Open Agenda

Healthy Communities Scrutiny Sub-Committee

Tuesday 7 July 2015
7.00 pm
Ground Floor Meeting Room G01B - 160 Tooley Street, London SE1 2QH

Supplemental Agenda

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Contact

Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

Date: 3 July 2015

Agenda Item 6

Healthy Communities Scrutiny Sub-Committee July 2015

This brief will highlight some key issues/findings in relation to personalisation from a focus group carried out with carers, and in addition, from discussions that have taken place at our public forum events around social care support.

1. Personalisation: Carer's Focus Group

What is Southwark Carers?

Southwark Carer's provides support, information and advice to carers across Southwark. They undertake the majority of carer assessments in the borough; these are used to create **support plans** for carers, which can include a **personal budget** towards a holiday or break, **flexi respite hours** to allow the carer up to 30 hours per year away from their care role. Other services include advocacy, benefits maximisation, housing support, therapies, counselling, peer support groups and mentoring.

What is Healthwatch Southwark?

Healthwatch Southwark is the independent consumer champion for patients and public. We advocate and support local people to get involved in their local health and care services. A key part of our role is the different ways we engage with groups and individuals, and how we use this to influence those responsible to improve services. One key activity is our community focus group (FG) programme - we hold focus groups every quarter focusing on a particularly topic. We have previously presented our FG findings to this committee from the Latin American Women's Rights Services (LAWRS) and the Southwark Deaf Forum.

In late January 2015, we worked with Southwark Carers to bring together a small group of mainly adult carers to share their experiences – particularly the process of a carer's assessment, and to lesser extent their view of the cared-for-person's assessment for a personal budget.

Key findings

Carer's assessment

The whole pathway experience (initial awareness, process, and outcome) of the carer to obtain a carer assessment highlighted a number of key issues, particularly in the context of how 'personalised' services are:

- **Lack of awareness and information surrounding a carer's assessment:** Many said it took years for them to be made aware of a carer's assessment. For some people, this also meant that the role they were currently doing could be part of the personal budget for the cared-for person.
- **The process itself is not clear:** We heard that the application process could be very long, confusing, and the eligibility criteria is not clear. Carers said they would have liked some help in completing the forms.
- **Continuity and relationship building with local authority officers:** Carers would speak to a ***'different person each time'*** and sometimes did not even know who to contact or where to go.

Outcome of carer's assessment – respite care

Some carers assessments, related to a 'pot of respite care hours' ('flexi-respite') they could use, and/or a personal budget towards a break or holiday.

When accessing their respite care, many carers stated that it was mainly used to ease their caring duties, and not on their own health and wellbeing, which is the intended use of respite care. They were uncertain on how they could use or access their respite care with many stating they usually ***'saved them for emergencies'*** or used to carry out household chores or ***'carer's admin'***. In other situations, upon receiving receipt of respire care, the process dictated that they had to use to use the respite within a short and set time period that wasn't always possible.

Where home carers were brought in to relieve carers, some highlighted this itself was an ***'additional stress'***, as it would be a ***'stranger'*** coming in and with no preparation time for the home care, and they were not familiar with the individual or his/her needs and preferences. In some cases, this left the cared-for-person distressed, especially those with cognitive issues, and it also created anxiety for carers when they were away.

An example of this: One hour of respite was not enough because this was taken up by ***'carer's duties'*** - queuing up at the pharmacy to get medication, food shopping, household chores. This was not the intended use of respite care. On occasions where more hours were provided, travel time was not always considered.

Other issues

- **Health of carers themselves:** Carers felt that were barriers that prevented them looking after their own health and wellbeing needs, feeling that this is ***'easier said than done'***. Examples of barriers - lack of information such as knowing about annual health checks, feeling that only they knew how to appropriately care for the individual.
- **Emergency care:** Some carers understood the need to plan for emergency care, but sometimes these were not carried out by the local authority even after advance notice. Other times, it was not always possible to conform to council processes and timelines to put emergency plans in place, even if they knew about the process which some did not.
- **Hospital discharge:** Sometimes a positive trigger for social care to be involved. Some had positive experiences of the carers/cared-for-person assessment and the care package put in place. Others had negative experiences with little communication between different departments resulting in a repetitive, emotional and stressful time.
- **Information on services available:** Around the health and wellbeing of carers and suggestion that social workers and GPs signpost more.
- **Peer support for carers**: And consideration of how care can be arranged for the cared-for-person.
- **Joint respite care breaks for both carers and cared-for-person**: To avoid the anxiety and guilt carers sometimes felt when they were away from the cared-for-person.
- **Understanding of what it means to be a carer:** It requires time and management skills and there is ***'carer's administration'***. This should be considered by services and staff when arranging appointments (e.g. not keeping to time or moving times around) but also in relation to respite care as some carers used the respite care for these reasons.
- **Training for carers:** To be provided on their own health, social care process, legal entitlement etc. to empower them and understand their role.

In summary…

The above issues seem to indicate there is still a long way to go in order to really develop and embed personalised services for carers. This involves a lot of understanding of the role of carers and the daily challenges they face, which others (services, professionals) may not always realise. In the context of a personalised climate, these are some of the key shortcomings raised:

- **Information should be accessible form a variety of sources**. Carer's sighted the GP as a source, but other external bodies should provide information and support. Over the years, we have heard of the growing need of some sort of directory of support services that is accessible to both GPs, professionals and to the public, instead of reliance on professionals 'historical know-how of services available'.
- **Clearer information on the assessment process and accessing respite care and emergency care.** This should be more easily/readily available. This is the foundation of knowledge that all professionals should have, and able to provide this at each encounter with carers (if appropriate).
- **More transparency around the eligibility criteria**. Carer's filling in the forms may not know what the 'assessor' is looking for or how to accurately reflect their needs [*note: this is a different criteria from the FACs and incoming national criteria].*
- **The impact of and how respite care is used means something different** to the Local Authority and to carer. Many attendees used this to carry out caring-related duties.
- **Exploration on how respite care can be provided/administered in a more flexible** way to meet carers' needs. This also includes the process of respite care which can be process-driven.
- **Where home carers are used in respite care, how can we make this personalised** to address carer's concerns, as highlighted above.

Going forward

- Fuller analysis of our questionnaire and focus group findings, to feed into our social are priority: looking at assessment process and what happens to those not eligible, and our sharing of our findings through relevant representative boards.
- HWS to organise a complementary session focused on children and parent carers social care
- Continue discussions about social care support through our public events (see below).

2. Healthwatch Public Forums **(All forum reports can be found here)**

Our public forums are another way in which we engage with Southwark residents and patients. These take place every quarter. Attendees are Southwark residents, plus representation from the voluntary and community sector, commissioners and providers (who we often invite to speak and hold stalls).

19 March: You Said, We Did!

HWS presented findings from focus group and group discussions took place around this, such as awareness of support, initial contact and the assessment process. Key issues included:

- **Information about social care services should be made easier to access.** Awareness and contact with social care services could take a long time. This could have been improved if information was available through GPs, social workers and better communication and interaction amongst hospital and community services. Some found being in a hospital or part of an organisation easier to access social care services.
- **Experiences varied with assessment.** Hospitals with a face to face social worker sped up the process and planning between health and social care, with information being easier to access.

Signposting and referral happened quickly and they felt more supported. However, once individuals were back in the community, communication and processes took longer.

- Based on their experiences, attendees ranked information as worse because information was rarely available outside of primary care institutions, and both awareness and communication scored average - because they had to seek the professionals themselves, communication was good within institutions, and communication in carers needed to improve across the system.

10 June: Your Care, Your Services: Issues to Solutions!

The forum looked at real-life case studies across the different stage of the social care pathways. Case studies were unpicked in group discussion, and concerns raised:

- With the increase in independently managing personal budgets, it can increase the **vulnerability and safeguarding of people** who could be at risk of abuse, potentially from neighbours and carers or others.
- **Phone assessments are not always appropriate for older people, including triaging**. It cannot show empathy and it may not allow individuals to articulate their needs. This can include downplaying any needs they have or staff missing opportunities to pick up on. **Face- to- Face communication** is seen as a better way of assessing someone's needs rather than over the phone and allows more 'holistic' assessment based on all types of communication (body language etc.) It is a missed opportunity to really understand people's needs rather what is just said.
- **Information and support** has to be independent, useful, and for people to know where to get it. It is particularly important for **those with personal budgets to access** independent support and information to understand what good looks like. Linking patient experience groups with social work outreach could be one way to **widen signposting and information distribution.**
- **Home care quality is varied** including timings and rotas and visits are not always coordinated with wider activity concerning the person. Care staff may not always have the necessary skills.
- **Clear communication** from staff is essential and information at crucial points in the discharge pathway. Personal care needs also need to be considered. Professionals need to take into account family and carers concerns and allow flexibility. Experiences also showed there can be a sharp drop to timely access to care, compared to being in a hospital setting. Frustration and isolation are also factors that decrease patient experience and care.
- **The role of GP** in spotting potential social care needs and acting as a source of information to help get support for the care
- **Carers needs** to be taken into consideration and met. There should be more than one carer to prevent and maintain the carer's health and wellbeing. Being a next of kin and a carer should be clearly defined to avoid assumptions from care coordinator that 'carer support' is enough.
- Advocates identified as key to bettering experiences around information, coordination, support.

In summary…

In summary, many of the issues above highlight that services and processes are not personalised around service users and carers. In many cases, they have had to actively reach out to get the support and information they need. Even then when services are being received, individuals have limited access or know-how of support to address quality issues. This issue can be amplified when managing your personal budget. There needs to be clear expectations and standards so that personal budget holders or users of services are informed, aware and supported to address quality issues.

For further information, please contact us: info@healthwatchsouthwark.co.uk / 020 7358 7005.

Agenda Item 9

Personalisation

Prepared by:	Jay Stickland	**For:**	Healthy Communities Scrutiny Committee
		Date:	01/07/2015

1. Background

Personalisation is a social policy; the overarching theme is that an individual who requires support to live independently should be able to shape their support to suit their unique circumstances, preferences and needs. The central principle of personalisation is that individuals should have choice, control and flexibility around:

- identifying the support they need to be as healthy, safe, independent and well as possible
- how their support is provided, regardless of the setting.

Under the Care Act 2014 there has been a shift away from simply providing services (considering what services are available, and matching the service to the individual), to meeting individual needs. There are a range of ways in which their needs might be met, for example by providing council arranged support, arranging for a third party to provide support, or by making a direct payment so that the individual can make their own care arrangements. The individual's needs can only be fully understood and met through a personalised assessment and support provision. It is up to the individual or their representative to choose the type of support and the way it is delivered.

Personalisation marks a shift in focus from understanding care needs in terms of what an individual is unable to do, towards a strengths perspective, in which support from the local authority can enable an individual to achieve particular outcomes important to them. The Care Act 2014 has also introduced the concept of "wellbeing" which underpins how an assessment is carried out and recognises the impact that the inability to carry out some daily tasks have on a person's emotional health.

2. Personal budgets: a present day snapshot

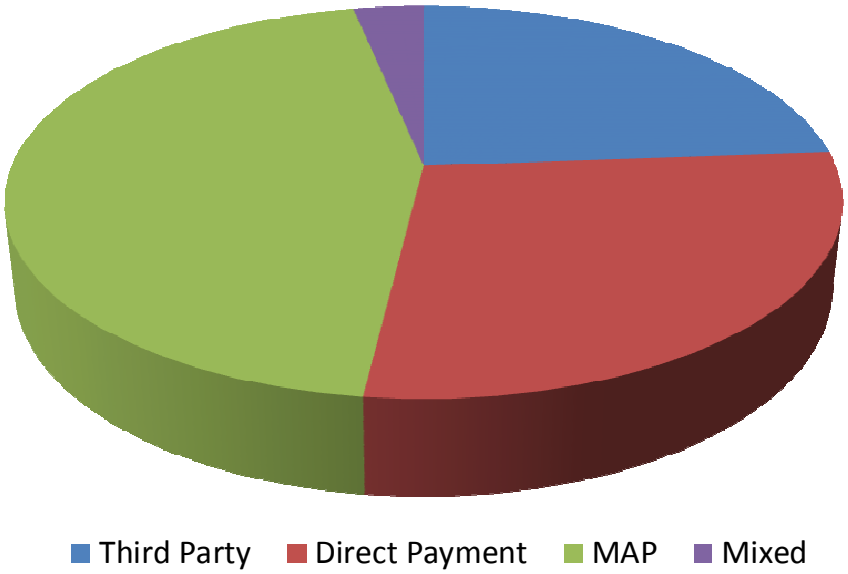
Personal budgets are key to delivering personalised services, and can be administered in several ways. The adult with support needs can opt to–

- receive a direct payment and organise their own support (with or without assistance);
- have a third party manage/administer their personal budget on their behalf;
- have their personal budget managed/administered by a managed account provider (MAP), usually an accommodation provider or service provider;
- receive a mixed package (for example a package made up of direct payments that they manage, and personal budget managed by a MAP or the Council).

At the beginning of July 2015, 836 services users were in receipt of a personal budget. Of this number -

- 45% of personal budgets are MAP administered;
- 28% are direct payments;
- 24% are managed by a third party.

The take up of mixed personal budget packages is relatively small, with only 3% of all personal budgets administered in this way.



	Third Party	Direct Payments	MAP	Mixed
Number	199	235	375	27
Percentage	24%	28%	45%	3%

3. Moving forward

Currently Southwark Council are working with the Clinical Commissioning Group (CCG) on many different projects including the delivery of Community Based Support, Out of Hospital Pathways, the Mental Health Strategy and Local Care Network. Southwark Council have recognised that we need a more joined up approach and integrated pathway between social care and health care. People in Southwark rarely have needs that only address one aspect of health or social support, therefore working in an integrated manner with multi agency leads will achieve a holistic approach and understanding into people's situations.

3.1 Community Based Support

Our vision for integrated care in Southwark is for people to stay healthier at home for longer by doing more to prevent ill health, by supporting people to manage their own heath and well-being and by providing more services in people's homes and in the community. We want people to feel in control of their lives and their care, with the services they receive co-ordinated and planned with them around their individual needs.

3.2 Out of Hospital pathway

Discharges from hospital could be more seamless, with an exchange of information, understanding of responsibilities and clear guidance. This project has begun with a consultation to identify what works and what needs adjusting. The aim is to consult with all parties involved to design an integrated approach addressing the issues of communications, IT systems, processes, workforce skills and working relationships.

3.3 Mental Health

It's increasingly recognised that there is no health without mental health. It is to everyone's benefit, to the benefit of the family and community, to understand the development of good mental health and wellbeing and what it consists of; how it can be promoted and protected; and how mental ill-health can be prevented and avoided. And in circumstances where mental illness cannot be avoided, how best it can be treated and how a person and their family can be supported onto recovery. Southwark Council and the CCG are developing a strategy that will be delivered through focusing resources upon a set of decisive key objectives, taking into account the evidence available from Public Health, consulting with mental health service users, carers, families and the wider community, as well as reviewing the performance of service providers.

3.4 Local Care Network (LCN)

LCNs will support people to live healthier lives and reduce those people exposed to risk factors either by birth or behaviour. For people with a long term condition LCNs will take a rehabilitative/ reablement approach enabling people to manage their own health positively and to prevent deterioration wherever possible. For those people with complex LTC or who are in the last year of life support will be available to enable them to continue to lead as full and active life as possible. The services available will be proactive, accessible and coordinated; with a flexible, holistic approach to ensure every contact counts. This will be primary care delivered to geographically coherent populations, at scale, whilst still encouraging self-reliance.

3.5 Update on E-marketplace

In the autumn of 2014, Aiimi Consultants were asked to write a report to help inform the council's digital by default strategy. Within Children's & Adults' Services Aiimi focused on the schools admission process and an e-marketplace. We have also met with CAS to discuss requirements for developing and promoting an e-marketplace and have agreed to work in partnership to develop online resources for the community. Current priorities are the implementation of the new social care case management system Mosaic, which replaces Carefirst. Children's go live in July, followed by Adults in October. In addition we are currently developing the online local offer to have one front door into the department so that residents can easily access information about services available in the borough. The one front door project will interface with MySouthwark and provide an online resource directory with contributions from our partners, including health and commissioned services. This will form the backbone to develop an e-marketplace that will enable people to purchase services online, either from a personal budget or their own pocket. The local authority software application framework ID RM1059 lists a number of providers who have e-marketplace solutions; we plan to use Aiimi to facilitate workshops with residents, CAS and staff to view the products that are available to purchase through the framework to help us shape a detail specification for procurement in the autumn of 2015.

4. Summary

Personalisation as a concept is strongly valued as ways of working with all individuals and the way people proceed to develop their support is their choice. Adult social care via our front line teams continue to work with local care networks, health professionals

and the CCG in order to deliver personalised support to all people in Southwark that need our support and will continue to improve the person's experience of personalisation.

Healthy Communities Scrutiny Sub-Committee
Workplan 2015/16

7 July 2015

1. **Review 1: Personalisation: Making Southwark Personal**

- What is the Council's vision for personal budgets?
- What are the options for service delivery and how robust is the safeguarding of individuals?
- Are service users satisfied with the way personalisation is being introduced?
- What recommendations would we make to make the journey for end-users easier?

    - Community Action Southwark (CAS)
    - Healthwatch
    - David Quirke – Thornton /Jay Strickland (Strategic Director/ Director adult social care)
    - Richmond Update
    - Cllr Stephanie Cryan – cabinet lead

Care Opinion to be promoted over the summer to gain insight. Findings to be circulated in advance and fed into final report.

2. **Agree workplan**

7 October 2015

1. *Review 1: Sign off Personalisation Review for 20 October OSC (17 November cabinet)*

2. **'Our Healthier South East London': An update from the Clinical Commissioning Group (CCG)**

3. **Review 2: Joint Mental Health Strategy: A joined up approach?**

- Does the mental health strategy set out a convincing enough case for a joined-up approach to mental health in Southwark?
- What more do we need to do to ensure a joined up approach to mental health?
- What further recommendations should we make to the Cabinet Member regarding the strategy after 6 months of it being enacted?

- Andrew Bland (CCG)
- Current contract provider
- Cllr Cryan
- David Quirke-Thornton

17 November 2015

1. **Review 2: Joint Mental Health Strategy: A joined up approach?**

- Does the mental health strategy set out a convincing enough case for a joined-up approach to mental health in Southwark?
- What more do we need to do to ensure a joined up approach to mental health?
- What further recommendations should we make to the Cabinet Member regarding the strategy after 6 months of it being enacted?

  - Centre for Mental Health
  - MIND
  - Other mental health charities/organisations
  - Patient Opinion
  - Guys & St Thomas Hospital Foundation Trust
  - Kings Hospital Foundation Trust
  - South London & Maudsely (SLaM)

** this session would be in a roundtable format

9 December 2015

1. *Review 2 : Sign off Mental Health Strategy Review for 13 January OSC (9 February Cabinet)*
2. Cabinet Member interview: Cllr Stephanie Cryan
3. Cabinet Member interview: Cllr Barrie Hargrove
4. Council Local Accounts
5. **Review 3: Progress report: Health of the Borough Report**

- Written reports from all those who had recommendations to enact
- Discussion amongst Committee

26 January 2016

1. *Review 3: Sign off Progress on Health of the Borough Report for 1 February OSC (9 February Cabinet)*

2. **Review 4: Care in our community**

- How are we delivering on the Care Home Improvement Strategy?
- How are we delivering on the Southwark Ethical Care Charter?
- What is our approach to Home care and reablement?
- What further things should we be doing as a Council to support care in our community?
    - Council officer
    - CQC
    - CCG
    - Lay inspectors

2 March 2016

1. **Review 4: Care in our community**

- How are we delivering on the Care Home Improvement Strategy?
- How are we delivering on the Southwark Ethical Care Charter?
- What is our approach to Home care and reablement?
- What further things should we be doing as a Council to support care in our community?
    - Age UK
    - SLIC
    - Safeguarding independent chair
    - Police
    - Citizen Forum
    - Local community organisations
    - Local care users (could be identified using Care Opinion)

** this session will be conducted as a roundtable

22 March 2015

1. *Review 4: Sign off Care in our Community Review for 4 April OSC (12 April Cabinet)*

2. Annual Safeguarding Report
3. Hospital Quality Accounts
4. Hospital mortality and morbidity statistics.
    - hospital ward staff turnover and levels of ward staffing
    - Scrutinise hospital mortality and morbidity statistics.
    - Scrutinise hospital ward staff turnover and levels of ward staffing
    - Receive and consider Serious Incident Reports, including analysis of root causes.

5. **Review 5: Public Health: Delivering for Southwark Residents**

- How has the Public Health function been integrated into the Council?
- What are the national expectations for public health?
- What were the priorities for the last 12 months and what are the priorities for the coming 12 months?
- How do we measure the success of public health outcomes?
    - Public Health England
    - Council officers
    - Health & Wellbeing Board
    - Clinical Commissioning Group
    - Cabinet Member for Public Health

HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE
MUNICIPAL YEAR 2015-16

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Dated: May 2015