



HEALTH AND ADULT SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES of the Health and Adult Social Care Scrutiny Sub-Committee held on Wednesday 4 May 2011 at 7.00 pm at Town Hall, Peckham Road, London SE5 8UB

PRESENT: Councillor Neil Coyle (Chair)
Councillor David Noakes
Councillor Michael Bukola
Councillor Denise Capstick
Councillor Victoria Mills
Councillor Darren Merrill
Councillor Althea Smith (Reserve)

OFFICER SUPPORT: Shelley Burke, Head of Overview & Scrutiny
Shaun Gordon, Scrutiny Team Consultant
Sally Masson, Scrutiny Project Manager
Susanna White, Strategic Director of Health and Community Services
Sarah Feasey, Legal Services
Sarah McClinton, Deputy Director, Adult Social Care

1. APOLOGIES

- 1.1 Apologies for absence were received from Councillor the right reverend Emmanuel Oyewole. Councillor Althea Smith attended as a reserve.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

GPs Drug and Alcohol Training

- 2.1 There was concern that Southwark had very low levels of GPs achieving more than level 2 in their drug and alcohol training. It was reported to the sub-committee that only 8 GPs out of 250 had achieved this level despite assurances that GPs would be required to undertake training as a result of the cuts in services at Marina House.

- 2.2 The sub-committee hoped that the new Health and Adult Social Care Scrutiny Sub-Committee membership would take up this issue in the new municipal year.
- 2.3 The chair felt that a possible avenue of enquiry would be to contact the police authority to find out if there were any decreases in drug and alcohol problems in areas where there was better access to treatment services for drug and alcohol problems but also for those presenting with mental health issues.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

- 3.1 There were none.

4. MINUTES

RESOLVED:

That the minutes of the meeting held on 23 March 2011 be agreed as an accurate record with the addition of the following:

Business Planning: At the next meeting the sub-committee would discuss the Southwark's vision for older people's services, how Southwark could be more innovative and flexible when planning and delivering services and the Equalities Impact Assessments.

5. THE CHANGING CONFIGURATION OF OLDER PEOPLE'S SERVICES.

- 5.1 Shaun Gordon gave the sub-committee a general overview of the meeting with Stephen Burke, Chief Executive of Unite For All Ages on 21 April 2011
- 5.2 Stephen Burke was asked to focus on the 'bigger picture', such as the transformation of adult social care services, including personalisation and the current budget shortfall scenarios facing local councils. Further, he was asked to reflect on local services, and share examples of good practice, in London, where possible, of how councils are shaping older people's services. To help him better understand some of the issues scrutiny members are interested in, he was shown copies of the Adult Social Care vision and equality impact assessment agreed by the Council Assembly in February 2011, and two consultation papers relating to day services issued by the Council in February 2011.
- 5.3 Themes and issues emerging from the conversation included:
- 5.4 Bigger picture – what activities is Southwark carrying out to move people out of hospital settings into community settings? Further questions that scrutiny members might consider asking included:
- Where is the money being spent in the Southwark health and social care system, particularly on residential care? How do admission numbers to residential care homes in Southwark compare to other authorities?

- How are placements managed? How are people admitted? How are people discharged?
 - What is the prospect of achieving saving in this area – where percentage savings are larger in cash terms, over budgets for community-based services?
 - How good are Southwark’s adult social care department at commissioning older people’s services? What is being commissioned to help people stay out of hospital?
- 5.5 Bigger picture – how is Southwark transforming support and care arrangements? Further questions might include:
- Are you helping local people to access personal support and care? If you are tightening eligibility (which has not been done for 2011/2012), what support is there for people in the community with lower needs?
 - Has the Southwark Circle model been evaluated? Are there other models which may complement or improve the Southwark Circle model?
 - How does Southwark evaluate the success, or otherwise, of community projects, such as the Southwark Pensioners Centre – is this type of model of community service compatible with reconfigured services.
- 5.6 Bigger picture – how is Southwark engaging with its wider, older people’s communities, beyond those currently accessing services? Further questions might include:
- Is Southwark investing time in listening to local people as well as to 3rd sector organisations in designing new services and ways of delivering services?
 - Is Southwark supporting 3rd sector organisation to reconfigure the way they work in order to meet new demands?
 - What do local people need, and how do you know? Is it support in and around the home, such as house repairs, cleaning, gardens or shopping, or is it in the community, such as social interaction? Who have you asked?
- 5.7 Local issue – are support and care services financially sustainable? Further questions might include:
- Might older people pay fees / charges for some services?
 - Do older people / their carers know about availability of services? Where do people go for advice and information?
 - What range of techniques for disseminating advice and information exist? How do you know they work? Are there other ways? Have you asked how people might want to access this information?
- 5.8 Local issue – a wider Older People’s Strategy, is there one?
- Links in the Older People’s Strategy with Trading Standards, e.g. kite-marking of local traders, Fire and Rescue Services, e.g. home safety, Police Services, e.g. home security, use of Telecare services given the most accidents occur in

the home, Housing issues, i.e. better use of sheltered accommodation premises, as well as asking is your home “warm, safe and dry?”, Leisure Services, for example links to projects such as BTCV Green Gym, Children’s Services, e.g. inter-generational working.

- Is there a continuing role for places, such as day centres, where people can meet, or are there other civic / municipal buildings, such as schools and libraries, or other places, such as cafes or pubs which provide the same sort of arrangements and atmosphere?
- There is an obligation on public services to maximise the income of vulnerable groups, such as older people. How do benefits advice services dovetail with other older people’s services, and are they asking questions such as, “Are people getting the benefits and income they are entitled to?” and, “Do these services embrace befriending?”, which is a good way to help older people with these issues.
- Given that many of Southwark’s day centres are aimed at specific communities, i.e. Somalis or Cypriots, is there any evidence of a tail-off in participation by older people from these individual communities when day centres are closed and alternative arrangements involve meeting places such as pubs or cafes? Are the Council’s proposals the right proposals for this generation of people?
- Aged 50+ services typically have a 40-year spread, being aimed at people aged from 50 to 90+. Perhaps the focus of services / support should be aimed at more vulnerable people, the aged 80+ community?

5.9 Local issue – supporting 3rd sector organisations

- In so far as being able to respond to the delivery of personalised services, how does Southwark support 3rd sector organisations? Is there any advice or guidance on how 3rd sector providers can work together, through partnership arrangements, to meet the needs of older people? An example of good practice shared is Lambeth’s ‘*Survive and Thrive*’.

5.10 Local issue – supporting families and carers

- What advice, guidance and support does Southwark offer to family members and carers?
 - Access to respite breaks and planned time-off?
 - Flexible arrangements and emergency support?
 - Does the Council work with employers, for those carers who are employees?
 - How does the Council support older people who themselves are caring for older people?
- Does Southwark promote generic services, such as Carers Direct, who host a contacts directory, and lots of useful information? Or Crossroads Care?

5.11 Local issue – listening to older people

- How does the Council involve older people in the shaping, design and delivery of older people’s services?
- Of Southwark’s older population, how many older people engage through Southwark Circle, and what engagement opportunities exist for those who wish

- to have a voice, but not through Southwark Circle?
- Are older people supported to develop micro-enterprises for other older people, for example see the NAAPS website (formerly National Association of Adult Placement Schemes), <http://www.naaps.org.uk/>
- Has Southwark explored *Community and Homeshare* initiatives? (See NAAPS website, too).

5.12 Local issue – Planning for later life

- How do Southwark's strategies, policies and services keep local people healthy and active?
- Is Southwark actively supporting people who are getting older? For example, through active retirement projects? Helping older people to stay fit? Better able to manage the onset of dementia? Tackling loneliness and exclusion?
- How might Southwark provide support in the future to people with low or moderate needs, who might otherwise be isolated, and so miss out on some of the benefits of older people's services?

6. SOUTHWARK'S OLDER PEOPLE'S SERVICES VISION.

6.1 Sarah McClinton, Deputy Director of Adult Social Care gave her presentation on Southwark's Vision for the Future of Adult Social Care provision.

6.2 The presentation covered the reasons why Southwark needed to change the way it delivers services:

- Government finance settlement for Southwark means significantly less money available. £33m cash loss 11/12, another £18m the following year.
- No inflation allowance – so loss greater still. 2 year settlement so position in 13/14 could be worse.
- Adult social care represents about a third of Council's total budget - £114m.
- Savings £7.7m 11/12. Growth £1.9m.
- Rising demand and expectation around services:
 - medical advances mean people are living longer with severely disabling conditions
 - prevalence of long-term conditions, such as dementia, is rising
 - we expect a 17% rise in over 85 population over next 10 years.
- All this means we need to radically rethink the service model for Southwark
- New adult social care vision agreed by Cabinet 19th April 2011.

6.3 There are budget reductions across Southwark and this is how the budgets look for 2011-12:

Reductions in local authority budgets for 2011-12

Highest

8–8.9% (capped)

6–8%

4–6%

2–4%

0–2%

Slight rise

Lowest

London

Islington

Hackney

Newham

Southwark

Tower Hamlets

Birr

6.4 Current patterns of services in Southwark are as follows:

- Balance of care in Southwark is heavily weighted towards costly residential care provision, 47% older people spend.
- Evidence from local research on our recent placement activity gives clues about how we can provide better quality at lower cost – eg target better support for carers, use of telecare.
- More people now ‘self-direct’ their support – 11% April 10 to over 30% by April 11. Significant change in last 6 months.
- Some very good services, some cutting edge, some less good and some quite old fashioned
- Fair Access to Care (FACS) currently set at substantial and critical – either we raise criteria to critical and very few people get any service or we prioritise funding for people who meet the current criteria (and will need to manage with less Council support than historically provided) and reduce levels of discretionary areas of spend.

6.5 In the future Southwark will develop:

- Single point of informed contact for people who need help, more self-service.
- Better signposting and use of mainstream community resources.
- Prevention will need to be more targeted – carers, telecare, specific at risk populations – evidence from work done by Nuffield.
- Help to get back on your feet – more short-term home care and day services, including ‘re-ablement’ services.
- Personal budgets for people needing longer-term support (following reablement), offering real choice and control with more people managing their own money.
- Intensive support will be for the most vulnerable only – eg day services increasingly for people with dementia.
- Safeguards in place for those who are most at risk.
- Simpler processes, less assessment, people encouraged and expected to do more themselves
- Skilled, knowledgeable and well trained workforce.

6.6 Peter Hay, ADASS president says:

“The current model is unsustainable....we need a ‘new adult social care offer’ of

investment in prevention, re-ablement and better information and advice, alongside tightened eligibility criteria for formal care services....Increasingly what we have got to recognise is that less state funding means more contributions both in cash and kind from citizens themselves”

Community Care 6 April 2011

7. EQUALITIES IMPACT ASSESSMENTS IN SOUTHWARK.

- 7.1 Officers were not available to attend for this item. Cllr Coyle requested a meeting with officers to discuss outside the meeting. The notes of that meeting were then to be shared with the next committee membership.

8. SOUTHWARK'S DAY CARE SERVICES CONSULTATION.

- 8.1 Councillor Noakes and Members outlined a series of recommendations in response to the day care consultation:
1. That the Sub-Committee recognises the context of national Government cuts and late notification of Southwark funding in 2010, but that future changes to service provision should aim to involve providers and service users at the earliest possible stage. Engagement and consultation should not be less than 3 months where possible, in accordance with national consultation guidance.
 2. That older people using services should have the option of continuing to use existing services, which they are happy with and which continue to be available and financially viable. Where such provision is no longer available service users, particularly older people, should receive sufficient support to make an appropriate transition to an alternative system – including, for example, through a local advocacy and brokerage service run by users.
 3. That the future of council-run services and resources should always be considered in conjunction with the review of voluntary sector services to ensure an integrated review and outcome for all services in Southwark. This is relevant to older people's day care services currently, but is an important principle for services generally.
 4. That Southwark adult social care staff should be “active facilitators and partners” in supporting interested voluntary sector providers to identify sustainable business plans including current and potential providers.
 5. That any new model of services should seek to maintain the valued and recognised benefits of existing day care services and uphold best practice as far as possible and economically feasible.
 6. That assessments of existing older service users to identify potential personal budget users should be carried out face to face and prioritised to ensure that service users are able to exercise genuine choice and independence in regards to how their future needs are supported. This may include providing a support

service to help manage the budget and information on becoming an employer for example.

7. To consider the opportunities of maintaining “open access” services to bring in additional financial resources to support viable business models for voluntary providers and maximise volunteering opportunities. The sub-committee does not approve of limiting the use of personal budgets for example – service users should be able to purchase the support they require from a range of appropriate providers.
8. That work to build and develop the market in personalised services and support and advice structures is crucial in ensuring genuine choice and support for service users and carers as services change. The sub-committee hopes to examine the council’s role as a market stimulator at a future stage.
9. To recognise the importance of a co-ordinated and “joined up” Council response from other departments, such as property, in maximising the opportunities for existing voluntary service providers to be sustainable. The sub-committee also acknowledges the importance of service providers developing their own sustainability and ensuring services are run on a full cost recovery basis for non-council supported users (i.e. people not meeting FACS eligibility criteria).
10. To investigate the value and importance of local authority funding for voluntary sector partners in successfully attracting additional match funding from alternative external funding sources, and consider any role the Council can play to influence or change funding criteria.
11. That the council seek to ring-fence any ‘additional’ revenue received from the Government’s pledge to ensure an extra £2 billion nationally reaches social care services in this Parliament.
12. That Southwark council maximise the benefits of carers week and day and utilises the Carers UK resources and Carers Direct to support the families of people needing care and support.
13. That the council review the age and carers’ strategies, including to reflect changes in national policy and funding, and engages with service users, representative organisations, providers, the sub-committee and other departments and stakeholders to ensure a long-term vision for adult care in Southwark is developed.
14. That the council review the contract with Anchor Care and seeks to renegotiate terms if possible due to funding changes and national policies, including on benefits for care home residents, shifting.

9. THE FUTURE OF DAY CARE SERVICES.

- 9.1 Members discussed the consultation and the ways in which Southwark might do things differently whilst meeting its statutory duties. How might Southwark plan its

policies to ensure the development of new ideas and innovation.

- 9.2 Members expressed concerned that such a long contract had been signed with 'Anchor Care.' This had meant that the borough was now tied into a service provider which may not be the best value for money and whose care services may not be providing the most suitable level of service in step with current thinking. Members wanted to know what lessons could be learned from this to avoid similar mistakes in the future.
- 9.3 Susanna White said that the department had done what it felt was right for Southwark at the time. In hindsight it may not have been the best policy to sign up with an outside provider for such a long period, however, lessons had been learned and she was keen to allay fears that a similar situation would arise again in the future.
- 9.4 Members were informed that there was an adequate strategy in place for adult social care services but implementation of that strategy was difficult because money has been taken away. Care spending processes are complicated. Those in social housing used to get council care, however the current situation is that Southwark has fixed costs for those needing social services. The average care home might cost between £446 - £540 per week per person. This cost might possibly too much. Officers confirmed that Southwark is only half way through its 25 year contract with Anchor Care. It was noted, however, that the benchmarking with other boroughs is competitive. The contracts incorporate good practice and being tied in means there is a secure supply of service.
- 9.5 The issue that currently faces Southwark is how Southwark rises to the challenge of delivering services differently whilst meeting and planning people's needs adequately.
- 9.6 Councillor Noakes said that we need innovation when designing services but we mustn't assume that innovation and good services don't already exist. That the voluntary sector also plays a part in care service provision and the pathways between voluntary sector providers and the council should be explored further. Links between the two should be strengthened, ensuring good value and good quality services across the sectors.
- 9.7 Members felt that Southwark didn't need to be changing its day care drastically but should be more flexible in how it delivers it. Southwark has lots of small centres dotted about the borough that could be utilised more for instance.
- 9.8 Families in extreme isolation should not be forgotten. Services such as the police, care visitors, GP's, neighbours and the fire service should all be keeping a look out for vulnerable people who may need help and grant funding must be looked into to indentify what match funding might be available.
- 9.9 Southwark will be developing a web site with information available about all care services it provides. It will also be developing a service directory and ensuring that there is a central point for information for those who are in need of care and their carers.

10. NEW WAYS OF DELIVERING DAY CARE SERVICES.

- 10.1 The sub-committee heard from Neil Hartley of St Christopher's Hospice, who informed the sub-committee about the services that St Christopher's provides and how they have worked out new ways to operate more diversely.
- 10.2 The service was set up in 1967 and provides care to all communities across the London boroughs of Bromley, Croydon, Lambeth, Lewisham and Southwark. The services are provided in patients own homes or in one of four inpatient wards. Palliative care is delivered by specialists at the centre and the services include, complementary therapies, psychiatric support, welfare advice, occupational therapies and physiotherapy.
- 10.3 Money to deliver the services comes from the NHS partially but the service needs to raise more than 9 million to continue to provide free care for patients and to provide support for their families. Money comes from the local community, businesses, shops and other grants.
- 10.4 The hospice has been looking at ways of managing how they change themselves in order to offer a more cost effective service. Most day care centres are aimed at specific groups, a minority of people in a traditional day care model. St Christopher's looked at the people who were using their service and consulted with them to see how they wanted their service to change.
- 10.5 The findings that came out of that consultation found were that there needed to be a culture change within the service. That referrals were rising and the hospice needed to meet the financial challenges that went with increasing numbers. Service users didn't want to feel hidden away and excluded from society but wanted a more open environment which was accessible to all. The service invested in in-depth training programmes with structured support for volunteers, thereby creating a hub of volunteers of all ages and experiences.
- 10.6 The centre is open between 8am and 9pm. As well as the range of clinics and therapies available there is also a Gym which was proving to be very popular. Everyone who attended the gym gets a personalised plan and there has been a lot of interest especially amongst the 90 year olds.
- 10.7 The hospice provides out patient and day care services and the cafe is open to the public. Sunday lunch is now served there and this is helping to build a sense of community. There is internet access for patients and it is available for visitors too.
- 10.8 There are now between 15 – 200 people coming through the doors including children from primary schools who use the art facilities. Having a good mix of visitors from the community is helping to change and challenge attitudes cross generationally.
- 10.9 The hospice provides activities with other community groups, such as the Harley Davison Bikers Group, local care homes, churches and there have been organised trips to local pubs, where people might not have had the opportunity to visit.

- 10.10 The service found that it needed to be flexible in what it was providing and take into consideration at what times those services were available. They now have a bar which serves alcohol and food and host themed nights such as curry nights and so on. This is not a subsidised service. There is a £3 minimum charge for the three course Sunday lunch, although people are free to pay more if they wish to. However they have trained volunteers to notice if service users don't appear to be able to afford the cost of the meal and they will be encouraged to pay less. Service users are also encouraged to bring family and friends who are also encouraged to use the facilities. This can mean that service users are able to get lifts to the centre with transport being less of an issue.
- 10.11 In answer to Members' questions regarding how they keep costs down, Nigel informed the committee that the use of volunteers had kept costs low and the expected time of volunteer retention is approximately 4 – 5 years. He said that it didn't matter if voluntary staff moved on elsewhere having received comprehensive training from at the service because it was good to ensure that there was movement throughout the service ensuring diversity in the workforce. People are encouraged to move on to develop their skills and widen their experience.
- 10.12 Finding volunteers is fairly easy because the training attracts quite a lot of interest. On average there are four courses per year with around 25 – 40 people on each course. Usually there is a good ethnic mix and more recently, younger people are now showing a lot of interest also.
- 10.13 The main building is frequently used by other groups. Activities can be held elsewhere, off site, such as local pubs and/or libraries. Care funding money from the PCT is crucial, without it, it would be very difficult to provide inpatient services which are the most expensive part of the operation. If that money ceased, they would have to deliver an entirely different type of service.
- 10.14 The sub-committee then heard from Steve McIntosh from Carers UK. Carers UK provides information, advice and support for those who care for an elderly relative, a sick friend or a disabled family member. The organisation facilitates campaigns, research and training programmes.
- 10.15 The organisations tries to ensure that individuals are claiming what they need to claim and that they are able to access support when needed. It also aims to ensure that employers are sensitive to carers needs and do not discriminate against carers because of their extra responsibilities. That employers will give flexible working conditions and appropriate considerations. Steve McIntosh said that there had been at least one case that he knew about where a carer had taken a case of discrimination to the European Courts of Human Rights and had won on the grounds of discrimination by association. The organisation is keen to raise the profile of those who care and to ensure they are adequately protected by law.
- 10.16 People who take on caring responsibilities save the NHS billions of pounds. It was important to note, however, that being a carer can take it's toll on health and finances. People can struggle in isolation and in poverty with little support. Carers UK want to ensure that all people with caring responsibilities are respected, supported and valued for how much they contribute.

- 10.17 As services face cuts in funding the focus has to be more on those who care for loved ones and friends at home. This is not a luxury, it is essential for carers services to be sustainable, that they are looked after appropriately. It is important that carers have access to good support including health services to support their own needs. Carers have different abilities to access services and often their own health is ignored, prioritising those who are being cared for.
- 10.18 Members asked if it would be good practice to involve carers in the commissioning of services. Steve McIntosh said that there was good practice in Stoke where carers and service users were involved in their personalisation packages. Service users were pooling their payments and paying for staff from those funds in the way they needed them. They were using church halls and community rooms rather than service users remaining in their home to receive care.
- 10.19 Members agreed that Carers Assessments can be a 'blunt tool' and often an inefficient way to assess the carers situation. They tend to be a superficial way to assess needs, often missing the wider implications of the situation. There needs to be a better first point of contact or gateway to assess care needs and the Local Authority must be able to provide free advice and information for those seeking help, as well as assisting those who may be unaware of the help that might be available to them. Sometimes it can take a few years before carers can realise that there is help for them, or that they might obtain additional help. Community halls, schools and GP surgeries can be good places to display information.
- 10.20 Steve McIntosh said that personalised agendas held dangers as well as opportunities. Direct payments can give individuals more autonomy and flexibility and allow people more control over what they receive. This care might be more suited to their needs, however, carers can be frightened about having to take ownership of their own care and may need more guidance and support when selecting services that might be right for them.
- 10.21 It was reiterated that more publicity is need to make carers aware of the help that is available. Only 13 percent of those who were eligible for direct payments actually took them up.