Healthier Communities Select Committee		
Title	Further update on the referral from Healthier Communities Select Committee – In depth report into Integration of Health and Social Care in Lewisham	
Contributor	Executive Director for Community Services and Lewisham Health and Care Partners	Item 8
Class	Part 1 (open)	6 December 2017

1. Summary

1.1. On 20 July 2017 the Healthier Communities Select Committee received a report from Mayor and Cabinet outlining a response to each of the Committee's recommendations in relation to the in-depth review into Integration of Health and Social Care in Lewisham. This report provides the Committee with an update on the progress made against each of the recommendations.

2. Recommendation

2.1. The Healthier Communities Select Committee is recommended to:

2.1.1 Note the progress made against the Committee's recommendations.

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 Comminutes 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 the 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.

3.6. On 20 July 2017 the Healthier Communities Select Committee received a report from the Mayor and Cabinet outlining a response to each of the Committee's recommendations.

3.7. This report provides an update on the progress made to date against each of the recommendations.

4. Recommendations and responses

4.1. 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 Discharge to Assess Model (D2A) which was developed to facilitate early discharge from LGT and ensure that assessments for on-going care take place in the community commenced as planned on the 20th March 2017. The pilot was extended and during the second phase has continued to inform the longer term modelling of discharge pathways to include a cohort with more complex needs.

4.2. 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 continue to be monitored and reported weekly to the NHS and ADASS on the London Monitoring System, with the council and partners continuing to meet twice weekly to discuss those ready for discharge, including those residents of other boroughs remaining in acute beds. There is a continued process of escalation to other boroughs, working where possible, to reduce the length of delays. Most delays are still due to the complexity of need, availability of beds in residential and nursing homes and patient choice. Continued partnership working, the implementation of discharge to assess, and the development of the trusted assessor model has started to reduce the length and number of delays.

4.3 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:

- 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?

Response: Lewisham Health and Care Partners agreed a vision for Community Based Care on 13 October 2017. The next step is to communicate this vision more widely to inform the future development and delivery of community based care.

As outlined in the previous update, LHCP are committed to developing new ways of working influenced by the Buurtzorg model. Although it will not be possible to replicate the approach exactly as it operates within a very different system and context, 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.

In September 2017, the Better Care Fund / Section 75 Agreement Management Group approved funding for a 24 week pilot bringing a group of district nurses and care workers together to operate as one team. Phase 1 started in November 2017 and is focussed on one Band 7 District Nurse working with a range of staff from Eleanor Home Care to identify the cohort, opportunities for working differently and co-ordinating the care for a small number of patients / service users. Phase 2 will run for 16 weeks from January and will involve three district nurses working with up to ten care workers to manage the care of up to 30 people. The pilot will test:

- An approach to multi-disciplinary working across district nursing and home care and that enables more co-ordinated, person centred care and support.
- Opportunities to develop flexible roles, specifically an enhanced care worker role.
- A model of case management / care co-ordination to reduce duplication.
- A joint approach to assessment and review for patients / service users with both nursing and social care needs involving professionals operating as trusted assessors.
- Opportunities to work more effectively with other health and care services and the voluntary sector to prevent the escalation of health and care needs.

Quality assurance is a key priority for the pilot. The following measures have: already been put in place and the team will further consider ways to monitor and assure the quality of care and support provided throughout the pilot:

- The care workers will receive relevant training from the most senior District Nurse in the pilot team, who has considerable experience of delivering training.
- The team will have daily handovers and weekly meetings to identify and escalate concerns quickly.
- The team will include a coach (as in the Buurtzorg model) who will provide support to the team to operate as one unit and to resolve issues as they arise.
- The team will maintain their existing reporting lines to their respective organisations during the pilot who will continue to oversee quality. Further consideration will be given to quality assurance if the model is developed further to involve a greater degree of self-management beyond the pilot.

The pilot will enable LHCP to:

- Develop a more in depth understanding of how the model could operate on a larger scale.
- Develop a detailed cost / benefit analysis.
- Better understand how the model could work in Lewisham given the diverse social and demographic nature of the different communities in the borough.

4.4 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: There is currently in place a common process to ensure that a single integrated response is provided for complaints which covers more than one aspect of health and care, or relates to both the commissioning and provision of a service. This is achieved by the complaints officers across the system agreeing who is the lead organisation to coordinate a specific response and all partners working closely together to provide a coordinated and timely response.

Our intention is to use the information that we have from complaints we receive across health and social care services to inform our approach to quality assurance. This will identify where there is a need to support providers to improve service provision. As suggested in recommendation 14, there will be continuous oversight of this process to assess how the management of complaints can be further aligned to the integrated practice as this develops.

4.5 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: As previously reported, commissioners and providers continue to use a range of information and data to ensure that local care and health provision is meeting the needs of Lewisham's communities and improves health and care outcomes in the area. To deliver proactive, accessible and co-ordinated community based care across the borough, commissioners and providers are currently working together and reviewing services provided and accessed at a neighbourhood level and planning how those services could be improved and further developed.

This includes further integration of services at a neighbourhood level, particularly those that provide care and support in people's own homes, developing the business case for the development of care hubs in each of the four neighbourhoods and using evidence to support the redesign of clinical pathways to address health and care inequalities in identified areas. In their vision for community based care, Lewisham Health and Care Partners have stated that they want the majority of health and care services to be accessible outside hospital and where possible provided at the neighbourhood level. They have committed to examining proposals to establish how any change will contribute to and deliver improvements in Lewisham's community based care. This will include examination of how the proposal addresses identified local need and health and care inequalities.

4.6 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: The non-elective admissions target for 2017/18 requires a reduction of 2.4% compared with 2016/17. Progress against this stretching target continues to be monitored by the CCG via its integrated governance committee for both delivery against agreed contracts and BCF.

4.7 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: As previously outlined, regulators have committed to taking a more aligned approach to regulation in London as part of the devolution agreement. The London Health and Care Devolution Memorandum of Understanding was signed on 15 November 2018. 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. It is difficult to envisage opportunities at this stage to streamline regulation and oversight further to a local level.

4.8 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 and a range of activity is being undertaken to achieve this. Further to the previous update:

(a) Co-location of the NCTs – the N1 team will be the first to co-locate at the Waldron. This project has been delayed by IT issues and the team is now expected to be co-located in January / February 2018.

(b) Three pilots to test new approaches to multi-disciplinary working at a practice level. The aim was to deliver more co-ordinated, person centred care and support that would improve health outcomes. 12 week pilots at Amersham Vale and South Lewisham Group Practice involved weekly MDT meetings. An 8 week pilot involving fortnightly meetings was undertaken at the Grove Medical Centre to see whether the same benefits could be achieved over a shorter time frame. The pilots supported patients with long term conditions who were frequent visitors to the GP practice and who required support from District Nursing and Adult Social Care. The South Lewisham pilot focussed specifically on patients over 75. The teams comprised of a range of professionals, including mental health and home care providers.

The pilots all successfully established strong teams with a shared commitment to delivering co-ordinated and compassionate care. One participant commented: *'this is the first time I have felt that I have been working in a truly integrated way.'* Interim evaluation has demonstrated that the pilots all effectively shifted the focus of the MDT from information sharing to case management. As relationships developed and knowledge of key services and pathways improved, the flow of information was quicker and referrals more appropriate. Opportunities to test shared assessments and trusted assessor roles were more limited than had been hoped, but joint visits were undertaken that will help shape future work on developing a more flexible workforce.

A full evaluation is being undertaken but in the interim we are exploring how to build on the learning of the pilots by:

- Improving mental health involvement in MDTs
- Improving the relationships and communication between the core members of the MDT and the wider network of health and care professionals, housing services and voluntary sector agencies.
- Improving knowledge of key services and pathways.
- Developing training to support MDTs to achieve culture change and for members to contribute to MDMs more effectively.

(c) A review of the Neighbourhood Co-ordinator role has taken place and several projects to test ways in which the role could develop further to support and embed integrated working are underway. These project include building stronger connections with mental health, housing and domiciliary care.

(d) A Standard Operating Procedure for practice based multi-disciplinary meetings has been developed and will form part of the PMS contract from January. This is being reviewed to reflect the learning from the pilots.

(e) Opportunities to build on the joint training that has taken place across adult social care, the DN service and mental health is ongoing.

(f) Joint approaches to communication across the NCTs have been developed.

(g) Regular interface meetings with home care providers and mental health services continue to take place.

4.9 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: Across the partnership, regular communication and engagement on health and care changes has continued to take place though a variety of channels. However feedback continues to show that LHCP need to do more and provide clearer and more coherent messaging on the challenges health and care are facing and the plans and action that are being taken to improve health and care outcomes across the borough. In particular, LHCP want to ensure that the language that is used in communicating these messages is jargon free and easy to understand. Accordingly, LHCP have recently appointed a communication and engagement lead to support LHCP in this work. The role includes engaging with key stakeholders, including patients, residents and staff, to develop and assess the effectiveness of any planned and ongoing communication.

4.10 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: As outlined in the vision for community based care, LHCP are committed to ensuring that patients, service users, carers and other stakeholders are involved in the design and development of services and pathways. LHCP will listen to their experiences and seek their feedback at an early stage. Staff across the system will also provide a valuable insight to how services could be improved. The feedback offered by stakeholders will continue to inform commissioners and providers on areas for improvement and change.

4.11 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.

4.12 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 local authorities face pressure on the provision of ASC services, supplementary funding has been made available from central government in the form of improved Better Care Fund. The funding is available to spend on adult social care and is intended to be used for the following purposes:

- Meet adult social care needs
- Reduce pressures on the NHS, including supporting people to be discharged from hospital when they are ready
- Ensure the local social care market is supported

Plans for the use of this funding have been agreed with the CCG.

4.13 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: The learning from the Neighbourhood pilots will be used to build on the good practice that is already in place across the range of health and social care services. This will further improve the way staff work with people to ensure they are supported well to live as independently as possible and that they are in control of how services are provided to support them.

4.14 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.

4.15 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: Work has continued under the “Preparing for Adulthood and Transition from Children’s to Adult services” work stream. The pilot Transition Team went live in March and staff from Children’s Social Care and Adults Social Care are now working together on transition. The team is currently focusing on transition and adulthood arrangements for young people aged 17 and above, but are working towards preparing transition from the age of 14. Further development of the team,

which will include the development of a workforce training programme focused on preparing for adulthood, will continue over the coming months.

The pathway has been developed across the partnership and partner agencies work closely with the local authority to support individualised planning for young people transitioning to adulthood.

There is work in progress to further develop the local market place so that there is suitable post 18 provision in place to support young people's aspirations and life choices through to adulthood.

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 on 020 8314 8634 or at joan.hutton@lewisham.gov.uk