



**Lewisham**  
Clinical Commissioning Group



Lewisham Council and NHS Lewisham CCG

# Market Position Statement

June 2017

## Foreword

This is the first Market Position Statement (MPS) for Lewisham. We have been developing the document carefully with providers and other stakeholders so that it

- is as up to date as possible;
- reflects the strong partnership in Lewisham between the NHS and the local authority;
- sets out as clearly as possible the vision and strategy which will shape work going forward.

A central part of the Lewisham vision is that all services, whoever provides them, will work together closely, especially at neighbourhood level. Collaboration between providers will be key. Imagination and creativity will be vital in putting these ambitious plans into action.

The MPS needs to be an ongoing working document, and regularly updated. It is crucial that anyone reading it, whether an existing provider, a potential new provider, a service user, or a carer, has a clear picture of what we want to achieve and how we are going about it.

To achieve this we will need the involvement of all those groups, and to make sure that their voices are heard. One of our priorities is to set up the processes which can make that happen, building on the positive relationships which already exist in Lewisham.

The MPS should be seen as a clear statement, available to everyone, about our approach to making sure that adult social care and health in Lewisham is the best that it can be, focusing on the development of Neighbourhood Care Networks which bring together a partnership of health and care providers and a network of voluntary and community sector organisations. We aim to better support people to maintain and improve their physical and mental wellbeing, to live independent and fulfilled lives and to access high quality care when needed. As the journey continues we want everyone to use it as the foundation for our detailed thinking and project development.



---

**Aileen Buckton**  
Executive Director - Community  
Services (Adults),  
London Borough of Lewisham



---

**Martin Wilkinson**  
Chief Executive Officer,  
NHS Lewisham Clinical  
Commissioning Group (CCG)

## Table of contents

1	How to navigate this document.....	4
2	Introduction .....	6
2.1	Who is this document for, what does it contain and how has it been developed	6
2.2	National context .....	6
2.3	Local context.....	7
3	Lewisham and the demand for services .....	8
3.1	Current and future population .....	8
3.2	Older people .....	8
3.2.1	Dementia .....	9
3.3	Learning disability .....	10
3.4	Physical and sensory disability .....	10
3.5	Mental health and substance misuse.....	11
3.5.1	Mental health.....	11
3.5.2	Substance misuse .....	12
3.6	Carers .....	12
3.7	Information, advice and advocacy .....	13
3.8	Demand for services – rationale for change .....	14
4	Lewisham and the supply of services .....	15
4.1	Older people .....	15
4.1.1	Dementia .....	16
4.2	Learning disability .....	16
4.3	Physical and sensory disability .....	17
4.4	Mental health and substance misuse.....	17
4.4.1	Substance misuse .....	17
4.5	Carers .....	18
4.6	Information, advice and advocacy .....	18
4.7	Supply of services – rationale for change .....	20
5	Our future vision.....	22
5.1	A whole-system approach to health and care.....	22
5.2	Implications of the vision for current and future providers .....	24
6	Support for providers .....	25
6.1	Commissioning .....	25
6.2	Procurement .....	25
6.3	Monitoring and quality assurance .....	25

6.4	Co-production and engagement for providers .....	25
6.5	Co-production and engagement for service users and patients .....	25
6.6	Collaboration and use of wider funding sources .....	26
6.7	Work to support the voluntary and community sector (VCS) .....	26
6.8	Training and workforce development.....	26
6.9	Financial stability.....	26
6.10	Land costs/premises.....	26
6.11	Support for providers – key commitments and the rationale for change .....	27
7	Resources for social care and their availability into the future.....	29
8	Key opportunities .....	29
9	Contact us.....	30
10	References.....	31
	Glossary of Terms.....	33

## 1 How to navigate this document

To help you navigate through the document this table summarises how content is arranged:

Introduction	<ul style="list-style-type: none"> <li>■ What this document covers</li> <li>■ Who this document is for</li> <li>■ How the document has been developed</li> <li>■ National context</li> <li>■ Local context</li> </ul>
Lewisham and the <b>demand</b> for services	<p>An analysis of current and projected demand including:</p> <ul style="list-style-type: none"> <li>■ Current and future population</li> <li>■ By client group</li> <li>■ Rationale for change – summarises this section</li> </ul>
Lewisham and the <b>supply</b> of services	<p>An analysis of the current supply of services including:</p> <ul style="list-style-type: none"> <li>■ By client group</li> <li>■ Rationale for change – summarises this section</li> </ul>
Our future <b>vision</b>	<p>Sets out the direction of travel for Lewisham:</p> <ul style="list-style-type: none"> <li>■ The health and care partners' vision and current focus</li> <li>■ The implications of the vision for providers and the approach that we will be taking</li> </ul>
<b>Support</b> for providers	<p>An analysis of current support given to providers, and how the Lewisham partners plan to develop this support further</p>
<b>Resources</b> for social care and their availability into the future	<p>Direction of travel and the Lewisham partners' plans around data</p>
<b>Key opportunities</b> – summary	<p>Opportunities in Lewisham for providers</p>
<b>Contact us</b>	<p>Your feedback is the most important factor in influencing the structure, as well as the content, of this document - get in touch via our Contact us section with your comments and suggestions.</p>
<b>Glossary</b>	<p>Glossary of key terms used in the document</p>

The contents page of this statement operates as a list of links to each section. There is a link at the end of each section to take you back to the table of contents, and a link to the Contact us section.

It is important that you understand our strategic priorities and it may be useful for you to know about a range of service areas outside of your own, as there may be key opportunities for your organisation – so we encourage you to look at the whole document.

## **2 Introduction**

### **2.1 Who is this document for, what does it contain and how has it been developed**

This market position statement (MPS) has been developed jointly by Lewisham Council and NHS Lewisham Clinical Commissioning Group (CCG) – referred to in this document as “we”. It covers adult social care and some health services. Its task is to inform current and potential providers, as well as members of the community, about the future direction of social care services and how they will be put in place.

It brings together, in one place, key information from many sources about Lewisham, its population, the type of services that are in place, and the priority areas for change. It also covers the likely level of resources that will be available, and the integrated way in which we will work with providers to commission services that better meet the health and care needs of our population, as well as ensuring that they work as effectively as possible. We are strongly committed to the value of joint integrated commissioning, and will continue to develop this approach in all our work.

This is the first MPS for Lewisham, which has been developed with the help of over 100 providers, service users and community groups. It will be regularly reviewed and updated in the same way i.e. with stakeholders.

### **2.2 National context**

The national context for market position statements is provided by the Care Act 2014, which emphasised the central importance of prevention and an outcome-focussed approach to individual wellbeing. It introduced new duties for local authorities to facilitate and shape a diverse, sustainable and quality market, emphasising that councils have a responsibility for promoting the wellbeing of the whole local population, and not just those whose care and support they currently fund.

Other key considerations that should be taken into account when considering the future of social care and health services include the following:

- The development of personal budgets, direct payments and personal health budgets.
- The right of carers to have assessments for support introduced by the Care Act.
- New national eligibility criteria for social care.
- The eventual implementation of a proposed cap on care costs.

The provision of health and social care is taking place within a national context of extreme financial stringency, and both nationally and locally those challenges will continue over the coming years.

## 2.3 Local context

Across the six south east London local authorities, the NHS faces an affordability gap of £1,015 million over the next five years, with increasing demand and costs rising higher than inflation levels. Priorities must therefore focus on managing this increase in demand by changing the way the services work. Since this will have to be done within the current infrastructure it must be achieved by providing alternative high quality, good value options that focus on achieving outcomes for people.

For the six local authorities in south east London, the overall spend on adult social care is currently just over £576 million. By 2020, local authorities will need to contain cost pressures of £132 million and are planning to make combined budget reductions in their adult social care budgets of £110 million. This means that the six local authorities all need to reshape social care services to lower costs and raise productivity. Each local authority is working to transform services at the local level with health sector partners.

We are strongly committed, within these constraints, to achieve a strong, safe and sustainable range of provision. This means that all providers and potential providers should be prepared to:

- Embrace a holistic and person-centred approach to the delivery of services to people.
- Work in more collaborative ways.
- Be as innovative as possible and support the testing of new models.
- Understand the importance of the Care Act's "asset" based approach in responding to people and their needs.

We know that quality and effectiveness must go hand in hand.

Our quality assurance arrangements will be based on:

- Working closely with providers.
- Taking full account of service user feedback.
- Adopting an outcome-focussed approach to contracts and performance indicators.

Further information about the context of this MPS can be found in these key documents:

- NHS south east London sustainability and transformation plan ([STP](#))
- Lewisham joint strategic needs assessment ([JSNA](#))
- Lewisham [primary care strategy](#)



### 3 Lewisham and the demand for services

#### 3.1 Current and future population

- Lewisham’s population of about 305,945 people is relatively young, with 24% of residents aged under 19 years, and 9% aged 65 or over. For older people this contrasts with England as a whole, where an estimated 18% are over 65.
- Recent years have seen rapid population growth, especially in Lewisham Central, Rushey Green, and New Cross and Evelyn wards.

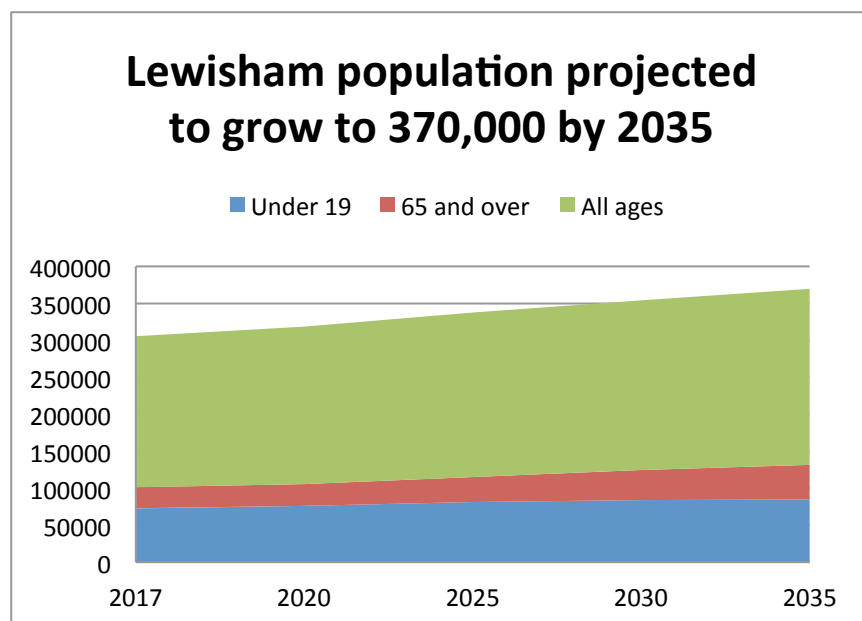


Figure 1: Lewisham Projected Population [source: Lewisham Council and CCG (2015). Lewisham Joint Strategic Needs Assessment]

The overall population is expected to grow by 20,000 residents in the next five years.

- Lewisham is the fifteenth most ethnically diverse local authority in England, and two out of every five residents are from a black and minority ethnic background. The largest black and minority ethnic (BME) groups are Black African and Black Caribbean: Black ethnic groups are estimated to comprise 30% of the total population of Lewisham.
- Lewisham is an area of high health inequality. It is the 31<sup>st</sup> most deprived local authority in England (out of 152) and relative to the rest of the country, deprivation is increasing. The premature mortality rate for Lewisham is significantly higher than that of London. The highest rates are in the more deprived areas, and the highest deprivation is found in Evelyn ward in the north, Downham ward in the south and along the A2 corridor.
- Lewisham has the highest proportion of older people living in private rental housing in London – with implications for services and adaptations.
- Lewisham has a higher proportion of people with serious mental health problems than neighbouring areas.
- Currently 28.9% of residents have a long-term condition and 11.2% have two long-term conditions.

#### 3.2 Older people

There are currently 26,800 Lewisham residents aged 65 and over. This population is more likely to die earlier and live in income deprivation than the England average. More older people live in the south than the north of Lewisham.

An estimated 14% of people of all ages in Lewisham have a disability or long-term condition that affects their day-to-day activities. Hospital admission and readmission rates for older people are higher than the overall rate for England. About a quarter of people aged 65–69 in Lewisham attended accident and emergency (A&E) in the last three years – including almost 70% of those aged 90 or over. Older people are more likely to be admitted to hospital when they attend A&E.

The demand for nursing and residential care homes is high, but a 65% reduction in nursing home placements has been achieved between 2006 and 2014. Half the number of care home places have been purchased compared to ten years ago – the number of residential placements for older people funded by the Council is now closer to (but still higher than) London averages.

However, there has also been a loss of local capacity in nursing and residential placements in recent years has made it difficult to meet the demand of those seeking placements in Lewisham. There has been an increase in the provision of extra-care housing within the last five years, but this has not offset the demand for local residential and nursing care. Further extra-care provision will become available during 2017.

The demand for domiciliary care is also high, and increasing, with particular demand from people for services which are more flexible and outcome-focused.

Lewisham has a lower take up of reablement for people leaving hospital than Southwark, Lambeth and Greenwich, but higher than Bexley and Bromley.

For older and frail people living at home, loneliness and social isolation are major concerns. Suitable transport options to access facilities and live as independently as possible are regarded by service users and carers as a key area of unmet demand.

Lewisham has low numbers of self-funders, but little is known about this group.

### 3.2.1 Dementia

There are currently around 1,330 people diagnosed with dementia in Lewisham. However, it is estimated that there are around 1,800 people over the age of 65 living with dementia in Lewisham. Lewisham has an overall dementia diagnosis rate of 74% (exceeding the national target of 67%). The overall dementia prevalence is estimated to rise slightly over the next few years, with significant rises estimated in BME communities due to an aging BME community. Recorded dementia diagnosis rates in Lewisham care and nursing homes remain low at around 40%, however the prevalence here is estimated at around 80%.

There is a high demand for appropriate care coordination for people living with dementia and their carers at all stages of the disease to enable them to live as independently as possible. There is also high demand on community dementia-specific activities to enable service users to engage in meaningful activity and a developing need for one-to-one support to help people with dementia access these facilities.

Demand on specialist mental health units has reduced significantly over the last ten years. Service users with dementia requiring specialist mental health input are now,

wherever possible, cared for in homes with the support of the Lewisham older adult mental health care home intervention team.

It has been identified that the length of stay in hospital for people with an underlying diagnosis of dementia in Lewisham is on average 12 days longer than patients without an underlying diagnosis of dementia. NHS Lewisham CCG patient admissions, with an underlying diagnosis of dementia, averaged to 40% of occupied bed days across Lewisham and Greenwich NHS Trust in 2015/16.

### **3.3 Learning disability**

The estimated total number of adults with a learning disability aged 18 to 64 in Lewisham is estimated at 1,120, and this is projected to rise to 1,190 in 2020. Estimates for those living at home are 450 currently, projected to rise to 470 in 2020. Currently, 755 people with a learning disability are receiving services funded by Lewisham Council.

Care home placements for people with a learning disability (aged 18–64) have been halved over the past ten years, and this is a higher percentage reduction than London and England averages. However, 123 of 180 placements (68.3%) are out of area, and while some of these are for specialised care, it is a very high proportion.

Most demand is for community-based options and there may be unmet demand for more extra-care and local adult placements, such as Shared Lives, to enable as many people as possible to live independently.

Little is known currently about the self-funder market in learning disability. There is also considerable unmet demand for services for people with moderate learning disability, for whom access to services has reduced substantially because of financial pressures over recent years.

It was reported by a range of stakeholders that there was not enough choice of respite options and not enough access to community activities for those with a learning disability, and few local, specific provisions for those with autism. Only 17% of people with a learning disability receive a direct payment.

### **3.4 Physical and sensory disability**

The number of people aged 18–64 with moderate physical disability in Lewisham is estimated in 2017 as being 14,375, and this is projected to rise to 15,200 in 2020. The equivalent estimated figures for serious disability were respectively 3,970 and 4,300.

There are an estimated 135 people with serious visual impairment in 2017, projected to rise to 140 in 2020.

There are an estimated 6,400 people with moderate or severe hearing impairment in 2017, projected to rise to 6,800 in 2020. There are an estimated 50 people with profound loss of hearing, projected to rise to 55 in 2020.

There is a gap in terms of social activities for people with physical disabilities, and a lack of suitable transport to support access.

There is relatively little specific provision focused on younger adults with physical disability, a lack of options for blind and visually impaired people, and for those with significant hearing loss.

People from ethnic minority groups should be encouraged to make fuller use of services, and the ability of agencies to respond to different languages is important for this.

### **3.5 Mental health and substance misuse**

#### **3.5.1 Mental health**

Prevalence of mental illness is high in Lewisham. A number of factors may contribute to this, including high levels of socio-economic deprivation, housing conditions and the stress of inner-city living. In Lewisham approximately 20% of 16–74 year olds are thought to suffer from mental illness at any one time, totalling over 36,000 people.

In 2017 Lewisham has an estimated 820 people with psychotic illness and 14,800 people with two or more mental health problems. This is projected to rise to respective figures of 850 and 15,300 in 2020. There is particular concern about provision for black and minority ethnic groups in mental health services, who are over-represented in mental health assessments and on in-patient wards.

Figures for reducing the prevalence of serious mental illness are significantly worse for Lewisham than for England as a whole. Although the performance figures for depression suggest better performance compared with London as a whole, concern has been expressed by some providers about possible under-diagnosis of depression.

There are a number of issues about the demand for mental health provision in Lewisham as follows:

- Lewisham uses residential care significantly more than other areas, and this is an area of high cost.
- There is a significant demand for dual-diagnosis services with substance misuse.
- Despite significant investment, providers report that community mental health provision is not sufficient to meet demand, though the voluntary sector service commissioned to deal with people falling between primary and secondary care is working effectively.
- There is a lot of pressure on the available South London and Maudsley Foundation Trust (SLaM) beds.
- A lack of holistic care, including housing and welfare provision makes relapse more likely.
- The voluntary and community sector (VCS) provides a great deal of relevant support.
- Some providers perceive that, despite significant efforts, the overall mental health system in Lewisham needs to reflect the recovery approach (an approach which emphasises and supports a person's potential for recovery) more fully.

- There needs to be further development of community-based services to reduce the reliance on expensive in-patient beds.

### 3.5.2 Substance misuse

The demand for substance misuse services is high in Lewisham, with estimates of 12,200 people with alcohol dependence in 2017 rising to a projected number of 12,700 in 2020. People dependent on drugs are estimated at 6,950 in 2017, rising to a projected 7,200 in 2020.

Lewisham has a higher (and increasing) proportion of people starting drug treatment on a self-referral basis, at 57% of treatment starts. This is 15% higher than the England average, and compares with 42% for Southwark.

Lewisham has a higher proportion of people in drug treatment with housing issues (homeless or have a housing problem), compared with the England average. The rate of alcohol-related hospital admissions in Lewisham is 146.1 per 100,000 population - higher than the London average of 132.6 but nearer the England average of 141.5.

## 3.6 **Carers**

Unpaid carers look after or provide help and support to family members, friends, neighbours or others because of their physical or mental ill health or disability or age-related disabilities.

The number of carers for all age groups are currently estimated to be at least 24,500 in Lewisham, of which an estimated 5–8% will be in 'bad' or 'very bad' health. The highest numbers of carers are from the wards of Grove Park, Catford South, Downham, Bellingham, Evelyn and Whitefoot.

Young, unpaid carers, under age 16, are estimated to comprise at least 0.2%, of the total Lewisham population, i.e. at least 600 children and young people. Of these an estimated 14% (85) provide more than 50 hours of care per week.

In terms of older people aged 65 and over who provide unpaid care, estimated numbers of these total 3,380, with an estimated 370 aged over 80 providing 50 or more hours of care per week.

Carers Lewisham, the specialist provider, funded in part by Lewisham Council and the NHS Lewisham Clinical Commissioning Group, worked with and supported 4,671 carers across the borough from a register of 6,273 carers in 2015–16.

Carers Lewisham reach a wide spectrum of people within Lewisham, broadly reflective of the diverse local community. The largest group supported were those adults caring for people with physical disability (15%), learning disability (14%), mental health (14%) and dementia (12%). The number of carers identified for people with alcohol, drugs and substance misuse issues is low, at less than one per cent, possibly reflecting the availability of a friends and family service delivered by the main substance misuse provider, New Direction in Lewisham High Street.

Within the adult service, Carers Lewisham provided over 400 individual support activities (regular and one-off) such as wellbeing sessions, respite breaks, drop-ins and coffee mornings as well as 1,144 counselling sessions in 2015–16. Carers Lewisham also provided £22,000 in grants (not from us) to carers for emergencies, respite breaks and equipment.

### **3.7 Information, advice and advocacy**

The need for advice is growing year on year as a result of welfare cuts, increased sanctions, rising levels of debt and homelessness and changes to service/benefit eligibility and policy. These needs are set in the context of the Care Act 2014 (which asks local authorities to develop strategies for information and advice, and to report publicly on progress) and a number of interrelated work streams across the Council, including increasing use of technology, proposed extension of the community library model, and the development of neighbourhood care networks.

Understanding the care system and ensuring that residents understand their choices and how to access them can be complex and challenging for many existing or potential service users and their carers. Although greater integration and coordination of services will help, the partners across health and care regard the following two areas as priorities:

- Better publicly available information to increase people's confidence to make choices and take control of the management of their own care.
- Sufficient information and advice, which is personalised to enable individuals to look after themselves more and be willing to self-manage their health and wellbeing.

Information and advice provided via the VCS should be delivered as part of this wider system and sufficiently integrated to avoid confusion and unnecessary duplication.

In advocacy there is a growing demand for services and high levels of referrals to services, with significant waiting lists. Decreases in council funding have meant an increasing emphasis on volunteer and self-help approaches.

Stakeholders report that there is a particular shortage of advocacy for parents with children who have a learning disability and limited advocacy for young people in transition, and that provision is patchy. Particular issues highlighted are for mild to moderate learning difficulties and for signposting provision.

Many contributors spoke of a general and serious shortage of face-to-face advice services including waits for information and advice via the Council and long waits for services like Citizens Advice Lewisham.

People without internet access can struggle with access to information and there is some demand for paper alternatives.

### 3.8 Demand for services – rationale for change

- There has been rapid population growth, particularly in the over-65 age group, and this is likely to continue into the foreseeable future.
- Demand currently outstrips supply for local residential and nursing provision for older people, but there is still considerable scope for the development of services which keep people living independently in their own homes for as long as possible, thereby reducing the need for nursing and residential placements.
- Social isolation and loneliness are a major concern across all care groups. Although Lewisham has a good range of VCS organisations which respond to those needs, better links between services are needed and funding to sustain capacity is important.
- The evidence about carers suggests considerable unmet need, and the current outcome-focussed contract for carers' services indicates the importance of sustaining the numbers of new people in contact with services.
- A profile of self-funders is needed.
- There are likely demand issues around personalised care arising from young people with learning disabilities reaching adulthood – scope for increasing the uptake of direct payments and development of personal assistant capacity, and reducing some day care provision in favour of more personalised options.
- The use of residential care in mental health is significantly higher than other areas, which is an area of high cost. Integrated service provision between the VCS, primary care and statutory services would enable more holistic packages of care to be provided at the most appropriate point of need.
- Although there has been considerable investment in crisis and liaison services in mental health provision, there is unmet need for respite care and alternatives to hospital admission. There needs to be further development of community-based services to reduce the reliance on expensive in-patient beds. Integrated service provision between the VCS, primary care and statutory services would enable more holistic packages of care to be provided at the most appropriate point of need.
- The VCS provides a great deal of support in mental health but this could be extended and improved further to help meet demand, including encouraging more coordination, better use of social prescribing (referral to a range of local, non-clinical services, and peer support, often provided by the voluntary and community sector), and adequate funding to develop capacity.
- There is considerable pressure and unmet need for both advocacy and advice.

## 4 Lewisham and the supply of services

### 4.1 Older people

For residential and nursing care there are 672 beds in 18 homes – nine nursing and nine residential as shown in the table below. Two thirds of providers are small and independently-owned with the remaining third owned by national organisations. In terms of beds, 377 (56%) are provided by those national organisations.

Table 1: Lewisham care homes for older people: numbers of beds and homes, by type of care

	Homes – number	Beds – number	% of total beds	Average number of beds per home
Residential	9	190	28%	21
Nursing	9	482	72%	54
<b>Total</b>	<b>18</b>	<b>672</b>	<b>100%</b>	<b>37</b>

[Source: Care Analytics (2016). Lewisham - Care Home market analysis and benchmarking report and information from providers/commissioners]

Provision in this sector has shrunk considerably, with a loss of three nursing homes and three residential homes since 2013. The self-funder market is small compared to other areas in London – providers estimate this being around 20% of their occupancy, and overall the council buys approximately 52% of the market. The shortage of local residential and nursing care provision contributes to placement delay.

Generally quality is seen as reasonable with no recent major Care Quality Commission (CQC) concerns. Local providers have indicated a reasonable position in regard to recruiting and retaining care workers, but the shortage of nursing staff is regarded as a serious problem.

While it may be that the self-funder market is small, there is limited data available on both the local population, and the potential for self-funders to move into residential provision.

The delivery of domiciliary care in Lewisham has recently been reorganised by the commissioning of four lead agencies, each one acting as the lead across a geographical area. The supply of work to other domiciliary care agencies is now very limited, and does not encourage commitment from them to Lewisham.

Recruitment of workers to domiciliary care is challenging, and pressures on time and travelling between clients are significant factors.

The extra-care housing sector has been developed in Lewisham in recent years, and has three schemes, with a further scheme opening in 2017. This sector has not so far had the hoped-for impact on residential care admissions, which will be addressed by working with providers and the market as a whole.



The VCS provides a rich range of support and self-help services to older and vulnerable people in Lewisham. Reductions in funding have had an impact on capacity, and the potential for collaboration and leadership within the sector has not yet been maximised.

#### 4.1.1 Dementia

Lewisham residents have access to the Lewisham Memory Service (providing diagnosis) and residents are referred on to Lewisham MindCare Dementia Support, the post-diagnostic advice and information service.

An enhanced dementia community pathway to improve better access to care-co-ordination will be launched in early 2017–18. A time-limited early supported discharge 24-hour care service will also be implemented to reduce delayed discharges from hospital for people living with dementia.

The Lewisham Dementia Action Alliance is working with a variety of businesses, statutory services and VCS organisations to increase awareness for dementia and make activities and services more dementia-friendly. This will increase the availability of meaningful activity for residents and reduce the reliance on statutory provisions.

There remain gaps in the availability of appropriate housing options for people living with dementia including extra-care facilities and in particular access to elderly mentally impaired care and nursing home beds in the borough for service users with higher and more challenging care needs.

## 4.2 **Learning disability**

Lewisham Council makes less use of residential provision than it used to. Placements are often outside of Lewisham and provided on a spot-purchase basis by a range of agencies.

Of the community-based options, Lewisham has reduced its reliance on day care, most of which is now provided by a range of community providers working together. Approximately 200 people have day-care placements, almost all within Lewisham. 130 people receive help with supported living, and again this is largely provided locally. There are 11 adult placements within the Shared Lives scheme. Ten of these are in Lewisham and there are current plans to extend the scheme. At present just three people with a learning disability live in extra-care housing.

There is a shortage of local availability of post-16 educational options, which means that a number of people have to go to colleges outside Lewisham.

Development of direct payments, encouragement of pooled budgets among people to more effectively commission their own services and a development in the personal assistant market are the main supply issues in learning disability.

The supply of local community-based activities and support is very important to people with learning disability and the work of Community Connections is key to this. The potential for coordination, encouragement for volunteering and a clear, strong role for community work within the neighbourhood care networks is yet to be fully realised.

### **4.3 Physical and sensory disability**

The quality of schemes and initiatives from the VCS in combating loneliness and enabling people to take part in activities is a key strength in Lewisham.

There is a lack of personal assistants locally. It is also important to help people with a physical disability to live life as independently as possible in the community by providing:

- better transport
- co-location of services
- better physical access to buildings and around the streets.

Lewisham is a member of the London Community Equipment Consortium set up to achieve effective joint purchasing some years ago. Lewisham spends £1.4 million on this contract and will remain within the Consortium and continue to seek savings through it. Generally high standards of performance and satisfaction have been reported, although some people have raised concerns about the delivery of adaptations, how to tackle poor workmanship and/or over-pricing – there is no trusted trader scheme for example.

### **4.4 Mental health and substance misuse**

The main provider of secondary care services in Lewisham is the South London and Maudsley NHS Foundation Trust (SLaM) which also provides services in Croydon, Lambeth and Southwark. Contrary to the perception of some, there has been an increase in mental health investment in recent years, and much of this has been into services provided by SLaM, rather than into more community-based services. Though sufficient in-patient beds have been commissioned to meet the needs of the local population, it is fair to say that both locally and nationally the demand for beds is increasing.

There is a need overall to reduce the level of expenditure on in-patient services to support investment in alternatives to hospital admission, and to increase support for people with mental health problems in primary care and community-based services.

The service provided by Lewisham and Bromley MIND in supporting those between primary and secondary care is working well, though it will be important to ensure that the service has sufficient capacity to meet demand.

There are some very good community-based VCS projects which contribute to rehabilitation and the reduction of social isolation more generally, but especially so in mental health. However, they operate in a relatively fragmented way. Further consideration should be undertaken on how these services can be incorporated into the borough's plans for developing community-based care.

#### **4.4.1 Substance misuse**

CGL, a national provider, is contracted to deliver substance-misuse treatment services at tier two and three for those with the highest need. The service (New Direction) delivers a range of psychosocial interventions and substitute prescribing, including:

- needle exchange
- complementary therapies
- inpatient referrals
- substitute prescribing interventions
- peer mentors
- blood borne virus (BBV) testing
- vaccinations.

CGL also provides a friends and families' service which is available for carers. New Directions operates in partnership with a "GP shared care" service delivered by Blenheim CDP. This service supports those with lower-level needs to access support via specialist GP practices across the borough as well as coordinating community support for those who have completed their treatment journey.

Access to residential detoxification and rehabilitation services (tier four treatment) is via a panel coordinated by Lewisham Council in partnership with the local treatment providers.

The quality of service delivery is good with a high level of impact on substance misuse problems.

#### **4.5 Carers**

Carers Lewisham has been the main agency providing services to carers in Lewisham, and we have funded the organisation for over five years. Current funding contributes to the core costs of the organisation, which provides information advice and support and operates from its main base in Forest Hill (but increasingly through other neighbourhood bases).

The contract is outcome-focussed including a responsibility to broaden reach by achieving a target of 500 new contacts per year.

The largest group of people served by Carers Lewisham has been adult carers for people with learning disability. By comparison, the other relatively smaller groups (carers of people with dementia and older frailty) suggest a significant number of people not currently in touch with services.

Other organisations, including the Stroke Association, SLAM and New Direction also work with carers. The range of VCS groups (mainly grant aided) that address issues of social isolation are also important for carers, but carers report that opportunities for respite from caring responsibilities are limited.

#### **4.6 Information, advice and advocacy**

Lewisham Council has recently undertaken a fundamental review of all aspects of the current grant-funded provision. There is much good work going on across the borough and the quality of services is high, though there are capacity issues for all the advice services. The importance of information and advice in developing a preventative approach in social care makes the following priorities for change important:

- The ability to pre-book appointments for information and advice will be introduced to reduce lengthy queues with some sessions remaining open for those without appointments.
- Neighbourhood hubs should offer informal sessions focused on self-help, digital support and form filling.
- Providers must have robust quality assurance systems in place and their staff have a range of appropriate skills. This provides a firm foundation for services to work well together and deliver services to high standards but ongoing training is vital for advisers to keep up with changes to policy and entitlement both locally and nationally. Training should be delivered across the providers and council officers should be involved in the delivery of regular updates from a local authority perspective.
- Advice Lewisham, the new advice-finder tool, provides a good starting point for simplifying online support for service users by:
  - addressing the information needs of potential service users
  - enabling them to resolve some basic advice needs without the need to contact advice centres
  - directing them, where required, towards the specialist advice they need.

More work is required to encourage people to seek help for themselves in the first instance. This may be assisted self-help initially but should be clearly designed to promote future independent use of the facilities.

In order to address these issues a single telephone-based service for initial advice and triage has been established across all advice providers as a starting point for delivering a more comprehensive and consistent service in partnership across the borough. This is supplemented by limited drop-in sessions at key locations and peripatetic services at further community locations.

All services will be provided under the banner of Advice Lewisham to allow the sharing of resources and the effective allocation of specialisms. These arrangements have only just begun and will require ongoing review to ensure their effectiveness.

Advocacy is provided by a number of organisations including Lewisham Voiceability. This service has a strong self-advocacy group, but there is less capacity for one-to-one work following reductions in funding, and this type of service is primarily provided by volunteers. There are waiting lists, and complex cases present particular pressure points. We will consider how, within available resources, advocacy might be best developed in the future.

Online information provision has improved with the redesign of the health and social care pages of the Lewisham Council website, but the standard of design and content is yet to match that of more accessible council websites. There is a project to refresh the information and guidance available, which will be designed as the first stage of triage through the “front door”. An online wellbeing assessment has been designed to improve the triage of cases and to provide an opportunity to personalise advice, signposting, and activities, and promote healthy lifestyles. Underpinning this work will be a digital-inclusion strategy that will enable the transition to self-managed care in the future.

#### 4.7 Supply of services – rationale for change

- We are keen to encourage potential new nursing care providers, though we recognise that there are property market issues, which constitute a major barrier. The Council is keen to work with organisations to seek solutions to this problem.
- We will review current arrangements for accommodation based services for people with a learning disability in an effort to obtain better value and more local placements which support moves towards independence.
- There is a need to find out more about the self-funder market. We will gain a more detailed picture and provide better intelligence, including working with carer service organisations, as well as to help cohesion between the various services involved.
- Extra-care schemes have not so far had the hoped-for impact on residential care admissions; this will be addressed by working with providers and the market as a whole.
- There are plans in place to develop a transitions team who will work with young people from ages 14 to 25 to prepare them for adulthood, which will help to promote awareness of the needs of young people.
- The Council recognises the need to support development of the domiciliary care workforce and will explore how best to do this with providers. They will also explore further ways to develop the availability of personal assistants, as there are currently too few available.
- The shortage of nursing staff is regarded as a serious problem.
- Providers across adult social care and some representative groups report a serious shortage of advocacy provision.
- Providers across adult social care and some representative groups report a serious shortage of advice provision. The planned development of a single point of triage for advice services will help with signposting.
- We need to grow the local market for personal assistants and give support to help people pool their funding to achieve better value, economy of scale, and a personalised service.
- We will work with providers to develop more community-based mental health services, and seek to develop primary care support for people with mental health problems. We will also seek to increase access to respite beds and improve alternatives to hospital admission.
- There are some very good community-based VCS projects. However, these operate in a relatively fragmented way and we recognise that more coordination is needed within the sector, as well as better recognition when the planning and delivery of services is being considered.
- Greater use of social prescribing is needed. The neighbourhood care networks will provide a good base for a more integrated approach to this.
- For substance misuse, our priority areas are lack of dual diagnosis provision, and given that separate health providers (SLaM and New Direction) cover mental health and clinical substance misuse work, collaboration needs to be strengthened.
- Thought will also be given to way in which substance misuse services, including work around prevention, will fit with the neighbourhood care networks.

- Further work will need to be done to ensure our online information matches that of more accessible council websites, and the views of service users will be key. We will look at ways to facilitate access to online information (e.g. via libraries and other community venues) and by having downloadable leaflets so people may download them to give to people who are struggling with electronic access.

## 5 Our future vision

### 5.1 A whole-system approach to health and care

Health and care partners (including both NHS Lewisham CCG and the Council as commissioners and health and social care providers) recognise that the current health and social care system in Lewisham is not sustainable. The challenges of meeting an increasing demand for health and care services, as well as the needs of an ageing population living with complex conditions, are being faced within the context of unprecedented financial pressures.

The health and care partners' vision is to deliver a sustainable health and care system that will better support people to:

- maintain and improve their physical and mental wellbeing
- live independent and fulfilled lives
- access high quality care when needed

Their work sits within a wider strategic framework including *Shaping our future* – Lewisham's sustainable community strategy, Lewisham's health and wellbeing strategy and *Our healthier south east London* – the STP for south east London, which seek to deliver better health and care outcomes for all.

In taking forward this work, the health and care partners have consulted people in Lewisham who told them they wanted:

- More face-to-face time with health and care professionals.
- Improved access to mental health services and resources, with better signposting to the full range of services available.
- Improved access to GPs and walk-in centres, especially out-of-office hours.
- Better communications, information and integrated record sharing across service providers and more diverse communication channels about available services.
- Integrated person-centred services with a single-entry point for patient information.
- Staff across the system to have the skills and knowledge to help and support residents to look after their own health and wellbeing, to direct their own care and to choose the support and services they need.
- Better care coordination and improved support for people to navigate the health and care system.
- More health and wellbeing services and support for carers.

Alongside the health and care partners in Lewisham sits Lewisham's well-established voluntary and community sector (VCS). The VCS have a major role in building strong and resilient communities and in supporting residents' health and wellbeing.

Both Lewisham's health and care partners and the VCS are committed to improving the coordination and connections between all those who care for and support people's health and wellbeing. Lewisham is strengthening and developing connections both across local health and care partners, as envisaged within *Our healthier south east*

London, and building stronger links with and across the VCS, through Lewisham’s neighbourhood care networks.



The development of neighbourhood care networks is a key strand of the work taking place to build a viable and sustainable health and care system for Lewisham. These networks (based on the four geographical areas outlined on the map) bring together local care networks (delivered by Lewisham’s health and care partners) and the networks of voluntary and community sector organisations within the same model.

Partners across Lewisham are now focused on strengthening the:

- Local health and care network of professionals delivering care and support.
- Network of voluntary and community sector organisations.
- Relationships between the statutory and voluntary sectors.

Co-location of services to support the effective delivery of coordinated and holistic care will be considered wherever possible, including the use of VCS settings where appropriate. For example, a GP should be able to easily refer someone to financial advice.

We would like to see a growth in social prescribing in Lewisham and the area is rich in local schemes which support activities across the care needs. The local Community Connections scheme has been making very good progress in this relatively low-cost but high-value area of work, but we recognise that secure funding and more coordination are required to develop this work to its potential.



## **5.2 Implications of the vision for current and future providers**

The main implications, which will need to be planned for by providers, can be summarised as follows:

- All provision should promote healthy living and self-care or self-management.
- Provision should deliver holistic and joined-up care.
- Providers should engage with other partners across the neighbourhood care network, including both statutory and third-sector partners.
- Services should help to expand and strengthen community-based care.
- Providers will need to operate to an outcome-focussed approach.
- Collaborating with other services to provide an integrated response to the holistic needs of the individual will empower people to take control of their own care and make informed choices.
- All work including planning, delivery and review should be co-produced with service users, carers and the wider community.

These factors, and the ability to respond to them, will be reflected in tender processes, contracting and monitoring activities.

While the partners' approach has been developed to take into account local priorities and commitments, providers will also need to factor into their business planning the overall strategic approach outlined in Lewisham's sustainability and transformation plan.

## **6 Support for providers**

We are committed to supporting providers to achieve the future vision for Lewisham. The ways in which we support providers are set out below.

### **6.1 Commissioning**

Stakeholders who have contributed to the development of this MPS generally regarded relationships, with us as commissioners, as positive. The commissioners are seen as operating in an integrated way, and the Council has retained commissioner responsibility for the different types of care, so that it is clear who is responsible. Commissioners are regarded as approachable and helpful. Integrated commissioning roles across our two organisations has helped maintain this level of commissioning activity.

### **6.2 Procurement**

Overall, providers contributing to the MPS felt that the partners' approach to procurement was reasonable and fair so far as tendering was concerned. Some felt, though, that there could be a more proportionate approach to processes, particularly when lower-cost contracts were involved, possibly using a banding process.

Given the identified market position on residential and nursing care where block contracts have been ended, analysis shows that this is adversely affecting the spot-purchased prices being paid, as well as the ability to work effectively with a large number of external providers.

### **6.3 Monitoring and quality assurance**

Despite stringent financial pressures, we have managed to retain consistent contract monitoring and feedback on what is generally a six-monthly cycle.

Key performance indicators (KPIs) have been agreed with the four neighbourhood lead home care providers who collectively meet with commissioners on a quarterly basis to discuss contract compliance and quality issues.

### **6.4 Co-production and engagement for providers**

Whilst there are good collaboration and engagement activities with providers in some areas, there is not yet an overarching and transparent structure for engagement with providers, and co-production needs to be strengthened.

### **6.5 Co-production and engagement for service users and patients**

Currently structures for co-production and engagement are clearer in relation to NHS services than those run by the Council, however there is no overall coherent model for engagement yet in place.

## **6.6 Collaboration and use of wider funding sources**

We are keen to encourage providers to collaborate with each other in providing effective and sustainable services. This should include effective use of wider funding sources. A good example has been the work of Advice Lewisham which has provided organisations with experience of joint projects, including Big Lottery funded advice hubs. We will support, and where possible, expand the support to bid for funding more widely.

## **6.7 Work to support the voluntary and community sector (VCS)**

The VCS is crucial to a number of important needs, which range across the different types of need. Three areas were noted in particular:

- combating social isolation
- enabling people to live more healthily
- responding to cultural difference

Use of social prescribing is not yet maximised, and there is a lack of coordination which currently does not help to show its full contribution locally.

VCS organisations have recognised the strong efforts that the Council has made in sustaining a significant grants programme, but annual cuts, including the last 15% across the board reduction have significantly limited capacity and increased reliance on volunteers.

## **6.8 Training and workforce development**

Training is regarded by provider organisations as a key issue, both in attracting and retaining staff. There have been good examples of how we have provided direct training, we recognise that providers would appreciate further training opportunities.

More could be done to promote opportunities given the size of the sector in employment terms, Lewisham's need for jobs, and the significant skills shortages in nursing and domiciliary care.

## **6.9 Financial stability**

We are seen as a prompt and efficient payers. Providers have said that the Council's rates are, overall, considered better than average overall.

## **6.10 Land costs/premises**

It is recognised that very high land and housing costs have been serious barriers to development of residential care provision. We have similar concerns in establishing neighbourhood hub premises.

## 6.11 Support for providers – key commitments and the rationale for change

- We will review our commissioning and purchasing arrangements in the coming year, including making procurement processes more proportionate, and will look at the potential for further streamlining by way of using a wider range of procurement options.
- Specifications will always be outcome-focused, assume an understanding of local conditions and structures and will place a premium on flexibility, capacity for collaborative work and creativity.
- Contract monitoring and feedback may need to change to reflect the introduction of the networks and greater levels of collaborative and outcome-based work.
- We will develop a new model for engagement with providers which will take account of both the network focus of local delivery and the Lewisham-wide need for overview and coordination across the whole area. A priority for the next year will be to develop a robust and cost-effective structure with as much transparency as possible about processes and the overall financial position.
- As a priority we will develop a coherent model for engagement with service users and patients that can operate both at neighbourhood care network level and for the area as a whole.
- We will work with Voluntary Action Lewisham and other leading VCS organisations to plan a more effective way of working. It is recognised that this will require some additional funding.
- VCS organisations will need to fully contribute to the functioning of the neighbourhood care networks, and access to space and other facilities could help greatly.
- The Council's Compact with the VCS is under review and an updated compact will be launched as soon as possible.
- Provision of direct training will be continued. We will seek collaboration with neighbouring areas in providing a wider range of training, and will encourage sharing between provider agencies so that opportunities can be broadened by sharing resources.
- We will promote employment opportunities given the size of the sector, Lewisham's need for jobs, and the significant skills shortages in nursing and domiciliary care. In conjunction with providers and other parts of the Council, an annual programme of activities to promote opportunities will be developed.
- In our procurement activities we partners will use the Social Values Act in procurement to prioritise extra contributions to recruitment and training – including apprenticeships.
- Regarding payment, while we recognise the central importance of value for money they will seek to maintain current terms in the interest of sustainability and quality. However the development of a common approach across south east London, and the potential for collaborative savings and efficiencies by providers, will also be necessary.
- We welcome new providers and, because of loss of local providers in the residential sector in recent years, particularly want to promote that area of growth. We will examine ways in which barriers to this might be tackled.

- We need to ensure that management of their estate maximises the use of space, has effective arrangements in place, and supports the co-ordination and integration of health and care services.
- We face similar concerns in establishing neighbourhood hub premises, and this too makes the search for best use of space, effective estate management and the encouragement of co-location important priorities in the coming year.

## **7 Resources for social care and their availability into the future**

We have had to make very substantial savings over recent years, and have drawn attention to the implications of national financial stringency for an area with high levels of need and health inequality.

Significant reductions in expenditure on residential care have been achieved, together with the development of community-based services.

As access to services has been tightened, there has been an increasing emphasis on VCS services and the use of volunteers, which has enabled services to continue. However, reductions in grant funding are now affecting capacity significantly. While the prospects remain very challenging, our priorities are:

- To ensure that residents receive high quality person-centred and integrated care, which is both accessible and sustainable.
- The development of adult social care and community health services is kept within the context of the neighbourhood care networks.
- The use of grants will be sustained, and increasingly focused on key concerns.

While Lewisham people and their agencies are resilient and realistic about funding, we recognise the need to provide more open information about funding, shortages and the options available. We will provide this.

## **8 Key opportunities**

Despite the major financial pressures, and significant reductions in budget we have continued to show strong commitment to social care and meeting the needs of vulnerable people in an area of great diversity and serious health inequality. We also believe in developing and sustaining a provider market, which includes a mix of large and small agencies, all of whom understand the need for change, the advantages of collaboration and the benefits of flexibility.

Lewisham needs providers who understand the central importance of an outcome-focussed approach, and have the willingness and ability to operate creatively to meet people's outcomes. Hand in hand with this is a recognition that all services will need to operate in a way which enables people and their carers to be consistently engaged in the planning, delivery and review of the services they use.

Working in Lewisham offers the chance to:

- To be part of the development of high quality and effective community-based health and adult social care services, which are well coordinated and work within effective neighbourhood care networks and hubs;
- To work in an area where the local authority and NHS have made strong progress towards integration;
- To help deliver a vision which links a wider community development process to the change programme for social care. In Lewisham social care will be a key element in

a wider social change process, which responds to people’s wish for local, joined up and integrated facilities.

To support providers:

- We know that social care provides substantial local employment and that the future of high quality services depends on development of the social care workforce. Lewisham will increase its support for training and ensure that social care is seen as a key sector in workforce development.
- Providers can take part in the development of processes for engagement and coproduction, building on strong current relationships, but recognising the need for high levels of provider involvement in planning, delivery and review. Lewisham has retained a strong commissioning team, which will provide support and leadership.

Specific business opportunities:

- Lewisham is keen to support development of more local accommodation-based services, and will work with potential providers to address problems over planning and land availability.

## 9 Contact us

This market position statement will be updated on a regular basis, to reflect changes in demand and supply, and to update you on the work that we are doing.

The most up-to-date copy of this document will be available here:

- LBL: <http://www.lewisham.gov.uk/my services/socialcare/our-approach/Pages/Adult-social-care-market-position-statement.aspx>
- CCG: <http://www.lewishamccg.nhs.uk/about-us/how-we-work/Pages/Lewisham%20Market%20Position%20Statement.aspx>

If you have any questions about this market position statement, or would like to contribute to future updates to it, please email us at [marketpositionstatement@lewisham.gov.uk](mailto:marketpositionstatement@lewisham.gov.uk).

## 10 References

Care Analytics (2016). Lewisham - Care Home market analysis and benchmarking report Addendum: Supply and demand analysis

Care Analytics (2016). Lewisham - Care Home market analysis and benchmarking report

Community Connections (2015). Gaps in services in the borough of Lewisham - Summary of findings

Healthwatch England (2015). Safely Home - what happens when people leave hospital and care settings

Institute of Public Care (2016). Market Shaping Review - Market position statement guidance

Institute of Public Care (2016). Market Shaping Review - Market Shaping to support individual purchasing of care

Institute of Public Care (2016). Market Shaping Review - Place based market Shaping-coordinating health and social care

Institute of Public Care (2016). Market Shaping Review- What is market shaping?

Institute of Public Care (2017). Projecting Adult Social Needs and Service Information (PANSI) at [www.pansi.org.uk](http://www.pansi.org.uk)

Institute of Public Care (2017). Projecting Older People Population Information System (POPPI) at [www.poppi.org.uk](http://www.poppi.org.uk)

Lewisham AICP (2015). Self-Care and Self-Management - report to the Prevention and Early Intervention Work-stream

Lewisham CCG (2016). Contracts Register

Lewisham Council (2010). Lewisham Compact Code of Practice- Commissioning Guidelines

Lewisham Council (2013). Frail Older People in Lewisham - Local demography, health and social care use and literature review

Lewisham Council and CCG (2015). Achieving Health for all Lewisham Residents by 2023 - Health and Wellbeing Strategy Refresh 2015/18

Lewisham Council and CCG (2016). Lewisham Council and CCG, Healthier Committees Select Committee - Partnership Commissioning Intentions for Adults 2017-19

Lewisham Council and CCG (2016). Lewisham Devolution Pilot -Strategic Position Statement



Lewisham Council and CCG (2015). Lewisham Joint Strategic Needs Assessment

Lewisham Council and CCG Health and Wellbeing Board (2016). Performance dashboard

NHS Lewisham Clinical Commissioning Group (2016). Primary Care Strategy: Developing GP Services 2016/2021

NHS Our Healthier South East London (2015). Estate Strategic Framework 2016/21

NHS Our Healthier South East London (2015). South East London Sustainability and Transformation Plan (STP) - Communications and Engagement Plan

NHS Our Healthier South East London (2015). Workforce Strategic Framework 2015/16 - 2020/21 - STEP Report

NHS Our Healthier South East London (2016). Performance data and activity report CBC Delivery Group

NHS Our Healthier South East London (2016). South East London Local Digital Roadmap

NHS Our Healthier South East London (2016). South East London: Sustainability and Transformation Plan

NICE Guidelines (2016). Improving how community and hospital-based staff work together to ensure coordinated, person-centred support

NMDS (2017). Skills for Care Dashboard [www.nmds-sc-online.org.uk](http://www.nmds-sc-online.org.uk)

Office for National Statistics (ONS). Census 2011

Public Health England (2015). Lewisham Health Profile 2015

Public Health England (2017) Fingertips webpage Mental Health Quality and Outcomes Framework (QOF)

In addition to these sources, Lewisham Council and NHS Lewisham CCG commissioners provided information about current contracts, monitoring information and data on performance.

Opinions and assessments quoted in the MPS reflect the contributions of stakeholders in three separate ways:

- An online survey – 56 contributors
- Phone interviews and focus groups – 24 contributors
- Two workshops to consider emerging findings – 38 contributors

## Glossary of Terms

Term	Explanation
Asset-based approach	In health and social care assessments, the professional's approach will look 'at a person's life holistically, considering their needs in the context of their skills, ambitions, and priorities'. Where practicable, assessment processes will be co-produced. Providers will provide services that help the person deliver their 'wishes, preferences and aspirations' as set out in their care and support plan. Refer also to the Care Act (2014).
Co-production	Co-production is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered.
Council Compact	The Lewisham Compact is an agreement between the London Borough of Lewisham and local voluntary and community sector (VCS) organisations about how they will work together.
Dilnot cap	Andrew Dilnot headed a Commission on Funding of Care and Support. The Commission reported 4th July 2011. It recommended that £35,000 could be the maximum that individuals would be expected to pay for their care, if they had eligible care needs.
Direct payments	Direct payments are services paid for by the state but arranged by the individual and their family. Local authorities should help people who fund their own services or receive direct payments, to 'micro-commission' care and support services and/or to pool their budgets, and should ensure a supporting infrastructure is available to help with these activities.
Integrated care/integrated person-centred services	Health and social care services are encouraged to adopt a person-centred definition: <i>"I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me."</i>
Integrated commissioning	The administrative and funding arrangements that bring local health and social care bodies together to deliver person-centred, co-ordinated care. <ul style="list-style-type: none"> <li>• See also integrated care/integrated person-centred services</li> </ul>
Outcomes, Outcome-focussed approach/ services	Outcomes are 'the changes, benefits, learning or other effects that take place as a result of the services and activities provided – what is achieved' and personal outcomes 'capture the changes and benefits experienced by people who use the services as a result of the services that have been provided by the care service'. In an outcome-focussed approach, individuals (and people supporting them) identify personal outcomes during the assessment and support planning process which then forms the basis of an outcome-focussed

Term	Explanation
	<p>review. Critically, health and social care system uses data from the reviews, systematically, to inform health and social care performance management, assessment and commissioning.</p> <ul style="list-style-type: none"> <li>• See also person-centred approach/care</li> </ul>
Personal assistants	<p>PA is someone who is (usually) employed directly by a person who needs care and support. They can also be employed by a family member or representative when the person they're supporting doesn't have the physical or mental capacity to be the employer. A PA always works directly with the individual they're supporting, in a person centred way.</p>
Personal budgets	<p>A personal budget is the mechanism that, in conjunction with the care and support plan, or support plan, enables the person, and their advocate if they have one, to exercise greater choice and take control over how their care and support needs are met. Everyone whose needs are met by the local authority, whether those needs are eligible, or if the authority has chosen to meet other needs, must receive a personal budget as part of the care and support plan, or support plan. Refer also to the Care Act (2014)</p>
Personal health budgets	<p>A personal health budget is an amount of money that is spent on meeting the health care and wellbeing needs of children and adults, generally those with a long term illness or disability. At the heart of a personal health budget is a care (and support) plan, developed in partnership between the patient and their health care professionals. The plan sets out the person's health care and wellbeing needs, the health outcomes they want, the amount of money in the budget and how the person will spend it.</p>
Person-centred approach/ person-centred care	<p>Person-centred care moves away from professionals deciding what is best for a patient or service user, and places the person at the centre, as an expert of their own experience. The person, and their family, where appropriate, becomes an equal partner.</p> <ul style="list-style-type: none"> <li>• See also outcome-focussed approach/services</li> </ul>
Social prescribing	<p>Social prescribing is an intervention that moves away from the medical model of recovery and links patients with non-medical support within their community. Social prescribing can be carried out by a primary care practitioner or within a partnership between local clinical commissioning groups, local authorities and community groups.</p>