

Healthier Communities Select Committee

Report title	Health and adult social care integration – LDC Comments				
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1. Introduction

- 1.1 Lewisham Disability Coalition is a disabled people's user led organisation which covers the whole of the borough and supported over a thousand clients last year. Based on the principle of "nothing about us without us" we promote the social model of disability. This says that disability is caused by the way society is organised, rather than by a person's impairment or difference. It looks at ways of removing barriers that restrict life choices for disabled people.
- 1.2 In addition we are funded by the London Borough of Lewisham to provide a representative function for disability in the borough.
- 1.3 We are also a part of the Community Connections consortium that uses social prescribing to address isolation as a mechanism to tackle the health implications associated with 'loneliness'.

2. Health and adults social care integration

2.1 We discussed adult social care and health integration with our all members meeting in October and in December at our AGM. Our members tell us that they would like more information about what is happening and what is planned and have agreed that they would like disabled people to be more actively involved in the shaping of services and prioritisation of scarce resources. They are not clear about how they can get involved.

2.2 One of our areas of work is to support clients to apply for welfare and hardship grants and to administer these on behalf of local charities. Last financial year we distributed over £8 thousand to local people facing hardship. We are increasingly using charitable grants to support people with basic needs for equipment. For example, one client with major leg ulcers was 'housebound' but it emerged that they were staying at home due to being unable to shower independently as the NHS budget did not extend to purchasing a waterproof bandage protector.

3. Health implications of welfare cuts

- 3.1 The pressure on sick and disabled people of welfare reforms and austerity cannot be underestimated. We witness many clients' physical and mental health deteriorate significantly due to the stress and anxiety associated with being sanctioned by the DWP or forthcoming medical assessments.
- 3.2 The lack of a joined up approach to getting evidence to support appeals means that local GP surgeries have a different approach to providing evidence and to communicating this with clients.
- 4. Key lines of inquiry the current and planned extent of partnership working including the voluntary and community sector
- 4.1 From LDC's perspective we have some working relationships with providers of health and social care services:
 - We receive referrals for clients' support from adult social services
 - We have a close working relationship with the Adult Safeguarding Board

- We work with local health providers, including on clients affected by benefits changes
- We facilitate members and clients feeding into CCG and Healthwatch led consultations
- We liaise with Occupational Therapists over housing adaptations.
- 4.2 However, the above are largely reactive in response to individual cases. What is missing is any opportunities for involvement in the proactive element for strategic development or planning e.g. we do not seem to be "in the loop" for key developments including for commissioning opportunities and this seems to reflect a broader trend of local commissioning contracts going to Third Sector organisations with a national presence. Our experience is that the individual staff concerned in delivering this programme are friendly and approachable but that engaging with the programme itself is extremely difficult due to time constraints and there is not a clearly coordinated borough wide point of entry for the third sector in engaging with this and other change programmes.

5. Recommendations

- 5.1 The Local Account for Adult Social Care 2015-16 identifies the need for advice services linked to the requirements of the Care Act. We believe that the need for disability specific health advice should be considered.
- 5.2 Clients we currently support often involve complex referrals and signposting between agencies. Future models where teams around the client actively develop relationships to involve third sector agencies supporting disabled people to reduce piecemeal approaches could reduce duplication and increase the turnaround for support required.
- 5.3 Neighbourhood Care Networks should include third sector partners working in the area e.g. future "Under One Roof" and Working Together Better" workshops could be extended to local voluntary and community organisations.

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