.

1.5 In 2013 Lewisham also established the Adult Integrated Care Programme, with the ambition to have joined up and coordinated health and care services for all adults by 2018.

1.6 The aim of this review was to build an in-depth understanding of the Adult Integrated Care Programme, its structure, priorities, and measures of success, the extent of partnership working, and how it's engaging with the public.

1.7 In the first evidence session of the review, Lewisham Health and Care Partners (LHCP) told the Committee that they're aiming for a "step change" in the next stage of their integration plans, with a particular focus on how buildings are used and the workforce is organised.

Work to speed up hospital discharges and avoid admissions

1.8 LHCP are looking at putting more support in place in people's homes so that they can return home more quickly following an admission and are less likely to need to go to hospital in the first place.

1.9 A key part of this is developing "wards at home" to provide both "step up" care from the community, to prevent an avoidable admissions, and "step down" care for patients ready for discharge but who require ongoing medical interventions.

1.10 Discharge delays are increasingly due to difficulties finding specialist placements for people with complex needs. There are also often delays when someone needs to be discharged into another borough. Very few delays are the result of a social care package not being ready on time.

Timeline of health and adult social care integration in Lewisham

2008	Lewisham sets out its commitment to integrated care in its 2008-2020 sustainable community strategy, *Shaping our future*
2011	Joint commissioning arrangements for adult social care services established
2013	Lewisham *Adult Integrated Care Programme* established – involving statutory partners across health and care in Lewisham
2013	*Community Connections* established to help vulnerable adults access local services
2014	Virtual neighbourhood community teams of social care staff and district nurses established
2015	*Connect Care* , a local electronic patient-record-sharing system, set up
2015	Neighbourhood Care Co-ordinators begin operating in each neighbourhood footprint
2016	Lewisham's devolution pilot business case submitted
2016	Lewisham social care rapid response team starts work
2017	*Safe and Independent Living* (SAIL), a social prescribing referral process, goes live in Lewisham
2020/21	Lewisham's target date to have established a viable and sustainable '*One Lewisham health and care system* '

Developing new neighbourhood-based models of care

1.11 LHCP have established neighbourhood teams, comprising of various health professionals, to make sure that people get the most appropriate support as quickly as possible.

1.12 They are now looking at new models of community-based care – influenced by the Buurtzorg model in the Netherlands – where an individual would have a "key worker" responsible for co-ordinating the majority of their care.

1.13 The Buurtzorg model is intended to provide person-centred and holistic care and to allow care workers to spend more time getting to know their clients, their needs, and their support networks.

1.14 The Buurtzorg model has been extremely successful in the Netherlands in reducing the overall amount of care people need.

Supporting the effective integration of health and social care

1.15 The LGA and London Councils told the Committee about some of the key enablers for integration. The LGA stressed that there is no single approach that will work for everyone and that integration has to be based on the needs of the local area.

1.16 The LGA also stressed the important of working in new ways with local partners and achieving “cultural change” – not simply imposing a new organisational form on the local system. London Councils described achieving cultural change as a “real underpinning principle”.

1.17 London Council’s also said that the current regulatory process, based on current organisational boundaries, can act as a barrier to integration.

1.18 The LGA stated that integration is not necessarily a way of saving money.

Communicating and engaging with people about the changes

1.19 LHCP said that the communications and engagement around the integration of health and social care in Lewisham will have to be aligned with those around the south-east London Sustainability and Transformation Plan (STP).

1.20 The LGA said that communications and engagement is something that areas around the country are struggling with. London Councils noted that integration-related changes are being communicated more prominently in those boroughs with pilots.

The views of people using health and care services in Lewisham

1.21 The Committee worked with Healthwatch to run a series of engagement events to gather views of local service users – speaking to more than 70 people.

1.22 The Committee found that the majority of people valued the support they received, particularly help with everyday activities like reading letters and managing household bills.

1.23 The Committee also heard that people valued it very highly when care workers were able to take the time to show an interest in them as a person.

1.24 A number of people said that they had had problems accessing or understanding the complaints process.

Making the most of voluntary and community sector services

1.25 Community Connections, a consortium of voluntary sector partners in Lewisham, and a key part of the Council’s plans for the increased involvement of the voluntary sector, is either exceeding or achieving all of its targets.

1.26 Last year Community Connections helped 800 individuals and worked with 38 organisations to build capacity. The Committee also heard, however, that there are a number of gaps in support available in the community, particularly for young adults with learning disabilities.

Recommendations

Work to speed up hospital discharges and avoid admissions

1. Lewisham Health and Care Partners (LHCP) should return to the Committee with an update on the progress of the "ward at home" scheme within six months of the conclusion of this review.

2. LHCP should monitor the figures for discharge delays caused by having to make arrangements for non-Lewisham residents to be discharged outside of the borough. They should also maintain regular contact with partners in other boroughs to tackle these delays as effectively as possible. LHCP should provide the Committee with an update within six months of the conclusion of this review.

Developing new neighbourhood-based models of care

3. LHCP should return to the Committee within six months of the conclusion of this review with more detail about the model of community-based care being developed (influenced by the Buurtzorg model) in order to address the following questions:

   - With one key worker responsible for the majority of someone's care, in teams that are self-managed, how would quality be monitored and assured?
   - How would the model, which in the Netherlands has teams of a maximum of twelve nurses, scale up in Lewisham, where the proposed neighbourhood networks would cover larger areas?
   - How would the model, which appears from the evidence to be quite expensive to operate, work in Lewisham in the context of ongoing public sector budget pressures?
   - How would the model work in Lewisham given the diverse social and demographic nature of the different communities in Lewisham?

4. With the closer integration of community-based services, LHCP should consider an integrated complaints process, which is accessible to all who may need to use it.

Supporting the effective integration of health and social care

5. The neighbourhood-based care models currently being developed by LHCP should be carefully tailored to meet the needs profile of the areas they'll serve. The Committee should be provided with information about how LHCP plan to do this within six months of the conclusion of this review.

6. Given that it is a key aim of integration, LHCP should set clear targets for reductions in unplanned hospital admissions and monitor performance against these. This would allow stakeholders to monitor progress.

7. LHCP should do all they can locally to make sure that the regulatory processes involved in health and care do not act as a disincentive to more integrated ways of working.

8. LHCP should continue to explore ways of embedding integrated health and social care teams in each of the four neighbourhoods in order to achieve lasting cultural change.

Communicating and engaging with people about the changes

9. LHCP should review how the changes to health and social care are being communicated and how people, residents and staff are being engaged in the process. They should engage with relevant local stakeholders to help with this. Other areas have made use of case studies to help with explaining complex changes like this.

10. There should be more co-production in the changes to health and social care and the development of the new models of care.

11. While it may not be necessary to communicate to the wider public the organisational changes taking place behind the scenes, LHCP should effectively communicate these changes to relevant staff and health professionals in the borough, and in the voluntary and community sector.

12. The Committee appreciates that the Council and its partners will do all they can to make sure that the integration of services works for local people, but the Committee also notes that there is a risk to social care as a result of government-imposed cuts.

The views of people using health and care services in Lewisham

13. LHCP should ensure that all staff are able to provide a personalised and responsive service to people in their homes at all times.

14. LHCP should review how the current complaints process for community-based services is working and how and when people are notified of it.

Making the most of voluntary and community sector services

15. LHCP should draw up a plan on how they can work together to build capacity and avoid duplication in the area of activities for young adults with learning disabilities. People with learning disabilities represent a significant proportion of adult social care service users and developing more community-led services for this group could have a significant positive impact.

The purpose and structure of this review

3.1 At its meeting on 19 April 2016 the Healthier Communities Select Committee agreed to hold an in-depth review into the integration of health and adult social care.

3.2 At its meeting on 18 May 2016, the Committee agreed the scope of the review.

3.3 The key lines of enquiry were:

- The structure of the Adult Integrated Care Programme in Lewisham
- The priorities, activity and measures of success for the Adult Integrated Care Programme
- The current and planned extent of partnership working in Lewisham, including with the voluntary and community sector
- Examples of best practice in integrated care from around the country

3.4 The key questions for the review were:

- How is the Adult Integrated Care Programme determining its priorities and areas for integration?
- How is the programme involving local partners and maximising community assets?
- How is the programme communicating and engaging with the public in Lewisham?

3.5 The timetable for the review was:

- In September 2016 the Committee heard from representatives of the Adult Integrated Care Programme Board on the plans, successes and challenges of the programme.
- In October 2016 the Committee heard from the Local Government Association, London Councils, Public World, and Age UK Lewisham and Southwark.
- In January 2017 the Committee heard from Healthwatch Lewisham, the Lewisham Pensioners' Forum, and the Lewisham Coalition

Introduction to integration in Lewisham

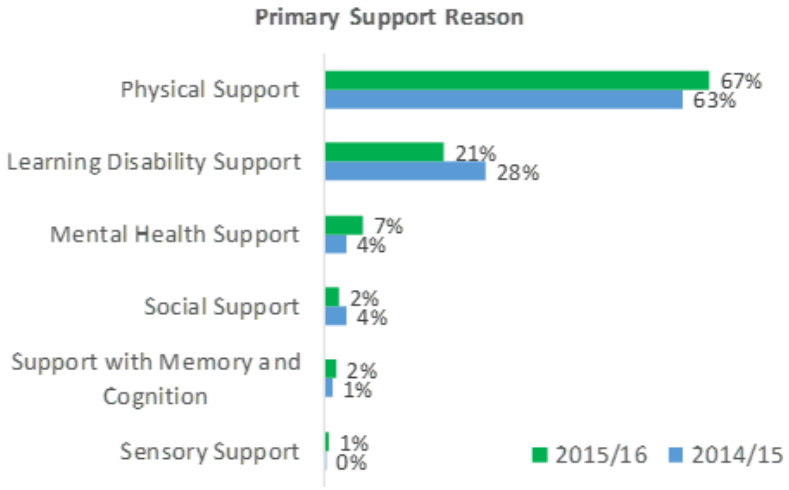
4.1 Lewisham Health and Care Partners (LHCP)[1] recognise that Lewisham's health and care system needs to change – it is both financially unsustainable and failing to achieve the outcomes it should.

4.2 Demand for health and care services is increasing and, at the same time, people's health and care needs are becoming more complex and costly.

4.3 There are also significant health inequalities in Lewisham, with too many people living with ill health, and high-quality care not consistently available across the borough.

[1] Lewisham Clinical Commissioning Group, Lewisham Council, Primary Care and local GPs, Lewisham and Greenwich NHS Trust, and South London and Maudsley Foundation Trust.

4.4 Results from the Council's adult social care survey 2015/16 show that people are increasingly needing support with their physical needs – more than two thirds of people surveyed in 2015/16:



4.5 Lewisham Partners' vision is to achieve a viable and sustainable 'One Lewisham health and care system' by 2020/21, which will:

- Enable our local population to maintain and improve their physical and mental wellbeing
- Keep people living independent and fulfilled lives
- Reduce inequalities and provide services which meet the needs of our diverse community
- Provide access to person-centred, evidence-informed, high quality, pro-active and cost-effective care, when it is needed.

4.6 Lewisham's Adult Integrated Care Programme, the main focus of this review, is a key part of this work. Its overall aims are therefore quite similar:

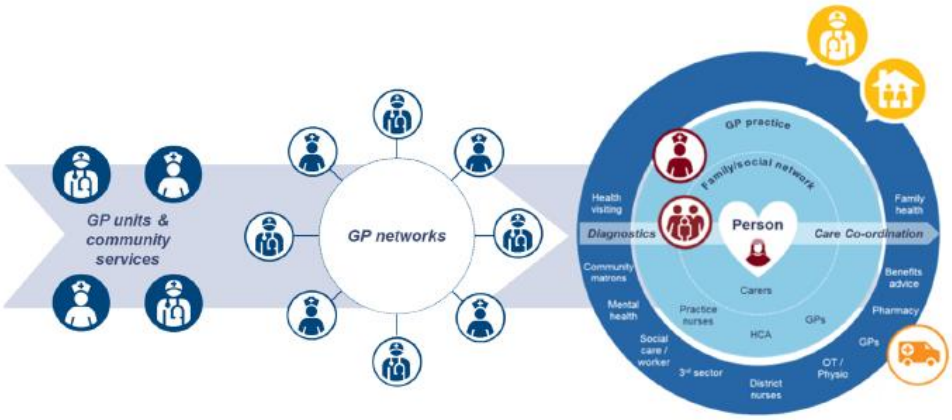
- **Better Health** – to make choosing healthy living easier – providing people with the right advice, support and care, in the right place, at the right time to enable them to choose how best to improve their health and wellbeing, explicitly addressing health and care inequalities including parity of esteem between physical and mental health.
- **Better Care** - to provide the most effective personalised care and support where and when it is most needed - giving people control of their own care and supporting them to meet their individual needs.
- **Stronger Communities** – to build engaged, resilient and self-directing communities - enabling and assisting local people and neighbourhoods to do more for themselves and one another.
- **Better value for the Lewisham pound** – by focusing on delivering population-based health and wellbeing outcomes and higher levels of service quality whilst containing costs over the five year period.

4.7 The specific priorities for the Adult Integrated Care Programme in 2016/17 were:

- Developing the prevention and early intervention offer for adults – including improving access to information and advice to support self-care and self-management, and creating signposting tools and mobile apps for use across the system
- Developing the Neighbourhood Care Networks, Neighbourhood Community Teams, multi-disciplinary working and an improved approach to risk stratification to support individual care planning
- Developing a rapid response service and home ward, and a community discharge and support team as part of the urgent and emergency care pathway[2]

4.8 The Adult Integrated Care Programme, combined with a number of other related projects,[3] represents the implementation in Lewisham of the model of community-based care set out in the Our Healthier South East London (OHSEL) strategy.

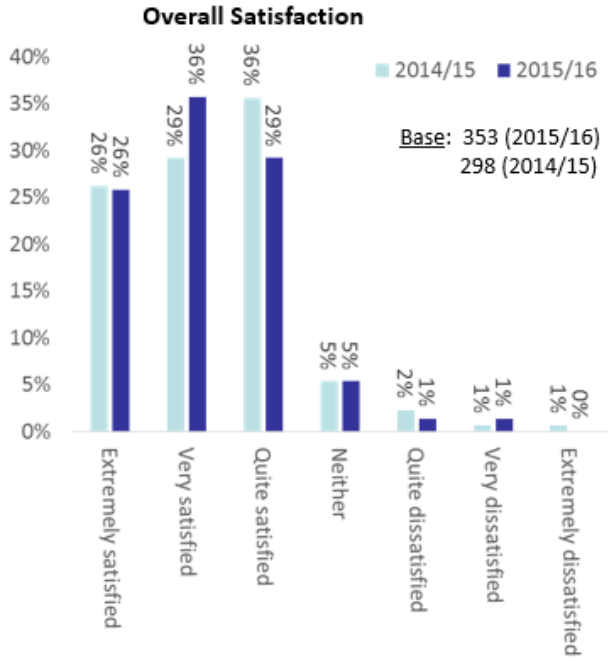
Our Healthier South East London is a five-year commissioning strategy intended to improve health and integrated care across south-east London. Led by the six south-east London CCGs, in partnership with local authorities and other local providers of care, it's focused on health issues that require collective action to be addressed successfully. A consolidated version of the strategy was published in 2015. The diagram below sets out the OHSEL model for community-based local area networks.



4.9 According to LHCP, the Adult Integrated Care Programme has made good progress in a number of areas, including establishing multi-disciplinary neighbourhood community teams; creating the single point of access for social care and district nursing; developing integrated enablement services; and establishing *Connect Care*.

[2] Report from HCSC on 13 September 2016: *Delivering a viable and sustainable One Lewisham Health and Care System*, paragraph 5
[3] Including the One Public Estate programme, the south-east London Sustainability and Transformation Plan, and the devolution pilot

4.10 Results from the adult social care survey 2015/16 show that nine out of ten people were satisfied with the care and support services they receive, over a third were “very satisfied” (see right).



4.11 At the beginning of 2016, LHCP recognised the need to improve communications and engagement activity. Given the number of related projects, they agreed that they needed to set out their longer-term plans for health and care across the system in more detail, and more clearly.

4.12 LHCP subsequently set up a joint strategic communications group, which will produce a joint communications and engagement plan setting out the key milestones across the system.

4.13 At the same time, LCHP also reformed the Executive Board to include Lewisham Council’s Executive Director of Children’s Services.[4]

4.14 The new Executive Board will continue to oversee wider integration activity, including the Adult Integrated Care Programme, with particular focus on:

- the future role of commissioning and commissioning frameworks
- the provider models and vehicles for the delivery of community based care

4.15 The Board will also be looking at what other action needs to be taken to support effective local integration, with particular focus on:

- the estate requirements for the delivery of health and care in Lewisham and to ensure this informs the Devolution Asks and work on One Public Estate
- the ways of working and the skills and competencies needed across Lewisham’s Health and Care workforce, including learning lessons from the Buurtzorg model in the Netherlands to apply to a Lewisham context
- the IT requirements that will enable partners within the system to deliver flexible, mobile and integrated care with appropriate access for local people
- a co-ordinated communication and engagement plan

4.16 The LHCP Board meets monthly and monitors the AICP every quarter.

[4] The Executive Board includes: Matthew Patrick (SLaM, Chief Executive) - prevention and early intervention; Marc Rowland (Lewisham CCG, Chair) - general practice; Aileen Buckton (LBL, Executive Director, Community Services) - neighbourhood community teams; Sara Williams (LBL, Executive Director, Children and Young People); Martin Wilkinson (Lewisham CCG, Chief Executive) - enhanced care and support; Tim Higginson (LGHT, Chief Executive) - estates, ICT and workforce; Danny Ruta (LBL, Director of Public Health); and Colin Stears (Management Partner, St John’s Medical Centre).

What's happened so far

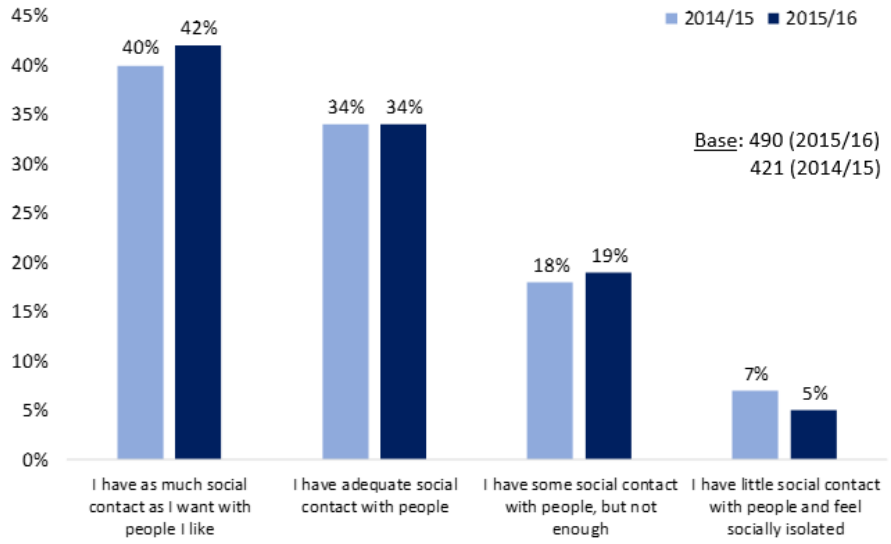
5.1 Work to bring health and adult social care services closer together began in Lewisham in 2011.

5.2 Lewisham Partners found through their engagement activity that people were finding it difficult to organise their care. Many said that they constantly had to give different professionals different information and that the instructions they got back were often confusing.

5.3 GPs were also saying that they found it difficult to find out about places where they could refer people for additional support and care in the community. Many GPs had valued having their own local social workers, district nurses and therapists in the past and felt that a sense of continuity had been lost with services being organised on a borough-wide basis and residents and GPs often dealing with several different professionals over a week.

5.4 GPs also said that many people were coming to them with problems that weren't best dealt with by a GP – particularly, those who were isolated and lonely. GPs felt that more helpful and effective care and support could be provided for these people by other organisations in the community.

5.5 Results from the adult social care survey 2015/16 show that one in five of people surveyed wanted more social contact:



5.6 LHCP started by integrating community-based staff, bringing together social care staff and district nurses in virtual teams with new ways of working. These teams have now been organised around four neighbourhood areas in Lewisham, based on the four GP federation areas. They have one point of referral and are looking to set up one telephone system as well.

5.7 The planning and buying of goods and services (or "commissioning") for community-based care by the Council and Primary Care Trust (as it was then) was also brought together in 2011. Commissioning for services for people with

learning disabilities, physical disabilities, and some for older people were integrated first. The joint commissioning teams are currently based in (and led by) the Council, but are also accountable to Lewisham CCG.

5.8 Good progress has also been made integrating patient records. A new virtual patient record, *Connect Care*, has been set up, which allows health and care professionals across the system to share more information and work closer together.

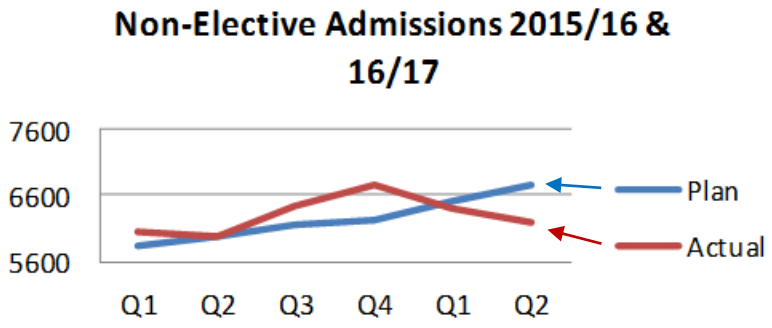
5.9 There's been work to improve the referral processes for different types of care. This has focused on the way health and care staff are coordinated across the system as well as raising awareness of how to access different pathways. Work so far has focused on referral pathways for diabetes and dementia.

> Set up in 2015, *Connect Care* is a local electronic record-sharing system that allows important information about patients to be shared by staff directly involved in their care, including GPs, hospital staff, district nurses, occupational therapists and social workers. It's intended to help health and care workers make more informed decisions about someone's care and treatment.
>
> The organisations involved in the system are: GP Practices in Lewisham, Greenwich and Bexley GP; out-of-hours services in Lewisham and Greenwich; Lewisham and Greenwich NHS Trust; Oxleas NHS Foundation Trust Lewisham; and the Greenwich and Bexley local authorities.

5.10 Partners have been working to make the best use of the care and support available from the range of community and voluntary sector organisations in the borough. The *Community Connections* programme was set up in 2013 to help with this – matching isolated and lonely residents to local organisations, and helping local organisations develop to meet demand.

> *Community Connections* is a community-development programme which helps vulnerable adults in Lewisham access local services to improve their social integration and general wellbeing. It also supports voluntary and community organisations to develop services to meet needs that aren't being met. It is run by Age UK Lewisham and Southwark in partnership with a consortium of voluntary sector organisations in Lewisham. An evaluation of the project was published in 2015.

5.11 Partners told the Committee that integration work has led to more efficient management and better coordination for staff working in the community. It has also started make headway with reducing the number of avoidable admissions:



Source: Better Care Fund Metrics 15-16 and 16-17 (Q1 &Q2) – London Borough of Lewisham

Next steps in summary

6.1 Lewisham Partners told the Committee that they're aiming for a step change in the next part of their integration journey. Work so far has had a positive impact, but it needs to be taken further and more needs to be done.

6.2 They also said it was important to bear in mind the Government's requirement for local areas to fully integrate community-based staff by 2020 – although they were confident that Lewisham will be well ahead of this deadline.

6.3 As part of this step change, as mentioned earlier, at the beginning of the year LHCP reviewed the governance arrangements and set up a new Executive Board to include the Council's Executive Director of Children's Services.

6.4 The new Board will primarily look at the new models of care needed for adult social care integration with community-based health services, as well as what further integration of commissioning might be needed. Joint commissioning for some services has been in place since 2011, as mentioned earlier, but Partners are now going to look at commissioning across the whole system in a very different kind of way.

6.5 As well as this, over the coming months LHCP will continue to look at other ways to more formally integrate services in the community. This includes, in particular, looking at how each neighbourhood team could be based in the same building in each of the four neighbourhood network areas.

6.6 Partners explained that it has been extraordinarily difficult to find the right premises and to change the way some of these work so that the right people can be based there. But they're hoping to be able to get this done over the next year.

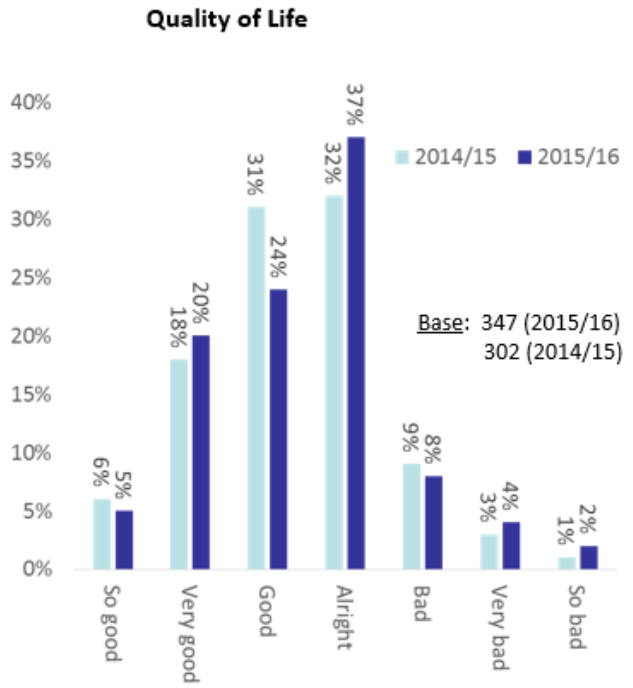
6.7 It was also mentioned, however, that while having the right buildings in the right places is important, having the right IT in place to support more mobile working is increasingly important too.

Lewisham's neighbourhood care networks, also known as local care networks, are a key element of the new system. Based around the four GP neighbourhoods, they aim to provide more integrated, higher quality, more timely, and cost-effective community-based care by bringing together, at a local level, the different organisations, individuals and agencies involved in a person's health and care. They also aim and to establish connections with other local support available, such as that provided by local voluntary and community organisations or by housing, welfare or education providers.

The sites identified so far as potential "Neighbourhood Care Hubs" include: the Waldron Health Centre; Lewisham Hospital; Sydenham Green Health Centre / Jenner Health Centre; and Downham Health and Leisure Centre.

6.8 Another key area of work towards more formal integration will be looking at the roles and responsibilities of the health and care workforce and how it's currently organised.

6.9 Partners said that there's often too much focus on the condition someone is being treated for, and no one looking at the person's overall needs. Partners are therefore looking into a new model of care and a new "key worker" role, someone who'll look at things more holistically – possibly influenced by the Buurtzorg model of care in the Netherlands (discussed in the section *Developing new neighbourhood-based models of care*).



Results from the adult social care survey 2015/16 show that around a third of those surveyed currently rate their quality of life as "alright" – around a quarter rate their life as "good" (see above).

6.10 A key worker could be a nurse, a social worker, occupational therapist, but to do this it will mean looking at how the roles and responsibilities of health and care workers (as well as the voluntary sector) can be integrated more fully with much closer ways of working.

6.11 As part of looking at the way the health and care workforce is organised, earlier in the year Council officers visited the Netherlands to observe the *Buurtzorg* model of care in place in many areas there. Officers wanted to see if any of the principles of this model could be applied to a restructured service in Lewisham.

Founded in the Netherlands in 2007, the Buurtzorg model of district nursing has received much international attention for its entirely nurse-led approach.

It consists of small self-managing teams of nurses, no more than 12, which provide co-ordinated care for a specific catchment area – usually consisting of between 40 to 60 patients.

Key features of the Buurtzorg model include a holistic needs assessment and care plan; a map of informal care networks; and the promotion of self-care.

The model has achieved reductions in unplanned care and admissions; significant reductions in client costs; below average staff sickness rates; and a non-hierarchical structure.

For more information, see the NHS Confederation's analysis of the model.

6.12 Working much closer with mental health is another key part of more formal integration. Mental health teams do currently work with neighbourhood teams, but Partners said that they want them to more like one team, with a governance structure that reflects this.

6.13 Much of the work outline above comes under the Adult Integrated Care Programme. The key areas of work over 2016/17 for the programme include:

Prevention and Early Intervention

- Production of the Live Well Lewisham mobile app
- Improving referral and access to a broad range of coordinated support and/or information to help keep people safe and independent in their own home.
- Reviewing the use of assistive technology across the system
- Implementing the community falls team and physical activity exercise programme

Neighbourhood Development

- Developing further NCT processes and systems including the referral processes between the Neighbourhood Community Teams (NCT) and mental health services
- Co-locating NCT staff
- Developing the Care Navigator role
- Developing the Neighbourhood Care Networks and improving connections between existing formal and informal health and care providers.
- Testing out effectiveness of multi-disciplinary meetings and current networks and identifying further requirements
- Reviewing approach for risk stratification

Enhanced Care and Support

- Agreeing and developing the new model for a home ward
- Agreeing and developing the new model for a rapid response service
- Agreeing and developing the new model for Emergency Department and Community Discharge and Support.[5]

Work to speed up hospital discharges and avoid admissions

7.1 One of the main areas of change that Lewisham Partners are looking at is having more support in place in people's homes so that people are able to return home more quickly following a hospital admission, and less likely to need to go to hospital in the first place.

7.2 The Committee was told that the number of people in Lewisham ready to be discharged from hospital, but unable to leave because there isn't any support in place yet, varies day to day and week to week. The reasons also vary – sometimes the hospital hasn't been able to complete all the necessary

[5] Report from HCSC on 13 September 2016: *Delivering a viable and sustainable One Lewisham Health and Care System*

paperwork and sometimes there are difficulties finding suitable placements in the community for people with complex needs.

7.3 It's rare in Lewisham that a delayed discharge is the result of a social care package not being ready on time. Delays are increasingly due to difficulties finding specialist placements in the community for people with complex needs.

7.4 There are also often complications and delays when someone has chosen to be discharged into another borough. Lewisham Partners told the Committee that they were particularly concerned about the delays being caused by the increasing numbers of non-Lewisham residents in Lewisham and Lewisham residents in hospitals out of the borough.

7.5 Partners said that the focus now needs to be on discharging people with more specialist needs. Partners told the Committee that they know who these people are, what they need, and why they are not being discharged in good time, but that they now also need to get a better understanding of those people who end up back in hospital because they don't have the right support in in place in their homes.

7.6 One of the ways that discharge delays are being reduced is by discharging more people before 1pm. This means that they can get home in time to see their carer and not have to wait until the next day. The number of patients currently discharged by 1pm is around 30% - the Trust is working towards the national target of 40%. Partners are also starting to plan discharges as soon as someone is admitted, so that all the necessary support can be identified and put into place in advance.

7.7 Partners have also developed a number of admission avoidance services, which they're looking to expand in the coming months. The enhanced care and support programme, for example, is about looking at what services can be provided in the community by federations of GPs to prevent older people going to A&E because it's the only way to get seen.

7.8 The programme includes developing "wards at home", which involves setting up some services in people's homes so that they don't always need to go to hospital. This is intended to include both "step up" care from the community, to prevent an avoidable admissions, and "step down" care, for patients ready for discharge but who require ongoing medical interventions. The Committee was told, however, that there have been some difficulties in getting this service up and running and that officers will be looking at the model again to make sure that it will work as effectively as possible.

7.9 Partners noted, however, that it's important to strike a balance between supporting people in the community and keeping those services in hospital that the hospital does best.

7.10 The capacity of the social care rapid response team is being increased to seven days a week 8am to 8pm so that more people at risk of emergency

admission can receive urgent assessments in the community. Access to GPs is also being extended to seven days a week, 8am to 8pm.

7.11 The Better Care Fund is being used to develop beds in the community – Partners said that they will come back to the Committee with more detail about these proposals.

> Announced by the Government in 2013, the *Better Care Fund* is intended to incentivise the integration of health and social care services by requiring local health and care partners in every area to pool budgets and agree an integrated spending plan for how they will use this. In 2016-17, the Better Care Fund stood at £3.9 billion, but local areas have the flexibility to pool more.

7.12 The ambulatory care unit at Lewisham hospital also opened at the end of 2016. This provides an alternative to being admitted to hospital for those who come to A&E but don't necessarily need a bed – for example, people that need more detailed diagnostic tests.

> The ambulatory care unit is intended for adult patients, from any specialty, who require treatment or investigation that doesn't require an overnight stay. The services aims to reduce the need for hospital admission and patients' overall length of stay.

7.13 There's now social work support in A&E so that people can be found the right placements and support without necessarily being admitted.

7.14 There's also been work to improve access to mental health services, including looking at whether mental health assessments could be done somewhere else than A&E.

7.15 The Committee is pleased to hear that Lewisham Partners have identified the circumstances in which discharge delays are most likely to happen and are introducing a number of measures to both speed up discharges and reduce admissions.

7.16 Preventative measures, such as putting more support in place in people's homes and rapid response teams, are exactly what is needed to relieve pressure on the health and care systems and improve patient experience.

7.17 The Committee is concerned, however, to hear about the delays setting up the "ward at home" service. Providing certain services in people's homes could have a significant impact on reducing unnecessary admissions to hospital and give people more control over their care.

7.18 The Committee also notes Partners' concerns about the increasing number of delays caused by having to make arrangements for non-Lewisham residents who want to be discharged outside of the borough.

Recommendations

1. Lewisham Health and Care Partners (LHCP) should return to the Committee with an update on the progress of the "ward at home" scheme within six months of the conclusion of this review.

2. LHCP should monitor the figures for discharge delays caused by having to make arrangements for non-Lewisham residents to be discharged outside of the borough. They should also maintain regular contact with partners in other boroughs to tackle these delays as effectively as possible. LHCP should provide the Committee with an update within six months of the conclusion of this review.

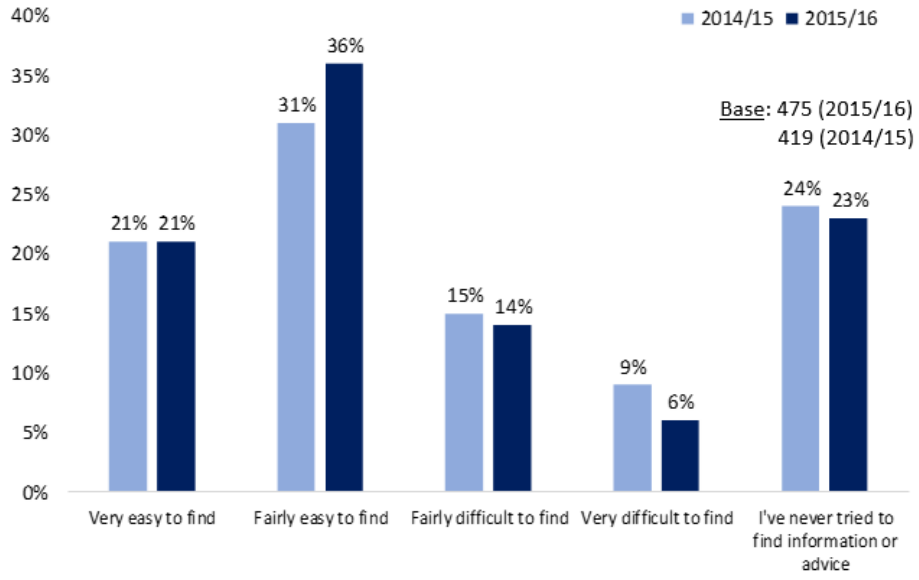
Developing new neighbourhood-based models of care

8.1 Partners said that people are often referred to social care as a matter of course, and then end up having to wait a long time for help when more appropriate support could've been provided by a local community organisation, for example.

8.2 To make sure that people get referred the most appropriate support as quickly as possible, Partners have established neighbourhood teams of various health professionals, from social workers to occupational therapists, known as "multi-disciplinary teams", which regularly meet and share information. This also now includes GPs.

8.3 Partners are also setting up an improved information and advice network to provide GPs and other support providers with more information about possible referrals. Partners said that this will be particularly useful for supporting people with problems related to welfare, loneliness, and other social issues – problems that can take up a lot of GP time.

8.4 Results from the adult social care survey 2015/16 show that one in five of those surveyed had some difficulty finding information and advice about support, services or benefits:



8.5 Partners said that they are aiming for a system where referrals are made to the best place as quickly as possible. While pharmacies are not formally part of the

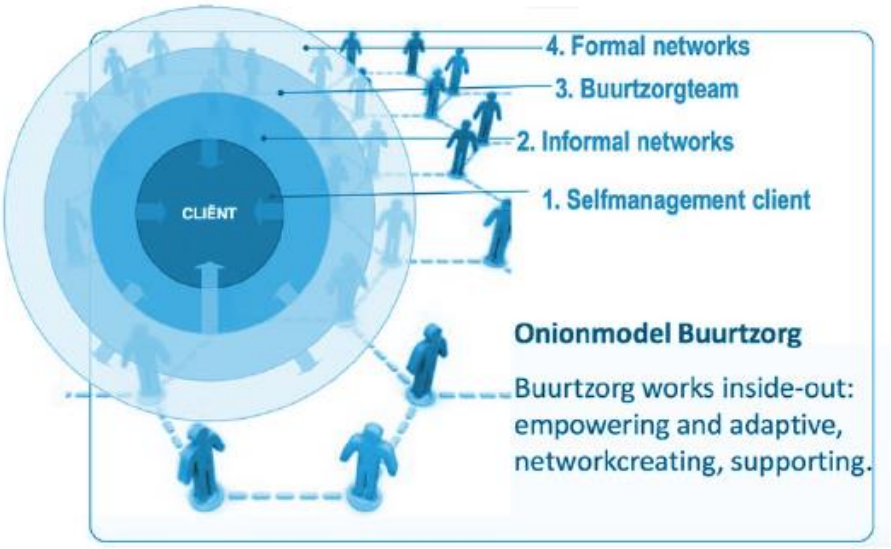
multi-disciplinary teams, they are part of the wider neighbourhood community network.

8.6 Partners are also looking at new models for providing community-based care. Under the model currently being considered (influenced by the Buurtzorg model of care in the Netherlands) an individual would have a “key worker”, who would be responsible for co-ordinating their care around their needs as a whole. This person would also provide the majority of the care, with other professionals brought in as and when different needs are identified.

8.7 The model of community-based care Partners are developing has been influenced by the Buurtzorg model in the Netherlands. The Buurtzorg model involves one key worker doing much more for one person and focusing on them as a whole. Partners said that this approach allows care to be more person-centred and consistent, and for patients to feel more in control. The model also gives key workers the chance to develop stronger networks with support available in the local community.

8.8 James Archer from Public World, the UK partner of Buurtzorg, told the Committee that Buurtzorg was set up by four nurses in the Netherlands 10 years ago in reaction to the industrialisation and fragmentation of social care, and now has more than 10,000 nurses across the Netherlands. The model is intended to provide person-centred and holistic care and to encourage nurses to spend more time getting to know their clients, their needs, and their support networks.

8.9 The model is based on small neighbourhood-based teams of no more than 12 nurses, 70% of which are registered nurses. But this more expensive workforce doesn’t necessarily increase costs overall, because when nurses are providing personal as well as nursing care they have more opportunities to identify and treat any potential medical issues much earlier on. The level of skin ulcers, for example, is very low in the Netherlands compared with the UK.



8.10 There are no managers under the Buurtzorg model either – nurses manage their own teams. The entire back office of the organisation in the Netherlands is just 47 people. 19 of these are coaches, which give advice and help teams to find their own solutions. All the coaches under the model are nurses and other staff with particular specialisms are able to share their knowledge using the IT network. Teams also have around 2% of their budget to spend on education and training.

8.11 The Committee was told that the Buurtzorg approach to integration doesn't look to organisational solutions. Instead, it starts with the person and looks at how services can be integrated around them. By supporting self-management and focusing on understanding people's wider problems, the model has been extremely successful in reducing the overall amount of care people need.

8.12 One of the only regulations under the model is that teams must have 60% contact time with their clients.

8.13 Because of the nature of self-managed teams, and the IT systems supporting them, the model can be scaled up without a proportionate scaling up of the back office.

8.14 There's been a huge amount of interest in the UK so far, including in Scotland, Guy's and St Thomas', Tower Hamlets, and Lewisham itself. But James Archer said that the challenge is huge, with the biggest difficulty being changing the mind-set of organisations that have become very used to several layers of management.

8.15 The Committee was told that it is not yet clear how the model will work in the UK with austerity – more will be found out as areas test and learn. A recent King's Fund report on district nursing did say, however, that austerity does make it harder to deliver high-quality services.[6]

8.16 In their evidence to the review, Carers Lewisham said that they were broadly supportive of integration. They mentioned that they've reorganised their services along a neighbourhood model to help with possible colocation, and are keen to work with the council and CCG.

8.17 They also highlighted, however, a number of practical considerations in a more integrated model. They stressed, for example, the importance of integrated staff identifying and consulting with carers when deciding on interventions, and suggested that a lead organisation responsible for this would need to be identified.

8.18 With greater involvement from the voluntary sector, Carers Lewisham also called for a more integrated approach to sharing personal details with voluntary partners. And with further integration generally, Carers Lewisham also stressed the importance of an integrated complaints process as well, so that only one

[6] The King's Fund, *Understanding quality in district nursing services*, August 2016, see p42

complaint would need to be made, and one investigation carried out, even though a number of providers were involved.

8.19 In their evidence to the review, the Lewisham Local Medical Committee also stated their support for integrated care, in principle. They made a number of practical suggestions also, including, among other things, the need for a simple and easy-to-complete integrated form for referrals (covering occupational therapy, physiotherapy, social care, third sector, among others). To help partners better understand each other, and then work together better, they also suggested a "walk in my shoes" scheme between social care and health care, particularly for the leaders of these systems.

8.20 The Committee was pleased to hear about the work of multi-disciplinary teams in Lewisham – people from different professions working together and sharing expertise has the potential to significantly improve the coordination of people's care and support.

8.21 The Committee is also, in principle, supportive of the new model of community-based care, influenced by Buurtzorg, currently being developed. A service where one person provides the majority of a person's care is much better for continuity of care and patient experience.

8.22 The Committee does, however, raise a number of queries and potential concerns about the Buurtzorg approach.

8.23 First, with one key worker doing so much, what checks and balances will there be? And, second, how will quality be monitored in teams that are self-managed?

8.24 The Committee notes the role of coaches in the Buurtzorg model, but queries how they would be able to spot quality-related problems if a nurse wasn't to approach them first?

8.25 Third, the Committee notes that teams under the Buurtzorg model have a maximum of twelves nurses and queries the scalability of the model in Lewisham, where the proposed neighbourhood networks would cover larger areas.

8.26 Fourth, after hearing evidence from the UK partner of Buurtzorg, the Committee also notes that the Buurtzorg model appears to be quite expensive and queries how this would work in the UK with ongoing austerity.

8.27 The Committee also expresses its support for an integrated complaints process and integrated form for referrals, as suggested by Carers Lewisham and the Lewisham Local Medical Committee. Given the insight from the Healthwatch engagement events – where the majority of people were unsure about the complaints process, or even who was providing their care – the Committee believes that these measures would be a great opportunity to build confidence in the new model among local people.

Recommendations

3. LHCP should return to the Committee within six months of the conclusion of this review with more detail about the model of community-based care being developed (influenced by the Buurtzorg model) in order to address the following questions:

- *With one key worker responsible for the majority of someone's care, in teams that are self-managed, how would quality be monitored and assured?*
- *How would the model, which in the Netherlands has teams of a maximum of twelve nurses, scale up in Lewisham, where the proposed neighbourhood networks would cover larger areas?*
- *How would the model, which appears from the evidence to be quite expensive to operate, work in Lewisham in the context of ongoing public sector budget pressures?*
- *How would the model work in Lewisham given the diverse social and demographic nature of the different communities in Lewisham?*

4. With the closer integration of community-based services, LHCP should consider an integrated complaints process, which is accessible to all who may need to use it.

Supporting the effective integration of health and social care

Cultural change among local health and care partners

9.1 Fiona Russell, the LGA's senior adviser on care and health improvement, and Clive Grimshaw, London Councils' strategic lead for health and adult social care, outlined some of the most recent analysis around the key enablers, barriers, and measures of success in relation to integrating health and adult social care.

9.2 Fiona cited three recent reports from the LGA (and others) to outline the latest evidence:

- *The journey to integration: Learning from the seven leading localities* - published in April 2016, this report analyses the experiences of seven different areas in developing integrated care. It found that it is possible to significantly reduce hospital admissions and improve a variety of health outcomes, but that it is important to, among other things, have the right workforce, payment systems, risk stratification, and governance. It also found that is essential to have a strong vision, developed bottom up, with a person-centred narrative and widespread engagement across the system.
- *Stepping up to the place: The key to successful health and care integration* - published in June 2016, this report sets out ten essential characteristics for a fully integrated health and care system, broken down into three areas: shared commitments, shared leadership and accountability, and shared systems. Among

other things, the report stresses the importance of an approach that focuses on the best outcomes for citizens; that is based on the needs and assets of a community; and allows the leaders of the system to step outside of their organisations and make decisions based on a shared vision.

- *Stepping up to the place: Integration self-assessment tool* - alongside the above report, the LGA also published an integration self-assessment tool. This is designed to help local health partners understand what some of their challenges may be, and how they can work to overcome these. It's currently being used in London and around the country.

9.3 Fiona explained that the findings in these reports come from national evidence on the integrated care pioneers, new care-model vanguards, and the better care fund – as well from speaking to people from around the country. She stressed that it's important to note, however, that there is no single approach that will work for everyone, and that integration has to be based on the needs of the local area. Equally important, she said, is working in new ways with local partners and achieving cultural change – not simply creating and imposing a new organisational form on the local system. She warned that this is an awful lot harder than it sounds.

9.4 Reflecting on the experiences of some of the London-based devolution pilots – particularly those relating to integration, in Lewisham, Hackney and north-east London – Clive Grimshaw also stressed the importance of achieving cultural change – describing it as a "real underpinning principle".

9.5 He said that the simple ability for partners to sit around the table and have open, frank conversations about want they want to do across health and care is one of the critical things to get right. Without this or the right culture areas will find it more complicated to tackle some of the difficult issues as well as some of the practical enablers, around IT, workforce, and estates, for example.

9.6 Given the right culture, London Councils also spoke about what successful integration might look like in the longer term. Reflecting on what some the pilot boroughs in London are trying to do, he said it's about bringing health decisions closer to the community; having health models that are much more aligned with people's everyday needs and the local community's profile; and greater self-reliance leading to fewer hospital admissions.

Changing the way services are regulated

9.7 Reflecting on the experiences of some of the London-based devolution pilots again, Clive Grimshaw explained that another key barrier to integration that a lot of boroughs are coming across is the current regulatory process. He explained that regulation based on the current organisational boundaries often goes against the grain of what local areas are trying to achieve and acts as a disincentive to integration. To encourage services to integrate more, we need to make sure that the regulation process recognises that new models of care are being developed which cut across traditional organisational boundaries.

Integrating services at a time of austerity

9.8 The LGA also told the Committee that they do not believe there is enough money in the health and care system, particularly for social care. Although the LGA is pleased to see that some NHS bodies are also now recognising the impact of social care. The LGA also doesn't think that integration is a way of saving money – and is not aware of anybody who does. They said that integration is more about doing things differently because it's better – and that this is why the LGA advocates it. Integration may save money in the long run, but that's not what it's about.

9.9 The Committee notes the evidence from both the LGA and London Councils that cultural change among local partners is central to achieving effective integration. The Committee is aware that Lewisham is much further along the road to integration than a number of other areas and that there are a number of well-established partnership working arrangements already in place. The Committee is reassured that Partners are working towards cultural change.

9.10 The Committee notes the evidence from both the LGA and London Councils that integrated ways of working need to be aligned with the needs of the local community. The Committee is aware that there are significant differences in health and care needs across the borough.

9.11 The Committee notes evidence from Lewisham Partners, the LGA, London Councils (and elsewhere) that a key aim of integration is fewer hospital admissions. The Committee also notes evidence from London Councils indicating that the existing regulatory processes can be a barrier to more integrated ways of working.

9.12 Despite the potential positive impact of all the integration-related changes, the Committee does express some considerable concern about the severe lack of funding in the system, particularly for social care. The Committee is aware, from the sustainability and transformation plan process, for example, that the affordability gap faced by the health and care system in south-east London is forecast to be over £900m by 2020 – and an additional financial challenge of £242m for social care in the six boroughs. The Committee is particularly anxious about the possibility that current levels of funding could lead to further cuts, privatisation and outsourcing arrangements – measures which the majority of Lewisham residents do not support.

Recommendations

5. The neighbourhood-based care models currently being developed by LHCP should be carefully tailored to meet the needs profile of the areas they'll serve. The Committee should be provided with information about how LHCP plan to do this within six months of the conclusion of this review.

6. Given that it is a key aim of integration, LHCP should set clear targets for reductions in unplanned hospital admissions and monitor performance against these. This would allow stakeholders to monitor progress.

7. LHCP should do all they can locally to make sure that the regulatory processes involved in health and care do not act as a disincentive to more integrated ways of working.

8. LHCP should continue to explore ways of embedding integrated health and social care teams in each of the four neighbourhoods in order to achieve lasting cultural change.

Communicating and engaging with people about the changes

10.1 Lewisham Partners reassured the Committee that much thought has been given to communications and engagement around the integration of health and adult social care.

10.2 They pointed out, however, that the integration of health and adult social care in Lewisham has become just one small part of the wider transformation of services across south-east London, which is largely focused on primary and acute care.

10.3 There will be a communications and engagement strategy for the changes proposed within the south-east London Sustainability and Transformation Plan (STP), and Partners stressed that they will also communicate what these changes mean for Lewisham.

10.4 While the Adult Integrated Care Programme is not directly framed by the STP, the communications around it have to be aligned with the STP.

In December 2015, NHS England asked every local health and care system to come together to produce a "sustainability and transformation plan" (STP) setting out how services within a specified geographic area (or "footprint") would integrate and become sustainable by 2020/21.

Lewisham is part of the STP for south-east London, which also covers Bexley, Bromley, Greenwich, Lambeth, and Southwark. The south-east London STP was re-submitted in October 2016.

One of the key features of the south-east London STP is improving integrated and community-based care, building on the "local area network" models of care developed through the OHSEL programme.

The most recent version of the south-east London STP is available on the OHSEL website.

10.5 Partners made the point that while the changes are quite confusing to most people, what is important is not the organisational form services will take, but how things are going to be different on the ground for people using these services.

10.6 Through their engagement activity, Partners have found that people in Lewisham find organising their care confusing. So this is something that does need to be communicated effectively from the beginning and the Committee will get to see the communications plans before they go out.

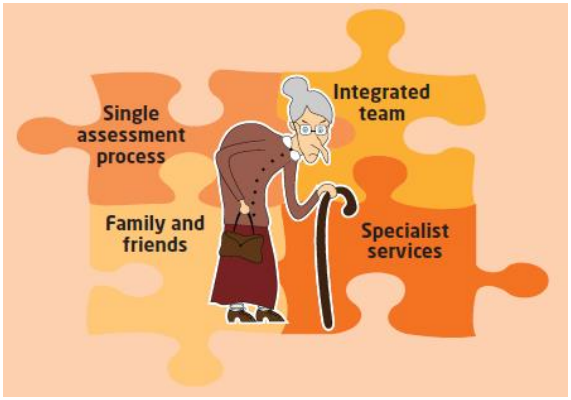
10.7 Partners pointed out that there's been public consultation and patient involvement in the STP process from the start, and communications throughout the process of putting the draft plan together.

10.8 London Councils told the Committee that integration-related changes are being communicated more prominently in the pilot boroughs. They said that boroughs that have been working closely with local health partners and looking at more advanced and accelerated forms of integration have tended to be more attuned to the need to talk about that with their local communities.

10.9 While most boroughs are not at the point of promoting different brands of integrated systems, they are talking about organisation and governance with people from different parts of the system and giving the changes an appropriate label so people understand it's an integrated way of working across the whole system.

10.10 The LGA said that they've been finding with many of the integration pilots that the people in charge quite often know a lot about their integration vision, but that the people outside of this group do not. The LGA said it's something that areas around the country are having problems with.

10.11 The LGA often cites the Torbay "Mrs Smith" narrative, which looks at how integration would change things from the perspective of different members of the Smith family, as good example of how to get the message across. The behind-the-scenes, organisational side of things are not, however, usually relevant to the person on the street.



10.12 The Committee stresses, looking at budget projections and what we know about STPs, that health and social care are going to be very different in the future.

10.13 The Committee believes that any major change is best achieved by taking people with you, with meaningful public involvement and co-production – particularly in the development of the new models of care. This will not only help Partners to tailor their approach, but would also raise awareness of the changes among the public. The Committee appreciates that a communications strategy is being put in place, but notes that this is very different to genuine co-production.

10.14 A more engaging, public-facing brand for the changes could help with raising awareness of the changes. The Wigan deal for adult social care, for example – a public campaign featuring an informal agreement between the council and residents about how things will be done differently – has raised the profile of the challenges being faced by Wigan Council and the need for a change in approach. The Committee notes evidence from London Councils that integration-related changes are being communicated more prominently in pilot boroughs.

10.15 The Committee is also aware of how helpful case studies can be with explaining what complex changes will actually mean for the services used by different groups and individuals.

10.16 With the above in mind, the Committee notes the LGA's analysis (referred to in the previous section) that for successful integration it is essential to have a strong vision, developed bottom up, with a person-centred narrative and widespread engagement across the system.[7]

10.17 The Committee also understands that it is not necessary to widely communicate the organisational changes taking place behind the scenes, but believes that it is important that all the relevant local health professionals in the borough are aware, including in the voluntary and community sector.

10.18 In written evidence to the review, Lewisham's Local Medical Committee commented on the need for clear public engagement and ownership, while Carers Lewisham said that there was a danger of policy confusion among client groups and the public in general.

Recommendations

9. LHCP should review how the changes to health and social care are being communicated and how people, residents and staff are being engaged in the process. They should engage with relevant local stakeholders to help with this. Other areas have made use of case studies to help with explaining complex changes like this.

10. There should be more co-production in the changes to health and social care and the development of the new models of care.

11. While it may not be necessary to communicate to the wider public the organisational changes taking place behind the scenes, LHCP should

[7] *LGA, The journey to integration: Learning from the seven leading localities, April 2016*

effectively communicate these changes to relevant staff and health professionals in the borough, and in the voluntary and community sector.

12. The Committee appreciates that the Council and its partners will do all they can to make sure that the integration of services works for local people, but the Committee also notes that there is a risk to social care as a result of government-imposed cuts.

The views of people using health and care services in Lewisham

11.1 When trying to understand and influence the way a service is changing, it's important to take into account the views of those currently using that service. Therefore, as part of this review, to give the Committee some insight into the views of people using health and adult social care services in Lewisham, the Committee worked in partnership with Healthwatch to organise a series of engagement events with specific groups.

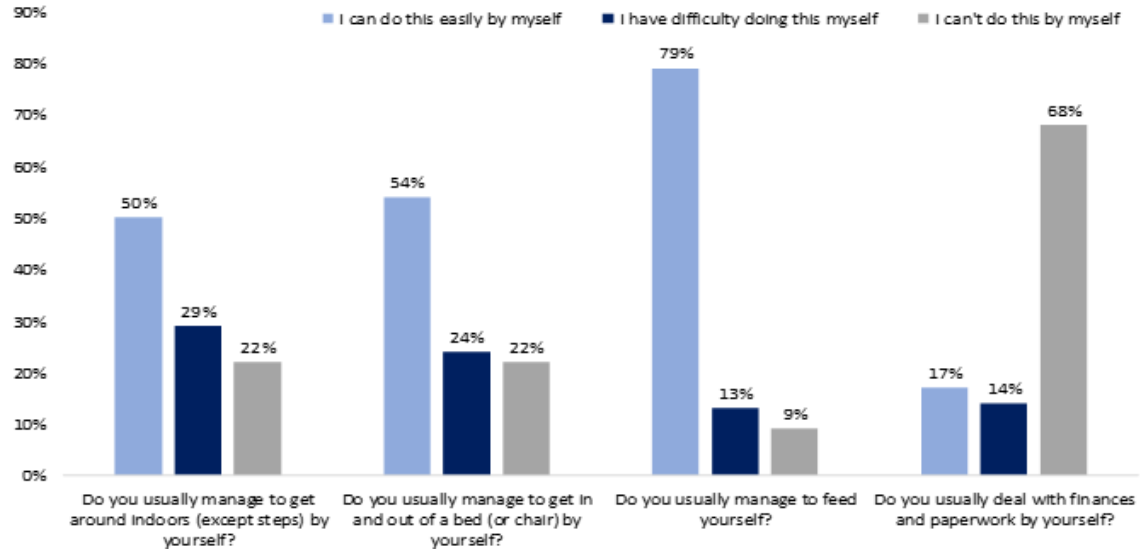
11.2 We held three events, one each with the Lewisham Disability Coalition, Sydenham Gardens, and Lewisham Speaking Up, to hear from people with physical disabilities, learning disabilities and mental health needs. We spoke to more than 70 people about their experiences – and many more people attended each event.

11.3 This work provided the Committee with some valuable additional context and was a key part of the evidence considered by the review.

11.4 Analysis of the feedback from the events shows that there are a number of common thoughts and feelings across all groups. The majority of people we spoke to, for example, valued the help and support they currently receive from their care workers, key workers, and other support workers.

11.5 We found that people particularly appreciated help and support with everyday tasks, such as reading letters and help managing household bills and benefits. People from the Sydenham Gardens group told us that this sort of basic support can help prevent problems spiralling out of control and their mental health being negatively affected through this extra stress.

Results from the adult social care survey 2015/16 show that over two-thirds of people surveyed cannot deal with paperwork or finances themselves:



11.6 One of the most common pieces of feedback across all groups was that people appreciate it very much when carers simply show an interest in them as a person and are able to take the time to ask how they are. One person from the Big Group event explained how, after having an informal chat about their day, their support worker had been able to warn him about a potential fraudster that had contacted him.

11.7 The majority of people said that the main thing they wanted was to be supported by compassionate, polite, respectful, and culturally competent professionals. For many, this made a whole world of difference. People didn't distinguish between good and bad providers, but care workers who were unkind, patronising, or disrespectful had a significant negative impact on people's lives.

11.8 One of the other things that people particularly valued was having someone – advocates, key workers, or care coordinators – to support them through the health and care system, not just signpost them. People said they often found the system too complex and stressful to navigate by themselves. People also said that they wanted to be able to access mainstream activities and services, not just day centres and specialist provision.

11.9 A number of people at the Lewisham Disability Coalition event said that they were unhappy with the professionalism of the health and care workers they had seen. They said that they felt like they were being unfairly judged at times and like the professionals that were meant to be assessing their condition were taking irrelevant matters into account when deciding whether or not they were eligible for support.

11.10 One person, for example, said that a social worker had told them that they clearly didn't need support as she had such a tidy home. Another person said that her doctor said that she didn't appear to need help and support with her conditions, one of which was incontinence, because her house didn't smell of urine. Some people said that they felt like some social workers were playing down the conditions they had so that they wouldn't get support.

11.11 Many people at the Lewisham Disability Coalition event also said that they'd had difficulties accessing support from social services. Some said that they had been initially contacted, but then not heard back. Others said that they had found it extremely difficult to contact social services about re-assessments, or to make a complaint. We also heard from people who'd had assessments, but been told that they were not eligible for support and that they should rely on friends and neighbours for support.

11.12 One person said she'd been unable to access any support to help her care for her husband, who has dementia and was recovering from a foot operation, while she was recovering from heart and knee surgery. She said she needed help to feed her husband as she was having difficulty getting up and down the stairs, but that someone from social services came to see her and told her that she should ask her neighbours for help.

11.13 Many people had also experienced problems with the enablement process. People felt that the support didn't last long enough and were unhappy that after it ended they were just told to rely of friends and family.

11.14 We found that many people were also either completely unaware of the complaints process, or didn't understand it or feel confident enough to use it. Those that were aware of it and had made a complaint said that they'd then had significant problems getting a resolution.

11.15 The Committee is extremely grateful to Healthwatch for their help organising this series of engagement events and collecting such useful evidence from these different groups. The Committee has found the stories from local people of real life situations incredibly insightful and helpful.

11.16 Looking at the evidence overall, the Committee notes the common message among all groups that what people value the most is care and support that is compassionate, respectful, treats them as an individual, and is flexible enough to provide support with some tasks that may not typically fall within a traditional package of health or social care.

11.17 It appears to the Committee that the majority of people at these engagement events were primarily concerned about the way they were treated, as opposed to the specific services they have been provided with.

11.18 The Committee also notes, with some concern, the lack of awareness among people at the events of the relevant complaints process, and the difficulty some people said they'd had making a complaint. Having an empathetic, fair

and accessible complaints process is an effective way of learning from mistakes, improving satisfaction and building confidence in a service.

Recommendations

13. LHCP should ensure that all staff are able to provide a personalised and responsive service to people in their homes at all times.

14. LHCP should review how the current complaints process for community-based services is working and how and when people are notified of it.

Making the most of voluntary and community sector services

12.1 The *Community Connections* service is a key part of the Council's plans for the integration of health and adult social care and increased involvement of community sector organisations.

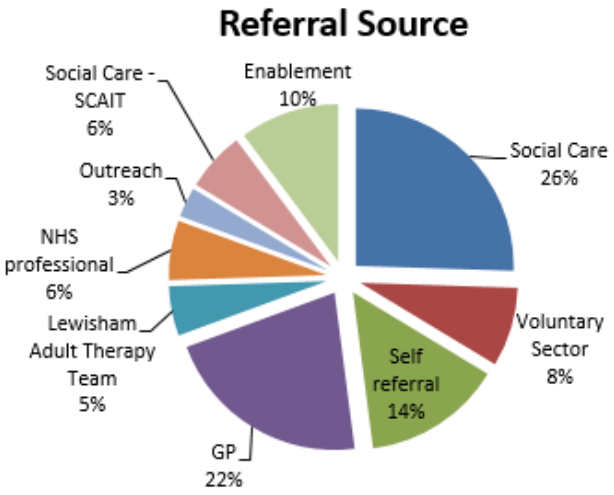
12.2 It supports vulnerable adults in Lewisham to improve their wellbeing and social integration by linking them up with local groups and services in the community.

12.3 It is a consortium of four operational partners: Rushey Green Time Bank, Lewisham Disability Coalition, Older Services Lewisham, Age UK Lewisham and Southwark, and two non-operational partners: Voluntary Action Lewisham and Carers Lewisham. Age UK Lewisham and Southwark is the lead organisation.

12.4 It also supports a range of voluntary and community organisations to develop services and build capacity to meets needs in the borough not being met.

12.5 After being piloted in 2013, in April 2015 Age UK Lewisham and Southwark (and partners) were awarded a three year grant by Lewisham Council to continue to provide and develop the service. It is intended to operate within the neighbourhood care models also being developed.

12.6 Around a fifth of referrals come from GPs, a quarter come from social care, and about one in ten come from the voluntary sector. A very small number come from housing.



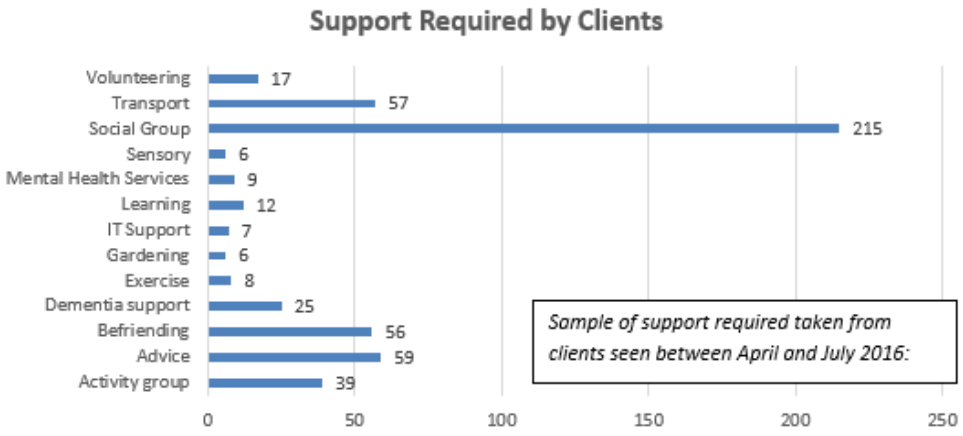
12.7 The chart to the right provides more detail of the referral sources for the first half of 2016/17:

12.8 Susan Underhill, Deputy Director of Age UK Lewisham and Southwark, told the Committee that the service is exceeding or achieving all its targets. Last year it provided 800 people with person-centred plans, as well as working with 38 organisations to develop capacity.

12.9 It also produces a report every quarter identifying the gaps in services in the community. The latest report identified gaps around befriending, dementia services, services for men, young adults with learning disabilities (particularly weekends and afternoons), and transport.

12.10 The service is putting together a bid to the big lottery fund for money to help with these gaps.

12.11 The chart below sets out the different support services clients required:



12.12 Community Connections is also facing cuts of 25%, which they said will be a huge challenge, but they are at the same time proactively looking at ways of generating income.

12.13 A Lewisham SAIL (Safe and Independent Living) programme is also being developed. Aimed at over 60s, Lewisham SAIL connections, is designed to provide a quick and simple way of accessing a range of local services to support older people maintain their independence and wellbeing. Anyone can make a referral by completing a single checklist. Age UK will then work with local organisations to identify groups and services the older person can join to improve their social wellbeing. SAIL has been running in Lewisham for three months now. In Southwark, where it's more established, it gets around 200 referrals a month.

SAIL case study – Mr C

Mr C is a 62 year old man who lives alone. He's living with HIV, which has led to complex medical needs, and has mobility issues as well. Living with these conditions made Mr C feel increasingly socially isolated.

Mr C was referred to Community Connections, who spoke to him about the kinds of activities that he thought would help him. Mr C said that he would like to meet and talk to more people and perhaps someone to help him with his laptop so that he could socialise online.

Mr C now has a long-term befriender, who is supporting him with his IT needs, he has signed up to a computer course at his local library, and he has joined a local LGBT Facebook group and is planning to go to their monthly socials.

12.14 The Committee praises the work of the Community Connections service in meeting its targets. It is important that Lewisham Partners look at how they can make full use of this programme, which appears to be working well for Lewisham residents.

12.15 The Committee are particularly concerned, however, about the trouble Community Connections is having finding activities in the borough for young adults with learning disabilities.

Recommendation

15. LHCP should draw up a plan on how they can work together to build capacity and avoid duplication in the area of activities for young adults with learning disabilities. People with learning disabilities represent a significant proportion of adult social care service users and developing more community-led services for this group could have a significant positive impact.

Monitoring and ongoing scrutiny

13.1 The recommendations from the review will be referred for consideration by the Mayor and Cabinet at their meeting on 22 March 2017 and their response reported back to the Committee within two months of the meeting. The Committee will also receive a progress update in six months in order to monitor the implementation of the review's recommendations.