

# Leicester West Health and Social Care Forum



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## Summary of Forum's first meeting

### 1 Introduction

Improving local provision of health and social care is a key priority for me as a constituency MP. In my national role as the Shadow Minister for Care and Older People, I am also leading Labour's health and care policy review.

I set up the Leicester West Health and Social Care Forum to provide an important opportunity for key local stakeholders to come together and make improvements in Leicester, and also to help shape Labour's national thinking in this crucial area.

I want to fully involve and engage as wider audience as possible in this work, including:

- My constituents – users, carers and their families
- Patient and carer groups
- Local NHS and care staff
- Voluntary and private providers
- The housing sector
- The city council

Over 35 individuals from a wide range of organisations were able to make the first meeting and a list of those in attendance can be found at **Appendix A**. Many others expressed an interest in the forum but were unable to make the date and time of the first meeting.

The meeting was designed to be open and to consider the big picture. It began with a short introduction from each participant, followed by a group discussion on people's perspectives in relation to the health and social care system. Breakout sessions then took place to discuss the key challenges and opportunities facing the health and social care sector.

What follows is a summary of the views expressed by attendees at the meeting.

### 2 Key challenges

The discussion illustrated the many challenges faced by the sector and these can broadly be broken down into three separate themes:

#### (i) **Services are disjointed and cumbersome**

- The system operates in silos
- There is an artificial distinction between health and social care
- Service users too often have to wrestle with different parts of the system, providing duplicate information to the GP, the hospital, the social worker and the housing officer
- Service users can be passed from pillar to post as one part of the system says that a particular aspect of their care is not the responsibility of that department or agency.

- Funding pots are often fragmented and there is a lack of communication as to what is available to providers. This, alongside competitive tendering can lead to mistrust between providers and a break down in collaboration.
- Knowing what's available and who's eligible can also be confusing from a service user's point of view as funding and projects are scattered across various agencies.
- The city/county divide causes problems. For example, it can be very confusing knowing where to go for support if you are a carer in the city for family members in the county or vice versa.
- Providers too often offer similar services to similar communities but in an uncoordinated way and projects are run in isolation when collaboration would maximise their impact.
- Too often the housing sector is not even considered when looking at health and social care issues.
- People often don't know where to turn for information, advice and guidance.

**(ii) There are three converging pressures - demand is increasing, needs are becoming more complex and resources are being cut**

- The aging and increasingly diverse population places new and expanding demands on the system.
- Services are often accessed too late, requiring longer stays in hospital than should be necessary.
- Individuals can lack the responsibility or confidence to take control of their own health.
- The current difficulties of the economic environment, coupled with the significant cuts to welfare and public spending (local authority budgets and funding to the housing and VCO sectors in particular) are exacerbating health inequalities.
- Many providers in the VCO sector will not be able to weather the storm, risking the permanent loss of valuable services and support.
- There is a risk that Direct Payments and Personal Budgets will be associated with cuts as they're brought in at the same time as a shrinking funding.
- Changes under the Health and Social Care Act 2012 are destabilising and have caused a great deal of confusion amongst many providers and service users alike.
- There is not enough social housing. Plus existing social tenants live in ageing stock that's becoming increasingly difficult to maintain to a decent standard. Housing supply has slowed significantly and the private rented sector often offers poor quality housing that negatively impacts on people's health.

**(iii) The system focuses too much on treating individual illnesses and not enough on people, prevention or wider health and wellbeing**

- Too often patient involvement doesn't materialise into anything more than lip service.
- Too often care ends immediately upon discharge from hospital.
- Not enough support or choice is offered to those in receipt of Direct Payments and Personal Budgets.

- There is a significant lack of public awareness around preventable illnesses such as COPD and lung disease.
- Simple things are missed out when services are not designed around the people who use them – e.g. the Housing Options centre, where people often have to wait for long periods of time, does not have access to a public toilet.

### **3 Key opportunities**

A further discussion focused on opportunities within the sector, which can broadly be broken down into two separate themes:

#### **(iv) Joining up services to improve the service user experience and get better value for money**

- Develop multidisciplinary teams who believe in partnership working and holistic care planning.
- Budgets should be better integrated
- There needs to be a “leftward shift” and collaboration between services – from secondary to primary and primary to self care management
- Housing offers an excellent vehicle through which to integrate services.
- The voluntary sector can provide innovation and value for money
- Service users need better access to single points of contact to help navigate their way through the system but this shouldn’t come at the cost of specialist advice. For example, the service offered by the Alzheimer’s society could never be matched by a generic service.
- Information should be shared across statutory services, which would reduce collection and duplication.
- People who leave hospital should be given an “aftercare” pack, similar to that provided for new mums.

#### **(v) Focusing on early intervention, prevention and supporting healthy and independent lifestyles**

- The system needs to focus more on preventing illness in the first place – not enough is done to promote healthy lifestyles such as public health campaigns on exercise, food, alcohol or smoking – this may require ring fencing of budgets.
- More needs to be invested in community support groups and social inclusion to tackle health issues. This would promote understanding of conditions, coping mechanisms, self management and confidence
- More needs to be done to tackle health issues during early years and childhood e.g. childhood obesity, which has dramatically increased and is storing up problems for the future.
- We need to develop a better and fuller menu of options and better support for those in receipt of Direct Payments and Personal Budgets.
- More emphasis needs to be put on independently managing existing conditions such as pulmonary rehabilitation in the case of COPD.
- The hospital liaison or historic almoner role, which focuses on patient welfare and after-care, should be reintroduced.



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