

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report Title	Development of the local market for Adult Social Care Services		
Ward	All	Item No	4
Contributors	Executive Director for Community Services		
Class	Part 1	Date: 14 October 2015	

1. Purpose

1.1 The purpose of this report is to:

- Update on Lewisham’s current position in terms of developing the market for Adult Social Care in the Borough.
- Recognise new developments and achievements in Adult Social Care
- Be aware of some of the challenges to providing high quality, affordable social care.
- Discuss next steps and future work to support further developments and commissioning initiatives.

2. Recommendations

2.1 Members of the Healthier Communities Select Committee are recommended to note the achievements and challenges in delivering Adult Social Care in Lewisham and to endorse the suggested next steps and future work.

3. Policy Context

3.1 The care market is dynamic and multi-faceted. From April 2015 the new legal requirements under the Care Act require an approach that ensures all residents have the information, advice, guidance and advocacy to help them get the support they need; this includes those residents who care for themselves.

3.2 The Council also has a responsibility to “shape” the care and support market so that residents can access responsive, good quality care that can meet needs as they change. This is focused not only on the traditional care such as residential, nursing and domiciliary care, but also on support to maintain independence and well being in order to delay the need for higher levels of care. This includes optimising the benefits of technology and increasing support to people through their local communities, providing practical support in the home, increasing the range of supported, extra care housing and developing the community offer and the Personal Assistant (PA) market.

4. Introduction

4.1 Adult social care provides assessments, care, support and safeguards for those people aged 18 or over who have the highest level of need, and for their carers. Social care is changing with a greater emphasis placed on helping people to avoid dependency on traditional care services. It is

recognised that sometimes the support many people require can be found within their own families, communities and within themselves. Any support that is offered must be at the right level to meet a person's assessed needs. Lewisham believes this is best achieved by working in partnership with health and other agencies to ensure that people continue to live as independently as possible within the community.

- 4.2 Adult social care works with each person and their network to find Creative ways of meeting personal goals that they wish to achieve. Where people have lost their support networks work takes place to rebuild those. Doing this means people get back on their feet more quickly, regain independence and no longer need the same level of support. A personal budget or direct payment can be used to ensure that people have choice and control on how their needs are met.
- 4.3 Support is provided to those people who do not meet the eligibility criteria by giving them access to a range of information, advice and support options, designed to increase independence and delay their need for more intensive support. Many people with social care needs will have these met mainly through the carers with whom they live or are supported by. Carers are informed of their right to have a carers assessment which they can have either together with the person they care for or separately.
- 4.4 As mentioned previously the care market is dynamic and multi-faceted. This is reflected in a number of key policies and service changes that have been introduced both nationally and locally that affect the market. These include Personalisation and Self Directed Support and Long Term Care (Homecare and 24 hour services for adults with complex needs).

5. Personalisation and Self Directed Support

- 5.1 New initiatives have been developed to strengthen the care and support planning process, ensure that service users are able to access community resources and that those that have eligible needs understand how their Personal Budget is arrived at and how they can use this to access Direct Payments to enable more choice and control over the way that care is delivered.

Information and Advice Website

- 5.2 The new health and social care website is now live following a six month development plan. The website has been developed to be care act compliant and offers the public a range of useful information and advice. The new website includes sections on how adult social care works, home, money, work, education and leisure, carers and health and wellbeing. The next stages of the development are to fine tune the content and functionality by testing this site with 50 service users and a range of practitioners. Key features of the website are the health and social care directory which has been developed with our community connections service and an exciting events page that lets people know what is going on locally for them. Our aim is to promote non-traditional services to help people get out more and engage in activities with health and social care benefits.

Assessment and Review – Direct Payments

5.3 The Care Act states:

'Above all, the local authority should refrain from any action that could be seen to restrict choice and impede flexibility. It is important that people are allowed to be very flexible to choose innovative forms of care and support, from a diverse range of sources, the range of possibilities should be very wide and will be beyond what the local authority is able to list at any point in time. While many authorities may choose to operate lists of quality accredited providers to help people choose the use of such lists should not be mandated as the only choice offer to people.' (Statutory Guidance 10.47-10.68).

5.4 Adult Social Care has been promoting the use of Direct Payments with client; and their representatives for several years. Take up in Lewisham has been sporadic and a host of drivers, including the requirement of the Care Act, upcoming changes in commissioning practices and in employment law now means that our service offer has to evolve.

5.5 Following a needs assessment, this assessment feeds into the system, and generates an Indicative Budget. A new Resource Allocation System has been developed and moves us away from time and task based assessments, support planning and provisioning of services.

5.5 The client and support planners use the Indicative Budget as the starting point to discuss care options, both commissioned and via Direct Payments. This is in line with Care Act guidance:

'Local authorities should ensure that the method used for calculating the personal budget produces equitable outcomes to ensure fairness in care and support packages.' (Statutory Guidance 11.22).

5.6 Whilst there are significant challenges ahead in the provision of a robust Direct Payment offer, there are some exciting opportunities which will help in this pursuit, stimulation of the Personal Assistant market, pooling of Direct Payment resources & funds, and integration of Health and Adult Social Care funding to name just a few.

Assessment and Review – Support Planning

5.7 Lewisham has an ambitious programme of personalisation and integration which takes account of the requirements of the Care Act 2014, in particular the requirement to provide each user who receives a service a care and support plan (or support plan in the case of a carer).

5.8 A key component to achieving this programme is embedding the new care and support planning process into its core business. The vision is for each resident to realise their full potential, by enabling them to live independently in their own home, while giving them increased choice and control over how they live their life so that they are able to participate in society on an equal level, with access to family life, friends and community network.

- 5.9 Following the assessment and resource allocation process, the Support Planner is given a summary of the user's needs and their indicative budget to work within to meet the assessed needs and outcomes.
- 5.10 Support Planners will work with users, their families, carers and multi disciplinary colleagues to identify services, people and creative and innovation ways to provide the support opportunities needed.
- 5.11 Traditionally, the majority of care and support services have been commissioned and procured by the Council on block and spot contracts. However, this way of procuring services is unsustainable and does not give value for money; particularly as the demand for care and support continues to rise and government funding reduce. More than ever we must make every penny count.
- 5.12 While providing users greater choice and control over their care and support will be empowering, to transform social care in Lewisham the supply of care must also change. We must shape and develop local markets with the capacity and variety that offer a range of options users require and demands; a mixed economy of care delivered by private and commercial organisations, the voluntary sector and individuals; options that are accessible to all users irrespective of whether they are entitled to public funding or are self-funders.
- 5.13 Support Planners have a role to play in understanding user demand as well as developing and stimulating the market. As they work with users to secure support opportunities to meet their needs Support Planners will gain:
- a better understanding of what outcomes users want to achieve
 - what services they use to meet these outcomes
 - what they think about existing services
 - what are their unmet needs
 - where there are gaps in services and what is needed
 - how much services cost, and
 - who maybe future users, and their needs
- 5.14 By understanding user's aspirations Support Planners and commissioners will be able to develop and stimulate a care and support market that will better meet user's needs; a market that provides services that offer provider choice, variety and diversity, quality and value for money.
- 5.15 Primarily, the role of Support Planners is to provide assistance to the users to help work out what their choices are in setting up their support required to meet their assessed needs and outcomes. Subsequently they will explore support opportunities available in the user's immediate community network (friends and family) that will avoid the need for commissioned services. Where needs cannot be satisfied by a user's community network Support Planners will discuss with users how they can increase flexibility and control in their care and support with a Direct Payments, as apposed to commissioned services. As more users opt for a Direct Payments option the Personal Assistant (PA) market will develop thereby increasing availability and choice in the market for users who may not have considered this as an option.
- 5.16 In addition, Support Planners develop their own links with social enterprise, community interest groups, and individual traders such as local

restaurants/cafe, specialist groups, community hubs to explore and detail what services they provide and how they can diversify their current service options to meet new and emerging user needs. As they increase their knowledge of the services within the community this will help to stimulate the market and increase awareness of services to groups such as Community Connections.

- 5.17 Support Planners also consider more creative ways of service delivery, which can include users pooling budgets to enable joined activities among multiply users.
- 5.18 The new Adult Social Care website will also provide a resource for Support Planners to share details of new, seasonal and existing services within the community that can be accessed by colleagues, the public and users. By providing good advice and information about what services are available users and the public are enabled to make better informed choices to meet their needs. The Website also acts a tool to signpost users, self funders and the public who do not want to engage with the Council, but require guidance on what services are available to meet their needs.
- 5.19 Electronic and digital options such as Marketplace will also provide users, self-funders and the public a platform where they can source care and support from providers in their local area. Users will also be able to review Providers CQC registration and current inspection reports. This mechanism will develop our online options for users, which will give them access to Provides and services 24hrs a day.
- 5.20 Community Connections information and advice service is a central tool for support connections with key voluntary partners in the community. (For further details on the Community Connections service please see Appendix 2).

6. Long Term Care – Homecare

Commissioning Process

- 6.1. In many cases, homecare is a key component of an individuals support plan.
- 6.2 In November 2010 the Council commissioned home care services with eighteen (18) providers under a Framework for a period of four years. The Framework agreement was extended for a further year in November 2014. That one year extension is due to expire on 6 November 2015.
- 6.3 The Framework was designed to enable adult social care and health to optimise the home care service offered to individuals in their own home through a mixed delivery approach that mainly focused on time and task, with aspects of outcome focused working.
- 6.4 Throughout its tenure the Framework has worked satisfactorily and has enabled the Council to discharge its responsibilities to provide care to individuals in their own home in an efficient, structured and timely way.
- 6.5 However, central government's direction of travel with its agendas of personalisation, enablement and the integration with health, commit all local authorities to implement outcome focused care and support services by 2017.

The services are to be accessible, flexible and focused around the needs of the individuals in a way that will enable them to have more choice and control in determining how and when they want their care and support delivered. This in turn will allow service users to remain in the community and their own home for as long as possible.

- 6.6 The Council advertised its intention to procure for the provision of Outcome Based Home Care Services on a Lead Provider model on the 5 August 2015.
- 6.7 In line with the Government's directives mentioned above it was decided that contracting to deliver improved outcomes for service users (Outcome Based Commissioning) would benefit service users, care workers and providers and would offer best value for the Council.
- 6.8 By adopting an Outcome Based Approach, the success of Homecare provision will be measured by results that matter to the service user not by the amount of time spent by Care workers per visit. Service users will have more influence over how their service is delivered by helping to shape the outcomes that are included in the care plans and by making informed decisions about how their care is delivered. Care workers will also become more aware of service users' conditions and the desired outcomes and, together with the provider, will creatively tailor services to deliver outcomes for service users. This way, care workers will feel more involved and able to deliver a better service because outcomes, not time, becomes the most important consideration. Payment will be on the agreed hours of delivery in each care plan. Care plans will also be frequently reviewed
- 6.9 In line with the work on integration between health and social care, service delivery has been embedded within the recently formed Neighbourhood Care Team Model. This model comprises of four neighbourhoods across the borough. It was agreed to offer contracts for up to four Lead Providers (one per neighbourhood) who would work very closely with the Neighbourhood Teams (including Social Workers, the Lewisham Reablement Service, Support Planners, Hospital Discharge Teams, Primary Care and the wider Community/Voluntary Sector) to create an integrated health and social care service that is focused around the individual to provide a more responsive person centred service.
- 6.10 A Domiciliary Care Market Place event took place in June 2014. This was well attended by current homecare providers, potential new providers and representatives from the voluntary sector.
- 6.11 Attendees were asked to 'test' some of the assumptions being made about how future services will be delivered. These included:
 - Working within the developing neighbourhood model
 - Clarifying outcomes
 - Integrating and delivering reablement
 - More joint care planning and mixed funding for care plans – more complex and/or high level personal care (likely to mean more personalised budgets)
 - Closer working and testing integration across district nursing, healthcare assistants and domiciliary care provider roles
 - Working with local voluntary sector and community

- Aligning some of the current deficiencies in the system – i.e. double case notes at customer’s homes
 - Participation in joint training where skills deficits are identified
- 6.12 Providers were asked to share their experiences and learning at this event. The feedback was good and providers appreciated the benefits of being part of the testing and the opportunity to be part of the service development. In turn, commissioners gained invaluable insight into the provider’s knowledge and insight which informed future drafts of the Service Specification.

Service Specification

- 6.13 A draft Service Specification was shared with current providers (and others who attended the previous Market Place Event) in April 2015. Providers were offered appointments to give feedback and ask questions on the Specification. Seven providers attended and another four gave detailed feedback.
- 6.14 Overall, the feedback was positive. Key questions were around the process of transition for existing clients being cared for by current providers, payment of the London Living Wage and the sub-contracting process. As a result revisions were made to the draft Specification.
- 6.15 The Service Specification sets out the details of the services to be provided in respect of home care for adults who have been identified and assessed as being in need of services in order for them to maintain their independence and remain in their own home.
- 6.16 It avoids being too prescriptive over details of how and what services are to be provided. This will be determined by reference to the needs of individual Service Users and allows flexibility and responsiveness in providing care.
- 6.17 The Specification seeks to outline who the “customers” or service users of the service are, and the range of needs that service may have and a list of “activities” to meet these needs. It elaborates on what is meant by an outcomes approach and reinforces the importance of co-operation, collaboration, self management, maintaining independence and offering service users choice and control with regards to their care planning.
- 6.18 Outcomes are described as “an impact on the quality of life conditions for the Service User” and examples of the types of outcomes that might be agreed are detailed.
- 6.19 The Service Specification sets out what the Council can offer and what its expectations from Providers are. These include:
- The best outcomes for service users, their representatives and their families
 - Evidence of a robust and integrated (health and social care) local service system that works for everyone
 - Working in partnership with health and social care
 - Greater community capacity

- 6.20 Further sections of the Specification detail how the neighbourhood Lead Provider model and Approved Provider List will work in practice.
- 6.21 As part of the 2 year contract award, the Council will refer all new care packages to the appropriate Lead Neighbourhood Provider. As current contracts for home care services are due to expire in November 2015, those organisations that are not awarded Lead Provider status will not be contracted to continue to deliver care to the current Service Users. Existing Service Users will be given an option to take a Direct Payment to enable them to remain with their existing provider or transfer to a Lead Provider if they still wish the Council to commission services for them.
- 6.22 A full copy of the Service Specification for the Provision of Homecare (Lead Provider) is available on request from the Joint Commissioning Team.

Terms and Conditions

- 6.23 Unison's Ethical Care Charter: The Outcome Based Domiciliary Project Group has been very aware of the requirements of the Charter and its implications for Homecare. We have sought to address each Stage of the Charter in our re-commissioning of homecare (as set out in below):

Stage 1

- **Outcome Based commissioning:** The new Homecare service will be outcome based and not time and task. Invoicing will be four-weekly in arrears based on the agreed hours of delivery in each care plan.
- **Support Planners:** See Section 5.
- **Travel time:** It is agreed that there will be payment of travel time which has been taken into account in the pricing model. By using a neighbourhood model, it is anticipated that care workers would work in areas of close proximity which will reduce travel time. We also expect Providers to effectively roster so that this is further minimized.
- **Sick pay:** Providers will be expected to pay their staff at least statutory sick pay. This cost will be considered in the pricing model. There are indications that Lewisham care workers are currently paid statutory sick pay.

Stage 2

- **Zero Hours contracts for care workers:** According to the Kingsmill Review 2014, *"an estimated 307,000 Care Workers, or a fifth of the Adult Social Care Workforce in UK, are on 'Zero Hours Contracts', meaning they do not have stable hours each week or a stable income. Many are on a compulsory basis and in some cases they are prevented from working for other employers."*
- Having engaged the current providers and workforce, although many remain on zero hours contracts, it has been established that Lewisham care workers are paid annual leave (on a pro rata basis), receive sick pay, while some providers pay their staff for training as well.

- The new Service Specification states that *“As volume increases for Service Providers, the Council will expect Service Providers to reduce their reliance on zero hour contracts for all staff who deliver services to LB Lewisham residents. The Council will work with these Providers to facilitate an agreed timetable of reduction with the ultimate aim of eliminating the use of zero hour contracts”*.
- **Training:** In future, it will be a requirement for providers to regularly train staff during work time and at no cost to staff. Providers will be required to pay staff for the duration of training. Training costs will be taken into account in the pricing model. Local intelligence suggests that some providers currently pay staff while on training while others do not.

Stage 3

- **London Living Wage:** The London Borough of Lewisham is committed to care workers receiving the London Living Wage (as a minimum) and occupational sick pay and this has been factored in to the pricing model.

Procurement Process

- 6.24 A Contract Award Report for the Provision of Homecare Services (Neighbourhood Leads) will be submitted to Mayor and Cabinet (Contracts) on 21 October 2015.
- 6.25 A summary of the Procurement Process can be found in Appendix 1.

7. 24 Hour Services for Adults with Complex Needs

- 7.1 The Council is committed to ensuring that as many as possible of its disabled and elderly residents are supported to maintain their independence and remain in their own homes. However, there will always be a small proportion that requires care and support in a 24 hour “residential” setting.
- 7.2 This sets out current capacity for 24 hour services in the Borough, Terms and Conditions for Care Home Workers, Trends and Market Shifts and plans to develop the market in this area.

Current capacity

- 7.3 There are 19 care homes in total in the borough of Lewisham. There are 11 residential only homes, 4 nursing only homes and 4 where there is a mix of residential and nursing. In total there are 336 residential beds and 315 nursing beds in the borough.
- 7.4 Of that total the Council has 2 block contracts for a total of 34 nursing beds. Lewisham has witnessed a significant market failure this year with the liquidation of the Ranyard Trust. This resulted in the loss of 100 beds in the borough (2 residential and 98 nursing). Thirty five (35) of those nursing beds had previously been block purchased by the council. As at the 30th September 2015, all contracted beds were full.

- 7.5 Lewisham has 232 people placed in spot purchased beds in the borough, 133 in residential and 99 in nursing. Additionally there are 211 people placed in spot purchased beds out of borough, 87 in residential and 124 in nursing. The Council therefore spot purchases a total of 477 beds in total.
- 7.6 There are also three Extra Care Services in the borough. Two are managed by Housing 21 at Cinnamon Court (40 flats) and Cedar Court (40 flats). The third is managed by Notting Hill Pathways (78 flats, 54 Extra Care).

Terms and conditions

- 7.7 All providers pay their basic grade staff. So all pay at least the current national minimum wage, and some pay the UK living wage. Only one pays the London Living Wage to basic grade staff, a condition of the Lewisham contract.
- 7.8 This hourly rate is reflected in other boroughs in London. There has been little social care procurement or adjustment of existing contract prices to reflect the London Living wage across London. This is true of social care commissioning but also health's AQP (any qualified provider) procurement exercise.
- 7.9 The complexity of applying LLW is most probably linked to the fact that very few care homes are contracted as a whole by their host borough and most placements are spot contracted. A number of boroughs may have a commitment to paying the LLW, but in reality don not pay it. The recent Lewisham procurement exercise for nursing homes was itself complicated by this factor. The bed price quoted to deliver LLW reflected the cost of applying LLW to all of its staff for the proportion of beds being offered, making the price untenable for the Council and would leave the Council underwriting the cost of LLW for other authorities.

Trends and market shifts

- 7.10 There is an average of 4 people on a weekly basis requiring residential or nursing placements. In the first five months of the 15/16 year, 49 people were assessed as needing residential care, with a significant majority being very frail indeed. One hundred and twenty three (123) were assessed as requiring nursing care, with half of those people being fully health funded. So, as a borough, we are witnessing the success of helping people stay at home for longer, both in health and social care. However, the corollary of that is that when people are assessed as needing 24 hour care and support, they are very ill and frail indeed. Therefore, the requirement for residential beds is decreasing while the need for nursing beds is increasing.
- 7.11 The Ranyard market failure has had an impact on both Lewisham and neighbouring boroughs. Another significant impact this year has been the new CQC inspection regime which has resulted in many local homes being found to be inadequate which has resulted in councils applying embargoes on placements. There is an emerging risk of further home closures.
- 7.12 The increase in the older adult population, the demand for beds for people with more complex needs, and the reduction in available beds across the South East due to embargoes and the Ranyard closure are resulting in delays in finding places for people and this in turn is delaying hospital discharges.

Developing the 24 hour market

- 7.13 Officers are looking to develop the market for 24 hour care in the following ways:
- 7.14 We will work with existing local providers to expand current provision, including encouraging residential providers to consider re-registering some of their residential provision as nursing provision to better reflect demand.
- 7.15 Adult Social Care has worked in partnership with Strategic Housing on the new extra care housing schemes emerging within the borough. This is supporting more people to have their own tenancy and remain part of the community. In addition to the differing personalised levels of support provided to tenants within extra care housing, there has been a trial of targeted short term care and support for people who may need additional health and social care support following a period of time in hospital or to prevent an admission to hospital. This compliments the range of short term care and support available to individuals and can prevent the need for on-going long-term 24 hour support.

Background Documents

- 1. Care and Support Statutory Guidance – Issued under the Care Act 2014 Department of Health.
- 2. London Borough of Lewisham Community Services Directorate, Adult Social Care. Specification of Service – Provision of Home Care Services.

For further information please contact Corinne Moccarme, Joint Commissioning Lead, Community Support and Care on 020 8314 3342.

Appendix 1

Procurement Process for the Provision of Homecare Services (Neighbourhood Leads)

Under the provisions of the Council's Contract Procedure Rules, the Council was required to openly advertise its intention to procure for the provision of Home Care Services- Lead Provider. Consequently an advert was placed in the Official Journal of the European Union (OJEU) on 5 August 2015. The Council also placed an advert on the London Tenders Portal and on its own website. The advert advised that the Contract would be awarded as a one stage process: this involved an in-depth exploration of competence to deliver outcome based Home Care services within a single tender process.

A total of 39 organisations submitted bids. Tenders were asked to submit responses to a Suitability Questionnaire, Method Statements and Pricing Schedule designed to assess their technical capability, and approach to financial modelling. Tenderers were also required to submit a completed signed form of tender.

It was agreed that a flat hourly rate would be paid for all days excluding bank holidays. A ceiling rate was determined by the Council which we believed ensured that providers were able to meet their responsibilities to pay London Living Wage, travel time, pension, training time, sick pay etc. A pricing model was developed that involved comparison with other boroughs (where available), analysis of current rates, information from UKHCA and on cost breakdown from existing providers.

Within the Pricing Schedule, tenderers were required to state the flat hourly rate they would charge for Monday to Sunday all hours and a separate rate for Bank Holidays. Tenderers were required to provide two rates, one inclusive of London Living wage (LLW), and one exclusive. For each of these two rates, tenderers were also asked to include and exclude travel costs. The council stipulated that the ceiling rate was not to be exceeded, but that prices submitted would be favourably evaluated if they were realistic, credible and sustainable and demonstrated that the Organisation was committed to paying the LLW etc to their staff throughout the duration of the contract. If prices submitted were too low below the ceiling and did not demonstrate the above the tenderer was unlikely to be awarded the Contract.

Tenders were asked to submit two rates to ensure that the Council's decision to include a requirement to pay LLW in this contract is legally compliant; and to allow the Mayor to determine which prices to select, whilst taking into account the Council's Best Value duty.

Method Statements were designed to test out each organisation's ability to deliver safe, personalised and responsive services now and into the future. Specifically these 'core' method statements addressed each organisation's understanding of, and response to, the development of personalised approaches in meeting support needs & delivering outcomes. Also, how they would support service users to develop independence; involve service users and their families in developing partnership approaches, approach integrated working and how they would ensure staff had the key competencies to deliver the services required.

The following criteria were assessed during the tender evaluation process:

Financial detail including price (40%)
Ability to Deliver the Service (29%)
Quality & Operational Competence (26%)
Partnership Working (5%)

These criteria were weighted 40% for financial and 60% for quality/non-financial matters.

As part of the evaluation process 18 providers were shortlisted and called for formal interview. The same questions were asked of all providers who attended and focused on their ability to mobilise to deliver their contract and deliver capacity and continuity of care for the duration of the contract. Their understanding and attitude towards reablement and outcome based commissioning was also explored further.

A Contract Award Report will be presented to Mayor and Cabinet (Contracts) on the 21 October 2015 recommending the four Organisations to be awarded contracts to become Lead Providers for the Borough of Lewisham.

The number of Expressions of Interest, and the number of completed tenders received, evidences a strong and competitive provider market.

The four organisations recommended represent a mix of existing Framework Providers and new members. They also represent a mix of regional and national providers; and private third sector organisations.

The award of the Lead Provider contracts represents a diverse and comprehensive range of provision, which will in turn serve and support the future procurement of individualised and high quality services at a competitive price.

Appendix 2

Community Connections

Community Connection information and advice service is a central tool for support connections with key voluntary partners in the community

Community Connections was set up as a pilot in 2013. 700 clients were supported during the pilot stage and the Project has now been extended to March 2018.

Community Connections is a preventative community development programme that takes place across Lewisham.

Vulnerable adults who are resident in the Borough of Lewisham are supported to access local resources that meet their health and wellbeing needs. Clients referred may benefit from local services to improve their social integration, reduce isolation and improve their wellbeing. Referrals can be made by any individual or organisation on behalf of the client.

Consortium partners include:
Age UK Lewisham and Southwark
Carers Lewisham
Lewisham Disability Coalition
Rushey Green Timebank
Voluntary Action Lewisham
Voluntary Services Lewisham
With support from the London Borough of Lewisham

Community Facilitators identify and encourage individuals to access community-based services and activities that meet their needs using a person centred approach. The Facilitators identify local services that meet the needs and interests of the individuals supported and help them to access these services. Facilitators work with volunteers who can help support clients. For example a Men's Group has been set up in response to an unmet need.

Community Development Workers support, improve and create networks that work with local voluntary and charity sector organisations to develop services and cross support activities. CDWs also develop intelligence and help identify and meet support gaps on local services that can be shared across the borough. This supports the Facilitators and community organisations to provide specialised ongoing support structures for vulnerable adults.

There are 10 'Community Connectors' who are volunteers who support clients to access local groups and services on a short term basis. Work continues to recruit more volunteers. Anyone can refer into the project - Community organisations, NHS departments, ASC, self referrals and GPs.