

Who we are

The "Save Our NHS" Group was formed as a working party of the Lewisham Pensioners Forum in 2008 to raise awareness and campaign against the perceived pressures of the internal market and privatisation, as exemplified by the "Picture of Health" initiative and moves to establish Foundation Trusts. We campaigned against the passage of the Health and Social Care Act 2012 through parliament and were a key partner working with the Save Lewisham Hospital Campaign in 2012 to 2013 to counter the threat to healthcare in the borough represented by the TSA proposals. Since that time the SLH campaign has continued vigilant on health matters locally and nationally and the Forum's "Save our NHS" Group has worked with them, serving on committees and working parties and attending Council and CCG meetings with a watching brief and feeding into correspondence generated and questions asked.

The survey/questionnaire

In the late spring of 2016 campaigning groups were aware that the Healthier Communities Select Committee had some hard decisions to make with regard to adult social care and the Forum and the "Save Our NHS" Group hoped to be able to contribute by gathering data on:

- people's support networks – partners, friends and families
- social care needs
- correlation of the above
- whether there is factual basis for the perception that lack of social care packages impacts on the length of stay in hospital.

Two members of the group – with input from others – devised a questionnaire covering these issues. The Forum had 1500 copies printed in September and by the end of that month had distributed them widely to our 300+ individual members, the 600 individuals who received the "information bags" prepared for Pensioners Day and a few copies to 100+ networked groups and organisations working with the elderly. Copies were also given to all Ward Councillors to make them aware of the work and its potential relevance to constituents. All such distribution went out with the double message: to hand the survey on to a friend or neighbour if the questions did not apply to you and that returned surveys would be entered into a prize draw. Further copies have been printed throughout the autumn and given out or taken to any group who asked, and given out to members of the public in the Riverdale Shopping Centre. An on-line version of the survey was also prepared and distributed.

The response has been negligible. Although the on-line survey has been "viewed" 285 times and started nearly 40 times only 27 have been completed – most being the authors of the survey entering the data received from the 25 or so hard copies returned. While these provide one or two interesting anecdotes and examples, and presenting the survey opened up the opportunities referred to below for some in-depth interviewing, such a tiny sample cannot be extrapolated from to provide statistically relevant insight on the matters we hoped to explore and so, regrettably, the Forum's "Save Our NHS" Group cannot provide the exact contribution to the HCSC discussion that had been planned.

What we can do, however, is report on the further research that we carried out, pull together other information on these matters and, highlighted in bold below, indicate the concepts that could usefully be explored and questions perhaps to be answered before the HCSC is fully informed to make its recommendations and the Mayor some difficult decisions.

Further Research

In-depth interviews

We held some in-depth interviews with some of the people who completed our survey and took note of the comments of other older people who had made use of various adult services where people were concerned about what was not working.

The pointers are:

- When the meals-on-wheels service was withdrawn some people were not given any notice so that they could make other arrangements,
- After an operation one lady was told she no longer qualified for a taxi card even though she still had problems getting on some buses.
- Someone who offered to pay for after care in a nursing home following an operation because she altruistically wanted to save the NHS money, was told that if she did that she would not receive any care when she returned home.

Liaison between hospitals over the care of a patient post treatment are not straight forward.

- Patients who are residents of another borough but are registered with a Lewisham GP can find themselves being visited by Lewisham staff which can cost the borough money when previous arrangements had been made by their home borough.
- Any vulnerable person, especially one suffering from dementia, can find that their drugs are going missing.
- Any vulnerable person may find that someone in their family or a caring role can be misusing their funds. There needs to be some advice to help concerned others on how such a situation can be dealt with and who to turn to for help.

Follow up with other agencies in the Borough

Our survey has had a very small response, mainly from ex-carers and people who had a planned hospital admission. Whilst this is valuable we have not been able to contact those currently in receipt of care or those who no longer receive care because of the reduction in the number of packages provided in the borough. Follow up with other agencies in the borough indicates:

- Lunch clubs and social groups are rarely attended by the frailest people (including those in receipt of social care packages) so do not have members who give feedback. Non-attendance may be linked to the difficulty of accessing cheap and reliable transport.
- People in receipt of care tend not to bother with questionnaires and their relatives/unpaid carers are often too occupied with day to day support to give feedback.

The National Statements on the Crisis in Care

We approached both Age UK and the Red Cross.

Age UK gave us access to the data they have compiled from a wide range of sources. Many of the figures we have used in this submission are taken from their factsheet which is updated monthly.

The Red Cross put us in touch with the relatively local group who assist people being discharged from King's College Hospital where about 15% of their referrals are for Lewisham residents.

This group made the following comments in an e-mail exchange:

'This year we have supported 60 patients in Lewisham who were directly discharged from King's College Hospital. Where we are unable to support or may not be the best service for the patients we would always signpost on to a more appropriate service. Our service is also not solely limited to the below and we do help patients to support them to live as independently as possible.

'Supporting patients from hospital to home can often be an unsettling and distressing experience. By providing transportation home, emotional support and practical assistance with activities such as shopping, prescription collection and settling in; the service is designed to reduce the length of time patients spend in acute units and help prevent them from being unnecessarily readmitted to hospital.

'Nationally, we operate more than 160 'home from hospital' and 'support at home' services in the UK and supported over 80,000 people last year. Through this work we have seen first-hand the results of social care cuts; people not taking their medicine or being washed because there is no carer there to help them, people falling and not found for days, family members struggling to help their partner or parent eat, wash, go to the toilet, and get to vital medical appointments.'

They also went on to express their concern about the cut in prevention spending. The British Red Cross produce in-depth reports on what their researches show into the implementation of the Care Act's prevention duty. The report looked at the 3 levels of prevention. They reported Lewisham's response that providing information could not be done merely online. As the Pensioners Forum commented orally at the last meeting of the Committee, too many older people do not have the financial and skills resources to use computers confidently, if at all. Yet it is older people who are most in need of this information.

The Red Cross report highlighted the third level of prevention which focuses on needs such as reablement and found that this is greatly neglected in local authority and Health and Wellbeing Board policies. (*Prevention in Action* report by the British Red Cross, February 2016)

The Forum would invite the Committee to look at the tertiary level of prevention as part of its examination of the borough's care services across all disciplines.

The King's Fund Home Truths report

The King's Fund *Home Truths* report (included in the last Healthier Communities Select Committee Public Document Pack) states

The social care system in its current form is struggling to meet the needs of older people. Six consecutive years of cuts to local authority budgets have seen 26 per cent fewer people get help. No one has a full picture of what has happened to older people who are no longer entitled to publicly funded care: the human and financial costs to them and those who care for them are mounting.

The need for a better understanding of the current pressures facing care services and the implications for their future sustainability has never been greater. Yet evidence about the relationship between changes in public spending on social care, the quality and quantity of services and the impact on the health and wellbeing of people who use them is extremely limited. More older people are falling outside the social care system, either because their financial means are too high for publicly funded help or their care needs are not high enough, yet knowledge about what happens to them is limited (Baxter and Glendinning 2014; Institute of Public Care 2012).

Whilst the King's Fund report is national, the findings mirror the Forum's concern that it is difficult to find out what has happened to this group as well as those currently in receipt of care who may also

be impacted by budget reductions in Lewisham and who constitute some of the most vulnerable people. Of particular concern are those who for whatever reason slip under the radar.

If you do not meet the level of assessed need but still have the need for help, you have to pay for your help, find a willing but free helper, depend upon family or neighbours or manage on your own. This hits people who do not qualify for a full state pension. Many women did not work the hours per week or earn enough to reach the level of contribution to pay National Insurance. As 6.5 million pensioners live on less than £11,000 per year and we are one of the poorest boroughs where 26% of children live in poverty, it behoves us to identify how many people will fall into this level of poverty and need. The poorest fifth of single pensioners had median net incomes of £106 a week after meeting housing costs; for couples £233.

This means that many people in this Borough will become much frailer before they can qualify for help. Yet helping these people at the lower level of need would mean that they would need less help in the long term. And because women are often the carers and the survivors they are being discriminated against. We have not seen any equalities impact assessment done on this aspect of the reduction in spending on care.

In surveying our members and talking to other pensioner groups, we have found it difficult to easily contact people who face these difficulties. They become excluded from many community activities that would otherwise keep them in contact because so many groups have had to begin charging for membership and these essential and preventative activities. By way of illustration, since the Forum brought in membership fees, our membership has been much reduced with more fall-out year on year as people do not renew, made perceptibly worse by the loss of readily accessible office and meeting space. Nationally, the DWP have found that 24% of pensioners do not go out socially at least once a month.

On the Lewisham website, the page describing integrated health and social care states *"We will be working with local residents, community groups and service users more closely over the next four years to make sure you are involved in planning changes and to support you to adapt to those changes. There will be the chance for you to share your views and opinions over the course of the programme."*

This begs the question: How are the London Borough of Lewisham getting feedback and consulting with the older people identified above?

The Social Care economy

Prevention and community models

Integrated care requires developing the prevention and early intervention offer for adults— including improving access to information and advice to support self-care and self-management. We believe this requires a healthy and well-funded voluntary and community based sector. However:

- In terms of prevention, £1m in savings from voluntary sector (out of an overall budget of £3.9) in 17-18. (Children and Young People's Select Committee Supplementary Agenda 8.9.15) This was subject to consultation and exact implications will depend on the final outcome. The report states:

Given the profile of the currently funded groups it is likely that older people and those with disabilities will be negatively affected by this reduction in funding.

- We appreciate the Importance of services like Community Connections(CC) in this prevention and early intervention agenda, but we believe that the pressure on the voluntary sector has impact on their effectiveness. For example CC may refer an older person to local community/voluntary services e.g. an exercise class or lunch club. The reality is that these services are often under enormous financial pressure with reduced funding and some face closure. This will also have an impact on older people's levels of isolation with all the negative impacts for individuals' mental and physical well-being
- Lewisham residents also face a loss of premises to provide community services. Lewisham are currently looking for providers to take on their libraries at Manor House, Torridon and Forest Hill – this currently means that more resources are currently being lost e.g. a Pilates class at Manor House.
- The Council has also proposed changes (Children and Young People's Select Committee papers Sept 2015) in contractual arrangements relating the leisure services, with the council giving more freedom of delivery to leisure centre providers in return for reducing their subsidy.

The impact and risks are set out as

LBL's ability to dictate terms in relation to the day to day operation of leisure services will be reduced. This may lead to price increases across sites (although this is likely to be limited by market forces/demographics), limited concession rates, changes in leisure programmes (e.g. the loss of less marketable classes) and less favourable terms for local clubs using the facilities.

Less accessible/affordable leisure provision is likely to impact on a range of Public Health outcomes including obesity levels, prevalence of diabetes/COPD etc. although this is very difficult to quantify.

- The Supporting People programme also focuses on prevention; but the proposal is that these services will lose £2.5m over the next 2 years.

Local Health Economy

We have asked about the local health economy. This has been highlighted by a number of organisations, including the King's Fund report included in the agenda of October 2016. No report has been given to the HCSC that sets out an assessment of the local health economy and its strengths and weaknesses. The King's Fund Report *Home Truths* drew attention to the risks that poorer areas will face.

Already we can see what is happening with care homes. In July 2015, Ranyard Charitable Trust went into liquidation. This charity ran two homes in Blackheath: Dowe House and Mulbury House. The properties were owned by Merchant Taylors charity. 100 beds were lost and the 60 elderly residents lost their accommodation. Now we understand that the homes are to be reopened under a new regime as luxury care homes.

Many of the displaced residents were there through placements by our Adult Care Services. They had to be relocated at short notice. The consequences for one elderly resident were terrible. She was accommodated out of the borough and very quickly she changed from a lively lady in her 90s to someone needing sedation. The details of her case were written about by a member of her family in the Guardian on 29/7/15.

Delivery of an Adult Integrated Care Programme

Introduction

We welcome principles of integration and are aware that there are many good examples of integrated working between health and social care. However, there is the question of whether good models are necessarily cheaper e.g. Buurtzorg seems really good model but as it has been explained to date it may be expensive to fund fully.

Also to be considered is the impact of other initiatives STP, One Public Estate, Devolution, OHSEL – how do these other strategies and initiatives impact on the integrated care model and how is this being coordinated and monitored?

Wider consultation and targeting support

In addition to the groups we have tried reaching out to, we believe that most older people generally living in Lewisham have little or no awareness of what integration means and have not been properly consulted (on Devolution, the STP etc.). To achieve this for more active residents, there need to be daytime meetings in places in accessible locations. Older people also often have little access to computers and the internet or the skills to use them. On line consultations are therefore unlikely to be an effective option, particularly for "hard to reach groups".

Although we are unsure of the extent of this consultation the September Healthier Communities Select Committee has moved to discussion about engagement and messaging

"Lewisham's Health and Care Partners have recognised the need to improve the communication and engagement on the long term vision for Lewisham's health and care system/whole system model of care and on the range of activity that is being progressed within partner organisations in line with that vision.

To facilitate consistent and coherent messaging to staff, residents and other stakeholders on the activity taking place or planned to deliver a whole system model of care, a joint strategic communications group has been established. A joint communication and engagement plan will align key transformations and integration activity taking place across the system and set out key milestones for delivery"

This sounds as if final decisions have been made and it is now a matter of delivering the message.

We share the belief that successful models start from a premise, e.g. what would help you/make a change and support local communities. We are unsure about targeting support if there has not been effective consultation with key groups. Are the Council starting from the premise "what would make a difference to you" and, if so, on what are they basing this?

Given the growth in numbers of older people living with dementia, is there enough emphasis on supporting people living with dementia and their families/carers or on building dementia friendly communities in Lewisham?

Impact of budget reductions

By 2016/17, Lewisham Council will have made £95m of "savings" in budgets, as a result of reduced central government funding. According to Lewisham's Corporate Budget Books, over £34m has been cut from the Community budget (which includes Adult Services) and £12m from the Adult Services budget itself between 2011-2016. Committee papers state that £3m will be cut from Adult Social

Care in 16/17 and it is predicted that over £3m will be cut in 17/8 and £3m in following years. (87% of budget is reported as being spent on packages of care and on placements in residential care and nursing homes)

At the same time the CCG is making QIPP savings of £7.84m in 205/16 and £6.8m in 2016/17.

Detailed proposals in Lewisham budgets include the following savings:

2014/15

Redesign and Care Assessment reconfiguration of staffing structure including amalgamation of teams and a reduction in duplication and cost of assessments	£1.015k
Reducing expenditure on packages and placements by range of measures and greater use of prevention and reablement and use of care fund calculator, increasing proportion of care delivered by personal assistants. Also re-tendering and reviewing use of a number of contracts	£930k
Day care provision (in house and purchased) and associated transport costs	£900k
Charging for non-residential services, inconsistency in charging policy, increasing charges for clients and higher levels of income etc	£107k

2015/16

Charging for Adult Care Services	£275k
Mental health provision	£250k
Consistent approach taken in meeting care and support needs in the most cost effective way. This may result in some community based packages of care ending or being reduced where needs can be met in different or more cost effective ways (referred to Cabinet)	£2,680k
Negotiated reduction in 24hr individual prices of care packages (referred to Cabinet)	£900k

2016/17 and projected 17/18 (Returning to Mayor and Cabinet for approval)

	16/17	17/18
Alternative Delivery Models for the provision of care and support services, including mental health	£1,100k	£700k
Achieving best value in care packages	£600k	£500k
New delivery models for extra care – Provision of Contracts	£100k	£900k

The Forum understands that integration will mean different ways of working but would question whether integration can be successful faced with loss of income on this scale. Arguably a successful model requires increased funding initially – a dual system of funding as integrated care initiatives move to a more preventative model and that these are "front loaded", shifting the focus to community services, rapid response, enhanced care, 7 day response and service, step up and step down care. What will an integrated budget initially look like? Is there an overall budget proposal post integration?

The Better Care Fund is supporting the integration programme in Lewisham. In 2015-16 it was worth £25.84m. **However, it should be noted that this is not new money but from existing CCG funding.**

Budget constraints and the future programme

Lewisham Council sets out the following vision for integrated care:

In accordance with the Care Act 2014 and the Council's political priority to strengthen community resilience, adult social care will continue with its approach to assessment and support planning. This encourages people to utilise their existing resources by linking them to the support available within their own families and communities, thus reducing the need for formal social care services. The demand for services will continue to be managed more effectively by supporting people who meet the eligibility criteria to be as independent as possible with minimal interference from, or reliance on, the Council. Support for these residents will be focused on the provision of assistance at the time of crisis and by offering help in a way that reduces the need for the person to require long term support.

Achievement of this proposal requires a different approach and relationship with residents so they do not rely on the Council for the provision of all support to meet their needs. It also requires a different approach from practitioners who undertake the assessment and support planning function to ensure they consider an individual's own resources before determining the package of care. In accordance with the Care Act, training has been provided to practitioners to help them identify the potential risks to an individual in relation to their care and support needs and to determine what services are required to respond promptly and appropriately to those needs. This includes assisting people to access and utilise opportunities and support within their own families and communities.

Most people in receipt of care and support from adult social care will have a disability or a frailty that relates to older age or disability. However, the assessment and care planning process will ensure that eligible needs continue to be met, although not necessarily from Council resources. When deciding how best to meet an individual's care needs, the Council is entitled to take into account its own resources as well as the client's stated preferences. In planning to meet an individual's needs, the Council may consider the most cost effective way in which this can be done and can take into account the individual's resources and contributions. This may include considering their family and support networks, their welfare benefits and the community resources available.

Wider evidence and concerns

The King's Fund *Home Truths* report also states:

The funding outlook for the next five years looks bleak. The measures announced by the government will not meet a widening gap between needs and resources set to reach at least £2.8 billion by 2019. Public spending on adult social care is set to fall to less than 1 per cent of GDP. The potential for most local authorities to achieve more within existing resources is very limited and they will struggle to meet basic statutory duties.

If the government is unwilling to provide adequate public funding to support the current system, it must be honest with the public about what they can expect from publicly funded services. This would mean establishing a fresh and more explicit policy framework, which makes it clear that primary responsibility for funding care sits with individuals and families, creating incentives for people to plan ahead for their care needs and revisiting some of the new duties and rights created by the Care Act 2014 so that expectations are aligned more realistically with what the government is prepared to fund and local authorities can afford. This will be an unpalatable future but it is one that is already upon us.

The Forum would question whether the Council's statement above regarding the future does not require this fuller honesty with Lewisham residents, especially older people and their families and

carers. If the reality is that they will inevitably need to bear more responsibility for funding and providing care, then this must be explicit in any communications and consultation or engagement.

A further "reality check" is offered by the Care Quality Commission (CQC). When it launched its report *State of Care* in October 2016 it stated the following:

State of Care finds that the sustainability of the adult social care market is approaching a tipping point. This view is based on the evidence of inspections, information received through our market oversight function, and external data.

The fragility of the adult social care market is now beginning to impact both on the people who rely on these services and on the performance of NHS care. The combination of a growing and ageing population, more people with long-term conditions, and a challenging economic climate means greater demand on services and more problems for people in accessing care.

This is translating to increased A&E attendances, emergency admissions and delays to people leaving hospital, which in turn is affecting the ability of a growing number of trusts to meet their performance and financial targets.

In an October 2016 internal briefing paper leaked to the BBC, the CQC expressed concerns even more directly:

Providers are in trouble because their costs have increased by up to 30% in the past year while their profit margins have fallen by more than 40%, [the CQC] warned. It pinpoints the national living wage (NLW) and the inability of cash-strapped local councils to pay higher fees for these services as the main causes of a growing problem.

It is alarming to learn that the number of care homes overall in England has fallen from 18,068 in September 2010 to 16,614 in July this year, at a time of growing need linked to the ageing population, according to figures released by the CQC.

The total number of beds available in care homes also fell between 2010 and 2016 from 255,289 to 235,799 this summer – a fall of 19,490. While the number of nursing homes increased slightly, from 4,387 to 4,623 in that time, more than one in 10 residential homes – for elderly, often frail, people – have closed. The total of those available has fallen from 13,681 to 11,991 – a drop of 1,690. (www.theguardian.com/society/2016/oct/11/elderly-and-disabled-people-put-at-risk-by-care-homes-closures):

And, quoting direct from the CQC briefing paper,

Provider exit and large-scale contract handbacks demonstrate the fragility of this market. At what point can the replacement providers only make the returns work by compromising on the quality of care?

The Forum would like to be clear what Lewisham Council's position is in mitigating this threat to quality, e.g. will it set out the Living Wage, pension changes, travel time for carers working in the community and care slots of at least 30 minutes in its invitations to tender and make these matters contractual requirements?

Questions to be answered and information to be at hand before strategic decisions in the area can be taken

The Forum's "Save our NHS" Group, having worked on these matters over the past six months or so, would respectfully suggest that, as well as consideration of the matters highlighted in bold throughout this submission, the following information needs to be to hand before the HCSC and Mayor and Cabinet can make properly informed proposals and decisions on these difficult matters.

Residential Care Homes

- 1) How many residential care homes are there in the borough?**
- 2) How many beds are there in average and in total?**
- 3) Are there any distinctions in the type of care given?**
- 4) How many beds in each home (or on average and in total) does the Council have under contract?**
- 5) How many care homes have opened in the last five years?**
- 6) How many care homes have closed over the same period?**
- 7) Have any care homes withdrawn from or refused to consider contracts with the Council? And if so how many and what reasons were given?**
- 8) How does the Council receive and monitor feedback from service users (and/or their families)?**

Care in the home

- 1) What has the budget been for social care each year since 2010?**
- 2) How many individual care packages and how many total hours have been provided in the community each year?**
- 3) How many care agencies providing care in the person's home are there in the Borough?**
- 4) How many of these have started up in the last five years?**
- 5) How many agencies have closed in the same period?**
- 6) Have any withdrawn from Council contracts? And if so how many and for what reasons?**
- 7) Have any refused to consider Council contracts? And if so how many and for what reasons?**
- 8) Are there distinctions in the range of work the care agencies provide? And if so what are they?**
- 9) How does the Council receive and monitor feedback from service users (and/or their families) and, crucially,**
- 10) If someone no longer can qualify for help with social care but cannot afford to pay commercial rates what happens to them and does the Council arrange any monitoring of their situation? If so, what monitoring is done and by whom?**

Generally

- 1) What is happening on the "front-line" with the "preventative" services given cuts to the voluntary sector (e.g. the closure of small lunch clubs)?**
- 2) Do you have any data on attendance at A&E by Lewisham residents over 65 and delayed discharge at Lewisham Hospital?**

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December 2016