

<b>Mayor and Cabinet</b>		
<b>Title</b>	Response To Referral From Healthier Communities Select Committee – In depth report into Integration of Health and Social Care in Lewisham	
<b>Contributor</b>	Executive Director for Community Services and Lewisham Health and Care Partners	Item
<b>Class</b>	Part 1 (open)	21 June 2017

## 1. Summary

- 1.1. This report sets out the proposed response to the recommendations made by the Healthier Communities Select Committee following the Committee’s review of the integration of health and social care in Lewisham.

## 2. Recommendation

- 2.1. Mayor and Cabinet is recommended to:

- Approve the officer response to the recommendations made by the Healthier Communities Select Committee, and
- Agree that this report be forwarded to the Select Committee.

## 3. Background

- 3.1. The scrutiny process in Lewisham enables councillors to examine the performance of the Council and partners, to ask questions on how decisions have been made, and the performance of local services, investigate issues of local concern to consider whether service improvements can be put in place and make recommendations to this effect.
- 3.2. In July 2016 the Healthier Communities Select Committee agreed the scope of an in-depth review into the Integration of Health and Social Care in Lewisham and evidence sessions were held between September 2016 and January 2017.
- 3.3. In September 2016 the Committee heard from Lewisham Health Care Partners (LHCP) on the plans, successes and challenges of developing and delivering integrated care. 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 Health watch Lewisham, the Lewisham Pensioners’ Forum, and the Lewisham Coalition.
- 3.4. The Committee agreed the report of its findings, and resultant recommendations, at its meeting on 1 March 2017.
- 3.5. On 22 March 2017, Cllr John Muldoon, Chair of the Healthier Communities Select Committee presented to Mayor and Cabinet and findings of the review. On receipt of the report and recommendations, the Mayor resolved that the Executive Director for Community Services be asked to provide a response for his consideration.

## 4. Recommendations and responses

4.1. After consideration of the evidence taken within the review, the Healthier Communities Select Committee made 15 recommendations as a result of the review. The recommendations are listed below, along with the proposed responses for Mayoral consideration.

4.2. Recommendation 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.

Response: The CCG has been working with providers in developing a Discharge to Assess model (D2A) of care “ward at home” for a cohort of patients in order to facilitate early discharge from LGT and ensure that assessments of on-going care take place in the community. The D2A commenced 20th March 2017 and is a pilot to inform the longer term modelling of discharge pathways in Lewisham. An update will be provided to the Committee in 6 months.

4.3. Recommendation 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.

Response: All Delayed Transfers of Care (DTC) are monitored and reported weekly to the NHS, and to the Association of Directors of Adult Social Care (ADASS) on the London Monitoring System. The Council and its partners meet twice a week to discuss people who are ready for discharge, this includes residents of other boroughs who are in acute beds. Senior Adult Social Care managers escalate delays to senior managers in other boroughs and work with them where possible to reduce the length of delays. Most delays are due to complex discharges, shortage of beds in residential and nursing homes and family choice. For the most difficult delays or where it is felt that further intervention is needed, delays are discussed with the Head of Adult Social Care, and if necessary the Executive Director for Community Services who in turn make contact with their counterparts in the relevant borough. Following NHS guidance, there are plans in place to work closely with our neighbouring boroughs to develop a trusted assessor model. This will allow staff based at hospitals to assess the needs of patients and make recommendations on care to the responsible borough. It is anticipated that this will help to speed up decision making and reduce the number of delays.

4.4. Recommendation 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:

Response: More detail on the development of community based care will be provided within six months of the review. This will include an update on development of new ways of working influenced by the Buurtzorg model. LHCP recognise the challenges of developing a ‘Buurtzorg’ model in Lewisham as highlighted by the Committee. It will not be possible to replicate the approach

exactly as it operates within a very different system and context. However LHCP are committed to exploring the key principles that underpin the model i.e. it is a person centred approach; one person delivers multiple aspects of care and support; workers are empowered to build relationships and networks to support people more effectively. Consideration of the Buurtzorg model is currently focussed on the opportunities to combine and flex the roles of those health and care professionals who visit and support people in their own homes. This activity is being developed within the devolution pilot. It will build on the achievements to date within the existing neighbourhood community teams and reflect the learning from local interpretations of the Buurtzorg model such as the GSTT initiative.

- 4.5. Recommendation 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.

Response: If a complaint covers more than one aspect of health and care, or relates to both the commissioning and provision of a service, complaints officers across the system work closely together to provide a coordinated response. In addition, in accordance with Care Act requirements, we are developing an approach to quality assurance that will give better oversight of the quality of provision within the market place so that we can prevent quality assurance issues becoming a safeguarding concern. This will be achieved by coordinating intelligence from a range of areas which includes complaints, quality assurance monitoring, CQC inspections and individual reviews. Once we have completed the integration of complaints within this process we will undertake a review, as suggested in recommendation 14, to assess how our approach to complaints can align further to the integrated practice that is being developed.

- 4.6. Recommendation 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.

Response: In developing and delivering community based care, which is the care delivered outside a traditional hospital setting, both commissioners and providers will continue to use and monitor a range of information and data to ensure that the care is meeting the needs of local communities and improves health and care outcomes in the area.

Lewisham's commissioners will continue to produce detailed business cases before a service, or integrated service or provision is commissioned. Each business case will continue to set out the case for change, identifying any changes in local demographics or needs, and include an equalities assessment on how the new service or provision will impact on different communities and groups. It will also include feedback on public and patient views. There are no plans to alter this well-established approach to commissioning.

Similarly commissioners will continue to monitor and evaluate local provision and services to ensure the high quality and performance of local care. Providers will continue to be held to account through the contract monitoring process to ensure that they are meeting the specified outcomes and delivering the required

improvements. Where integrated services are being provided, these too will be subject to close monitoring and evaluation.

The establishment of neighbourhood hubs to facilitate the integration of primary and community health and care services and the provision of holistic care is currently at an early stage of development. Detailed analysis of current provision, pathways and any specific local needs will be required. This work will commence with two workshops with stakeholders to begin capturing the required data and information. A robust programme management approach is being established which will ensure full stakeholder engagement and consultation throughout the development of neighbourhood hubs.

- 4.7. Recommendation 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.

Response: As part of the setting our new Better Care Fund Plan for 2017-19, partners will agree reductions in unplanned hospital admissions as part of the integration work. For 16/17, there was a 4.7% reduction in unplanned hospital admissions for Lewisham people.

- 4.8. Recommendation 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.

Response: Regulators have committed to taking a more aligned approach to regulation in London as part of the devolution agreement. Although legislation does not permit devolution of national regulatory functions for health services, NHS England and NHS Improvement have committed to streamlining regulation and oversight with joined up processes at regional level. National regulatory partners (NHSE, NHSI and CQC) have committed to closer working at London level, including alignment of regulatory actions and timelines for reporting wherever possible. CQC, NHS Improvement and NHS England will work with London to develop, support and resource a regulation and oversight model that meets the needs of the London system. Partners have committed to working to ensure that any joint arrangements developed minimise the administrative burden and provide robust governance and conflict of interest management.

- 4.9. Recommendation 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.

Response: LHCP are committed to developing the four Neighbourhood Care Teams to achieve lasting cultural change. Building on the work to date, a range of activity is being undertaken to achieve this, including:

- Co-location of the NCTs – the N1 team will be the first to co-locate at the Waldron (summer 2017).
- Two 12 week pilots to test new approaches to multi-disciplinary working. Both projects will include mental health.

- A review of the Neighbourhood Co-ordinator role and several projects to test ways in which the role could develop further to support and embed integrated working.
- A Standard Operating Procedure for practice based multi-disciplinary meetings has been developed and is being considered as part of the PMS contract negotiations.
- Joint training across adult social care, the DN service and mental health.
- Joint approaches to communication across the NCTs.
- Regular interface meetings with home care providers and mental health services.

- 4.10. Recommendation 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.

Response: LHCP have recognised the need to strengthen further communication and engagement on developments taking place across the system, both with staff and residents. It has established a communications and engagement group which includes communication and engagement representatives from the Council, the Clinical Commissioning Group, Lewisham and Greenwich NHS Trust, South London and Maudsley NHS Foundation Trust and One Health Lewisham. LHCP have asked the group to support them in developing effective system wide communication and engagement activity. To date this has included developing the vision, sharing key communications and updates across the partnership for onward communication to staff, and seeking opportunities for joint engagement on areas such as the Sustainability and Transformation Plan. Regular updates on key activity across the system are also being provided to Lewisham's Health and Wellbeing Board. LHCP will continue to engage with other key groups such as the Neighbourhood Community Development Partnerships and the primary care neighbourhood meetings. LHCP will also be sharing news on latest developments with staff, such as the Falls service and self-management education activities, via existing digital channels. However LHCP acknowledge that more could be done, including using case studies as suggested to demonstrate the changes that are taking place. LHCP will ask the communication and engagement group to review current practice and make recommendations on how it can be improved across the system.

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

Response: Lewisham Health and Care Partners fully support co-production and the involvement and input of service users and others in shaping and delivering local services. LHCP agree that all those involved in the development of new services, new provision or new models of care should ensure that service users, their families and communities are involved in the different stages of planning, design, delivery and review. LHCP will seek to ensure that this approach continues to be embedded throughout the system.

Adult Social care will use co-production with providers to shape the market so that it delivers more personalised care. This is in the early stages of development within

the neighbourhood teams as we work with the domiciliary care providers and involve them in the service delivery plans

- 4.12. Recommendation 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.

Response: Please see response to recommendation 9.

- 4.13. Recommendation 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.

Response: In recognition that all LA's face pressure on the provision of ASC services, supplementary funding has been made available from central government. The draft conditions for the new money require that plans are agreed by the Health and Wellbeing Board and the CCG Commissioning board. They should contribute to ASC being maintained in line with inflation and should be invested in community services to manage transfers of care from hospital and avoid unnecessary admissions to hospital.

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

Response: There is a commitment from all Lewisham Health and Care Partners to develop the workforce to ensure that they provide a personalised and responsive service to people in their own homes. A workforce development programme will be established to ensure that this approach is embedded from the initial point of contact a person has with the health and care staff involved in the person's assessment and care planning, through to those staff who work for the agencies responsible for providing the on-going support.

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

Response: Please see response to recommendation 4.

- 4.16. 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

Response: Adult Social Care and Children and Young People's services are working together to develop a transition team that will work with young people to prepare them for adulthood. The education, health and support plans will identify the services that are required to support these young people. We are working closely with commissioners and partners in Education and the Voluntary Sector to make sure we are responding to these needs and that more services are in place locally. Many of these young people present with a learning disability so, alongside our education and voluntary sector partners, we are focused on developing more

community based services to meet these needs.

## **5. Financial implications**

- 5.1. There are no financial implications arising out of this report per se; but there may be financial implications arising from carrying out the action proposed by the Committee.

## **6. Legal implications**

- 6.1. The Constitution provides for Select Committees to refer reports to the Mayor and Cabinet, who are obliged to consider the report and the proposed response from the relevant Executive Director; and report back to the Committee within two months (not including recess).

## **7. Further implications**

- 7.1. At this stage there are no specific environmental, equalities or crime and disorder implications to consider. However, there may be implications arising from the implementation of the Committee's recommendations.

## **8. Background papers**

[Healthier Communities Select Committee Review of integration of health and social care in Lewisham](#)

[Mayor and Cabinet 22 March 2017](#)

If you have any queries about this report, please contact Joan Hutton, Head of Adult Social Care, extension 48634