NHS
Lewisham
Clinical Commissioning Group

Lewisham

Lewisham Council and NHS Lewisham CCG

Market Position Statement "*Continuing the Dialogue*" Workshop Notes

24 July 2017

1 Introduction

The workshops were designed to enable stakeholders to consider key implementation issues about the Market Position Statement following its publication.

Morning and afternoon workshops considered the same 3 themes and questions, which were discussed in small groups facilitated by officers from the Council and CCG. The notes in this paper bring together the themes and suggestions from notes made in each group. For each discussion groups were also asked to identify 3 key priorities for change – those priorities are in bold.

2 Key themes from the workshops

2.1 If all provision has to promote healthy living/self-management, and be holistic, what do providers, and LBL/CCG need to do differently?

The main themes from this discussion can be summed up as:

- Development across the board of an asset-based approach to processes and practice.
- The facilitation of collaboration between agencies and how best to provide a suitable safe meeting place where common issues can be discussed.
- Concerns about how to understand the workforce and develop it effectively across social care - including changing the perception of other professionals.
- How to maintain a borough identity at the same time as developing the neighbourhood care networks.

Detailed notes are given as appendix one.

2.2 How can providers help to expand and strengthen community-based care and engage effectively with their partners in the neighbourhood care networks?

The main themes from this discussion can be summed up as:

- Asset mapping – as in the previous section, development across the board of an asset-based approach to processes and practice.
- Support is needed for bid writing, shared bidding, and income generation, with a more active role from the council and CCG.
- Need to review tender practice and commissioning options to encourage collaboration and ensure a healthy provider market with a place for small providers.
- Use of IT as an enabler, particularly around a better understanding of needs and resources, and sharing information about what services are available.

- Processes need to be effective enough that customers have seamless care journeys.

Detailed notes are given as appendix two.

2.3 All work should be co-produced with service users, carers and the wider community - what needs to change to make this a reality and which approaches are most likely to work effectively?

The main themes from this discussion can be summed up as:

- A need to ensure that service users, carers and the wider community understand the need for their involvement in a more outcome based approach - particularly at the level of neighbourhood care networks.
- The need to ensure that service users and carers are represented on a much wider range of management and review groups, and supported to make this viable, including training.
- The need to widen community and family involvement in programmes of care and the planning and review of services.
- The planning of an overall model for co-production and engagement.

Detailed notes are given as appendix three.

Appendix One: If all provision has to promote healthy living/self-management, and be holistic, what do providers, and LBL/CCG need to do differently?

Key points from the discussion are given in bold.

- **Providers should collaborate with each other e.g. on training**
- **There needs to be an asset-based care/reablement focus on service user capabilities - care need not necessarily be on going**
- Change the way we speak to the public – we have spent the last 30 years telling people to go to their GP. We now need better public health messages
- Better links needed between voluntary and statutory sector – meetings currently separate
- Need to ensure that with Neighbourhood care networks there is still scope for a Borough based approach - we don't want to do everything 4 times
- **Development of a skilled workforce. Holistic care needs more training, upskilling and information. We need a plan on how this can be done. Invite voluntary sector to deliver training and communicate better about current training. To be holistic we need training, and knowledge about what others do. Opportunities for voluntary organisations to train others in their areas of expertise**
- **The current diagram in circulation on neighbourhood care networks should not have voluntary and statutory services separate – conceptually and visually we need to work towards becoming one team**
- Information sharing works best through personnel networks – having capacity to talk, regular events, telephone list
- We need space to connect
- Lack of Partnership Boards i.e. Learning Disability Partnership Board has gone but not replaced – this brought together statutory, voluntary and public
- Lewisham Advice Forum is a good network
- Improvements needed to the Lewisham Directory. It needs to be more visible, and organisations need to update details. They need reminding to do this but it also needs to be easy to do- in Bromley the Social Prescribing directory is updated centrally
- We need to change the mind set of statutory service – they need to recognise the expertise and scope of voluntary sector
- More joint roles between commissioners
- **We need Self-Management Groups for all conditions. Clear access points are needed so that those who may not have a group in their area can get information about becoming involved**
- More information from providers is needed about what they do and this needs to be culturally specific. All information needs to be more visible- signs and advertising of services needs improving
- **Improve signposting of Healthy Living information- think of other channels – local radio, London Health etc.**
- **Work more closely together- clubs joining up, for example**

- **The Council/CCG needs to provide indirect management support to providers and facilitate collaboration as part of the procurement process**
- **Financial incentives for meeting KPIs based around healthy living, and self-management could be considered**
- Mencap ensures core principles include approaches to healthy living and ensuring residents can exercise informed choice
- Providers can ensure information is in an accessible format
- Advice Lewisham explained that co-location of advice services has been beneficial in referring on for other holistic interventions
- Providers are often improving the customer journey (making referrals easier to other services). For example, Advice Lewisham offers joint bookings: it works well, and could be a model that works for other services
- Led by the Council, the Homecare Provider Forum has been a beneficial space to invite other organisations to share healthy living practices
- **LBL and the CCG should help co-ordinate a quarterly provider forum (cross sector and client-group) where providers can share good practices. The space should be 'safe' to build trust (as opposed to competition) and promote effective working relationships**
- **All staff from LBL, CCG and providers need to have a good shared understanding about the right actions they need to take to be helpful when giving information and advice about other agencies. It is critical to keep resource information updated and this must be managed**
- More joint working is needed among providers
- Issues about the implications of different services for each other are important- for example access to debt advice may have a significant impact on mental health & the budgets involved
- There are already successes in collaborative working despite no LBL/CCG involvement and ways need to be found to 'Tell the Story' more effectively
- Sheltered housing needs to be adaptable and flexible to promote independence and transition – younger people especially! But other services need to be adaptable and flexible as well. Some providers will take an assessment/ care plan at face value and not look at meeting the broader needs of people. This was especially true for young people who were well placed to take advantage of opportunities for independent living
- **Recruitment of good staff into the future is a concern– this is seen as being a real difficulty on rates currently being provided. There is a need to look at how providers can provide London Living Wage and still remain sustainable on the current rates, especially smaller providers**
- Providers and Commissioners need to look at the distribution and sub-contracting for domiciliary care – barrier for smaller providers. The current arrangement within the borough for having 4 lead providers is stifling the smaller providers. Though the "big" four are meant to sub-contract there doesn't seem to be a mechanism by which these are distributed, if at all to smaller providers. The outcome is that some smaller provider's work has significantly reduced and could threaten their sustainability
- **A need for more support for Prevention and early intervention across all groups. A general feeling there was not enough support for prevention and**

early intervention, despite it being a core principle of the Care Act. People felt that it needed to be embraced by all the Health and Care partners, not just social care. Specifically in mental health there are not enough preventative support beds available, which means people's conditions often become worse

- The impact of complex procedures and processes hinders people coping for themselves, for example a PIP Benefit form of 40 pages with no help available to vulnerable people to complete it. There used to be more support available in the Council for this but this has reduced over the last few years
- **LBL/CCG should actively go into communities and invest in communities in need. Needs to include an investment in community meetings**
- What are we doing for healthy living in teenagers – tend to be overlooked
- **For Healthy Living encourage participation in community events, sport and arts activities, with funding to support it. Could be many things - swimming, tea dances etc. Help people to try new things but also sustain the things they have always enjoyed. Important to reducing isolation**
- Assist vulnerable people to navigate the care system
- Enable people to understand what low level support might be available – people are often reluctant to seek help, so care needed in reaching them

Appendix Two: How can providers help to expand and strengthen community- based care and engage effectively with their partners in the neighbourhood care networks?

Key points from the discussion are given in bold.

- **By asset mapping (join the Neighbourhood network)**
- By working together where possible
- **Sharing assets (eg Diamond Club). Those who get council funding should be expected to do this**
- Assist vulnerable people to navigate the care system
- **Advertise amongst the four neighbourhoods - tailor to needs of each ward**
- **Have a Providers' fair (every quarter) attended by the CCG**
- Community care base – use opportunity of gathering for more than one activity
- Give information to community more widely– GP practice board, library. Make use of social media but remember not everyone has access or is comfortable with this.
- **Commissioners need to pay for spaces for forums – investing in the network**
- Invest in the capacity of voluntary sector. The issue is lack of provision not lack of signposting i.e. befriending service waiting list closed
- **Joint funding bids and more support to submit joint bids**
- Support to access external grants. Bid writing, but some need support to get to level where group workshop is helpful ie where English is not the first language
- **Providers should operate as part of neighbourhood network. Refer to voluntary organisations/charities/befrienders. Service users need companionship as much as care. Recognition to carers for this (Financial?)**

- **Well-being Hubs (nurses, social services, community services) – make assessments holistic including employment – outreach to people who are unable to travel/go out**
- **Lack of physical space – tailor services and have presence in 'natural' neighbourhoods not just geographical. Be as 'local' as possible (GP practices – catchment areas)**
- Partnership between council, CCG and voluntary sector to generate income.
- Encourage skills swopping
- Sharing knowledge of data analysis and outcomes
- **Different ways to build capacity, a joint approach and support for people providing services e.g. how do you address burn out; volunteer management; support for capacity building; structure to support a joint approach – more than just advice; time to implement ideas; mentoring; skill audit and sharing**
- More support and access to central/borough wide services within the community eg physio.
- **Channel shift doesn't mean people no longer want to see someone face to face. People want to have the option to choose how they engage with support not be told they have to do everything online. The example was shopping where some people will use Amazon for books but still go to Tesco for veg!**
- **LA and CCG need to review tendering, which is a barrier to working collaboratively. This was seen as the major stumbling block to providers working collaboratively. The competitive tendering process makes it very difficult when all the providers are looking to take part of the market for themselves. There is nothing in the tendering process, which promotes or encourages providers to work together. There needs to be something in the framework supported by the health partners to make this happen**
- **Don't be insular - collaborate, but protocol needed to help manage relationship to develop trust**
- **Social Prescribing Review is about to begin in the borough and findings of this will be relevant. At present it is a patchwork, which is not very well co-ordinated and there are gaps. Funding and sustainability issues**
- **Use IT as an enabler – overcoming some of the barriers of information governance and information sharing (personal data) where necessary and proportionate eg if GP has ability to email resident if they can signpost information and agencies awareness of packages of care with more 'digital sharing'. Also improved consent processes**
- **Get consent from customers to ensure that they have a seamless 'journey'- they may want information to be shared to avoid duplication and telling the same story. Key area for LBL/CCG to work on**
- **Have multi-disciplinary team (MDT) meetings within GP surgeries (Pilot NE) whereby dom. care agencies attend even if the client is not on their caseload currently. Especially for clients who have come in and out of services in the past**
- **Liaison nurses in hospital (LD model) co-ordinate across acute and community services on behalf of the individual – this should be expanded to other client groups**

- Commissioning needs to recognize smaller local providers in local neighbourhoods - smaller providers don't feel they have a voice or presence in the neighbourhoods. The fact that they may be supporting self-funders is unknown and not acknowledged, so they do not get the opportunity to develop
- **Roll out community services eg dementia champions, create ongoing resource in communities to continue – dementia friendly services**
- **Involve providers in local neighbourhood meetings to provide joint working/collaboration between DN/CM/CCG/LBL and providers. Suggested that this could be on a quarterly basis**

Appendix Three: All work should be co-produced with service users, carers and the wider community - what needs to change to make this a reality and which approaches are most likely to work effectively?

Key points from the discussion are given in bold.

- **Engage citizens before the time they need services) about their views around social and healthcare i.e. more community awareness and strategic thinking by citizens**
- **Statutory services need to distinguish engagement and co-production**
- **Circles of support need to be more 'joined up'. Invite residents/patients into forums**
- **Some service users can feel concerned about impact on their own care if they engage or indeed achieve targets that may mean reduction in service can feel as if you are being penalised**
- **Some service users have had to cope with different changes in the system ('broken promises') and may be reluctant to engage. Advocates/family may support change here. Engaging with individuals and not only groups needs to be considered. Tailor communication mechanisms as required to encourage those reluctant to engage**
- Communicate to providers – co-production to be included in service specifications
- **Have service users on the forums that are making decisions, and put service users into positions of power. Consider service users being involved in management interviews; client/patient representation at staff meetings; etc**
- Support the service users to be involved e.g easy read information
- Give people information on how to get involved
- Needs to be an overarching dialogue with the community
- Learning disabilities – people's parliament example of good practice
- Healthwatch linking with others to include their service user groups' recommendations and ideas in Healthwatch reports to ensure a response is given
- Use innovative ideas to engage: ride the buses, involve resident's and housing association bodies, go to the pub – can be used for advertising; estate walks. Be as visible as possible

- **Value what service users say – implement their ideas. Respond to what the community says**
- GP/Community connections need to be used to signpost to involvement opportunities
- Care needed over cultural difference and assumptions
- Avoid professional jargon
- Clarify where peer support groups fit within engagement
- Male sure that we don't make promises we can't keep
- **If we involve service users and their carers more fully in assessment and person centred care they will be much more readily involved in co-production**
- **All contributors need to see the effect of their of input, so for example do joint reviews by social workers/carers etc and providers. Give care workers more trust and confidence**
- **Providers to develop care packages with service user/carer themselves unless there are major risk issues**
- **Focus on making service users and families less risk averse. Discuss what are the benefits of taking a moderate level of risk eg going out, people doing things for themselves**
- **Research other models of co-production that are operating in other places and find out what structures and approaches work best**
- **Use a 'walk in my shoes' approach. Use 'role play' to understand difficulties. 'Human story' to remind us that this is about the person and not just 'needs'. This would also be an important element of staff training, and the design of services**
- **Involve family and wider community more- examples were given of how thought had not been given to the role of the wider family or friends, producing an inaccurate assessment. The same was said of the failure sometimes to understand community support- it all relates back to having a proper asset based approach**
- Consider devolving budgets to client/patient representatives
- Having more clients/service users involved in delivery of services/volunteering to help themselves and others and encourage independence.
- Training for clients and service users would be needed to help them better represent themselves