

HEALTH AND SOCIAL CARE SCRUTINY COMMISSION

MINUTES of the Health and Social Care Scrutiny Commission held on Thursday 2 February 2023 at 7.00 pm at Ground Floor Meeting Room GO1 ABC - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Suzanne Abachor (Chair)

Councillor Sam Dalton
Councillor Esme Dobson
Councillor Charlie Smith

OTHER MEMBERS PRESENT:

OFFICER PARTNER SUPPORT:

&

Martin Wilkinson, NHS full time chief operating officer for Partnership Southwark
Pauline O'Hare , Director Adult Social Care Carol Yates – Partnership Southwark Project Manager
Sumeeta Dhir – GP, Live Well Mental Health Clinical & Care Professional Lead, CCPL Advisory Group Co-Chair
David Mirfin – Consultant Psychiatrist, Associate Medical Director (SLaM), Live Well Mental Health Clinical & Care Professional Lead
David Stock, CEO Southwark Disablement Association
Julie Timbrell, Project Manager, Scrutiny

1. APOLOGIES

Councillors Maria Linforth-Hall and Naima Ali gave apologies.

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

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

4. MINUTES

The minutes of the meeting held on 15 December 2022 were agreed as an accurate record.

5. CARE CHARGES

The chair introduced the Care Charges item by explaining the intention was to particularly look at the impact on people with Learning & Physical Disabilities and their families.

The background to this item was a meeting between carers and councillors convened by Bede House, and paperwork relating to this event is provided as back ground information

The chair explained that the following will contribute:

- Pauline O'Hare , Director Adult Social Care
- Carers, who have received moral support from Mencap to tell their stories. Alan Burnham will present. He is the brother of a client that has attended Bede House for some years. Mary Kumar has provided a written statement, which was tabled. She is full-time carer for her adult daughter.
- Southwark Disablement Association – David Stock, CEO

Pauline O'Hare, Director Adult Social Care

A presentation on Care Charges, provided in advance, was given.

The chair invited questions and the following points were made:

- Certain disability related expenditure can be considered, examples of this are heating if additional warmth needed, scooter charging, extra laundry costs to cover incontinence etc.
- Southwark Council adopted a Fairer Contributions Policy in 2015, which outlines the way the Council financially assess recipients of social care services. This was amended by cabinet in early 2020.

- Minimum Income Guarantee (MIG) was set prior to the present cost of living crisis and members queried if this is sufficient now.
- The council spends close to £130m on Adult Social Care of which the budgeted income from charging for service is £8.4m. Members asked if the £8.4 million figure can be broken down to look at the proportion that goes to people of working age and pension age. This officer advised that she had not been able to do this in preparation for this meeting and she did not know if it was possible but would look into it.
- Many disabled people are not able to work throughout their adult lives, and therefore do not accrue assets or savings.
- Some older people have been able to acquire assets, although not all. In some cases income is low, despite assets accumulated. Some people have worked in jobs with no or inadequate pensions. Wealth and income among pensioners is very variable.
- In response to a question on why some people are charged and others are not the officer clarified this can be a combination of factors including income, if a placement is educational and if the threshold of care is high enough to be funded under the NHS Continuing Care. Social workers do not undertake the financial assessments, this is done by officers tasked with financial assessments. People can discuss charging with the social worker when being assessed for services, for more detailed information the client affairs finance team will be able to help.
- There has been a recent increase in resident concerns about Care Charges but it is unclear why this may be so since charges track back to 2015 and later changes made in 2020. Individuals can be unexpectedly impacted by charges due to changes in their personal circumstances, for example earned income from a job is disregarded, but a pension is not. A small increase in income over the threshold, say of only £5, can lead to a significant increase in charges. It is also possible that the cost of living is causing hardship as households have insufficient room to make savings.
- The Director of Adult Care said that the current focus of government funding streams are to aid hospital discharge, rather than preventative work. The funding window is also very short. A member referred to recent research from

Nuffield which said that less than half of delayed discharge cases are to do with social care, and asked about the local situation. The Director of Social Care agreed that discharge problems are often wrongly assumed to be a social care issue, whereas many relate to delays within the NHS system. A recent local exercise found only 3-5 out of 33 delayed discharge cases from hospital, related to waiting for a care home placement or double handed care. She added that often the acuity of people on discharge is very high,. People requiring a care home placement now have higher care needs, are transferred to care homes in ambulances and on stretchers and people rarely walk in these days.

- The focus on hospital discharge, diverts resources away from community referrals and across South East London there are over 8000 people waiting for a Community Care assessment.

David Stock CEO, Southwark Disablement Association (SDA)

A verbal presentation was made with reference to an email circulated in advance and the following points made:

The SDA CEO explained that SDA is a user led organisation for deaf people, people with a physical disability, and to a lesser extent some people with mental health and learning disability. SDA also provide home care.

He explained that Care Charges are often perceived as a form of additional tax by disabled people, nevertheless he understood the financial pressures the council were under. He suggested that the council consider raising additional money through the social care precept on council tax.

Just prior to the pandemic there was a lot of consultation on changes to Fairer Contributions Policy, which he reported went to cabinet in 2020. The assessments were done based on the living costs at that time, prior to the cost of living crisis and large rises in energy and food prices, which have hit disabled people particularly hard. He said Southwark already add 25% to the Minimum Income Guarantee and proposed that this was now increased to 50%.

There was recent a Equality Impact Assessment done as part of the budget process and this showed that disabled people were very negatively impacted by the cost of living crisis and he suggested this is examined.

The government had proposed to raise the capital saving limit on pensioners to £100,000, however this has been postponed to 2025 ,

and he asked if it would be possible for Southwark to implement this locally as it would offer some protection to pensioners who are capital rich but income poor.

He reinforced the positive impact of money earned from paid employment being disregarded during the financial assessment but income from employment related pensions being unfairly included.

The chair then invited comments and the following points were made:

- The Director of Social Care was asked about the possibility of raising the Minimum Income Guarantee by 50% and if there had been an impact assessment. She reported that the finance team look at the individual needs and circumstances of each case as part of the financial assessment process.
- Regarding pressure on social care providers, the SDA CEO said that home carers are paid London Living Wage plus transport costs by SDA but employees can still decide they are financially better off working on supermarket checkouts, even if this is less rewarding work, so he said that it is important to look after the staff both financially as well as through good management.

Alan Burnham, a carer for his brother, presented

Alan spoke about his brother, Lesley. He said since the passing of their mother the family rallied around. The sister provides most day to day support. His brother had a personal care package but this has been gradually withdrawn. As part of package he attends Bede House and Surrey Docks Farm, which get him out of home.

His sister is getting older, she is 76, and so travelling from a neighbouring borough and providing regular care is becoming increasingly difficult.

When Lesley received his pension he got a bill in excess of £470 per month, which has to be found from his pension and disability living allowance. The charges went from £0 to £470 per month. The family do not know how to meet these expenses, and are disappointed and frustrated with the situation.

The sister does all the cooking, cleaning and check-ups. He explained that because of his brothers learning disability foods which are easy to prepare are provided, and these have extra costs. The additional costs associated with his care have not been considered.

The chair thanked Alan for his presentation and invited questions. The following points were made:

- Members asked about financial assessment process and Alan said he was unable to speak with officers in the council about this. The family provided lots of information but have not heard back. His sister as the main carer was told she cannot claim back costs related to her expenses as carer, such as transport and providing a special diet.
- Members queried if the expenses, such as diet were Disability Related Expenditure. Director of Adult Social explained that specific dietary requirements are considered as part of offered to look into this and double check the assessment process.
- Members asked if the sister had had a carer assessment, and clarified that here assessment would be done by the borough the person she cared for resided, rather than the borough she resided.

RESOLVED

The commission resolved to write a short report to cabinet with the following recommendations:

- Raise the Minimum Income Guarantee to 50% from 25%, and provide an impact assessment to understand cost to the council and benefit to disabled people and carers.
- Take steps to reduce the adverse impact of care contributions on the incomes of people reaching pension age, both disabled people and their carers. In particular take action to mitigate the steep increases that can be incurred once a) a disabled person reaches pension age and their employment related pension becomes assessed b) carers facing reductions in income as they reach pension age and lose Care Allowances and income from paid work.
- Cabinet revisit the Fairer Contributions Policy Cabinet agreed in 2015, and revised in 2020.

Officers to provide:

- A breakdown of the £8.4 million received through care charges by cohort, including working age and pension age, including a breakdown of the amount of money received in income for each year between 2015 and 2022
- Information and support available to enable disabled people and carers to understand Care Charges and Disability Related Expenditure.

6. MENTAL HEALTH TRANSFORMATION

The chair introduced the item by explaining this will contribute to the scrutiny review on Access to Medical Appointments.

The report and presentation circulated in advance was presented by the following :

- Carol Yates – Partnership Southwark Project Manager
- Sumeeta Dhir – GP, Live Well Mental Health Clinical & Care Professional Lead, CCPL Advisory Group Co-Chair
- David Mirfin – Consultant Psychiatrist, Associate Medical Director (SLaM), Live Well Mental Health Clinical & Care Professional Lead

The chair then invited questions and the following points were made:

- There is linked patient and carer race equality framework to deliver a more equitable service to Black and Minority Ethnic people . The service will know that is delivering improvements when indicators of inequality such as the over representation of disadvantaged communities in forensic services start to reduce, there is more early treatment and more equal outcomes.
- There is engagement work led by Black Thrive , alongside looking at both service delivery and Mental Health Transformation through the race equality lens – this means looking at issues such as addressing cultural barriers , racism and systematic bias.
- There is work with GP Federations / Primary Care Networks. An example is the mental health practitioner in the Lister Service , as GP practice.

- There is an emphasis on supporting people in the community to prevent crisis , and to reduce the need for A & E. There is recently launched mental health crisis team in Lambeth. The problems for people visiting A & E in mental health crisis were acknowledged .
- A sanctuary service has been added to the Wellbeing Hub to meet the needs of people in crisis.
- There is digital option that has opened up access in Primary Care for mental health appointments which has shortened wait times . NHS staff said that that many patients are getting more comfortable with online appointments , however they did acknowledged problems for some people. They said there are not enough resources, or the money that it would take to expand the workforce, in order to deliver all the appointments face to face , or to meet all the demand. There is a reduction in GP's , and resultant lack of capacity, with the NHS direction of travel being to recruit a broader range of roles to deliver Primary Care, such as Physician Associates, and Health and Wellbeing Coaches.
- The Wellbeing Hub is for people with low to moderate mental health needs, and has a physical location and a mobile service working in the north and south of the borough .
- The Wellbeing Hub has been around for a couple of years so has a profile in the community , and there are presently outreach support roles being recruited to enable people to be seen in the community .
- There is communication strategy for the Mental Health Transformation project.
- There will be more work with Partnership Southwark to have an ear to ground.
- Members commented that the pandemic has impacted on older people with increased social isolation and loneliness. They added that there are voluntary services that can combat that this, and suggested that links are made with these generally, and a particular offer was made to link with Southwark Pensioners Centre . The NHS staff agreed that the pandemic has increased social isolation and many cases this has been traumatic with bereavement and loss of social circles, which had been particularly acute for people with conditions such as schizophrenia. They welcomed the offer

to link with the voluntary sector.

7. PATIENT USE OF URGENT AND EMERGENCY SERVICES

The chair explained this item is to support the scrutiny review on Access to Medical Appointments.

Martin Wilkinson, NHS full time chief operating officer, provided a presentation on patient use of urgent, emergency, 111, and ambulance service including numbers, waiting times and demographics.

8. WORK PROGRAMME

The chair asked the the scrutiny Project Manager, Julie Timbrell, to give an update the workplan:

Queen's Oak nursing home

An informal officer briefing has been circulated by email about the closure of the home and impact in residents – as well as information on a forthcoming report to cabinet on care homes.

Community engagement and outreach for the Access to Medical Appointments review

Sessions with older people at the Copleston Centre and the wider community at Walworth Living Room have been provisionally scheduled for lunchtime / afternoon of either Tuesday 21 Feb, Thursday 23 February, Tuesday 28 February and 2 March. The dates and times are to be confirmed and all members will be invited to attend.

Next and final meeting is now scheduled for the 18 April

The additional meeting on 30 March will now not be going ahead because of diary clashes and instead an informal meeting will be arranged late March or early April to report back on the outreach and discuss headline recommendations for the Access to Medical Appointments review.

RESOLVED

The nursing care home report will be circulated with the next agenda.