



Merton CIL Response To The Communities And Local Government Select Committee's Inquiry Into The Financial Sustainability Of Local Authority Adult Social Care And The Quality Of Care Provided

August 2016

Merton CIL are pleased to have the opportunity to respond to this inquiry. We are a user-led Disabled people's organisation run by Disabled people, for Disabled people, across the full spectrum of disability. We deliver a range of services to disabled people in London Borough of Merton, including advice and advocacy services.

On whether the funding available for social care is sufficient to enable local authorities to fulfill their duties under the Care Act 2014 to assess and meet the needs of people in need of care and support, Merton CIL responds as follows:

1) Funding

Any initiative that can increase the local budgets for Adult Social Care is to be welcomed, however, the 2% precept was problematic on a number of levels. Firstly 2% wasn't enough to address the funding gap in Adult Social Care (ASC), it was only a part solution. For example, in 2016-17 ASC in Merton is being cut by £5 million, however, the precept would have raised in the region of £2 million.

Secondly by offering the precept as an option for local authorities, rather than mandated, it was turned into a political football. In London Borough of Merton, the Labour administration went on record to say that they weren't going to be told what to do by George Osborne and decided, against fierce opposition, not to take up the 2% precept as they had made an election promise not to increase taxes for four years. The end of an extra tax that Londoners have been paying for the last 10 years to fund the London 2012 Olympic and Paralympic Games meant the council could have asked for extra money for social care without seeing overall council tax rates increase for 2016-17, however, they declined to do so. This means that not only were cuts of £5 million implemented, but also the funding gap will be even wider in 2016-17 because of the failure to add the 2% precept this year.

2) Service provision by Local Authority

In January 2016, the council faced protests over its plans to cut £5 million from its adult social care budget, with campaigners comparing these plans to “social cleansing”, and accusing it of “treating people no better than animals in Longleat”. A report from Healthwatch Merton¹ showed that local people didn’t feel they could influence the decision-making process. It also highlighted the fact that the quality of existing services was reducing and that prevention was made impossible by cuts to services. Disabled and older people felt that their wellbeing would be reduced and people’s physical health would worsen. Families would be put under immense strain and social connections severed. Disabled and older people would be made vulnerable by these cuts and the ultimate consequence for some was that life was no longer worth living.

The Council’s own budget plan points out that the cuts to services which are being implemented mean that they can’t meet their statutory duties.

At Merton CIL we have seen multiple consequences of cuts to ASC through our work with local disabled people. This covers a diverse range of disabled people, reflective of our diverse society, and includes people using specialist services, as well as people with a budget who are just trying to live a regular life:

- Difficulty accessing assessments, particularly for people who have a need, but don’t have a formal diagnosis of impairment
- Long waits for assessments
- Lengthy assessment process, including in some recent cases a 2+ month wait between assessment and panel outcome
- Poor communication around how assessment decisions are made
- Personal budgets are not sufficient to meet people’s needs and impose restrictions on people’s lives such as fixed mealtimes, early bedtimes such as 8pm for a 40 year old man, and little provision for exercise, social lives or personal relationships
- Direct payments users are not receiving the support or budget required to meet their employment obligations, such as not having a high enough personal budget to pay workplace pensions or have adequate insurance

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- Direct payments users are losing their personal assistants (PAs) and finding it difficult to replace them because hourly rates have been frozen by the council for the last five years
- The approach to reassessments is inconsistent with some people getting a full care act assessment and others getting a print out of a previous (non-care act) assessment and being asked to comment on it
- Assessments are too short (1 hour) resulting in lots of follow up queries, which causes delays
- Reassessments are resulting in cuts to personal budgets with little justification of how this meets the Care Act. Nearly half of the former ILF-users care hours are being reduced and in one case we know of, there is a 20 per cent cut, equivalent to nearly 2 days support a week. This is not uncommon
- Where personal budgets are cut, there is no provision for people to manage the change, this affects people both as employers of PAs for whom there is no proper redundancy process, and as individuals who suddenly have to curtail their lives
- For people whose support has been frozen following reassessment, we've been made aware of a number of cases where they have been asked to pay more towards their care, even though they have not had an increase in their income; this is also effectively a cut.
- There appears to be a lack of understanding of the well-being principle in practice and also the true value of Independent Living in terms of disabled people having self-determination, choice & control. The offer in practice is still often about a 'feed and clean' approach to support, and seeing a fuller life as a luxury. We have evidence of disabled people's daily activities having to be justified in a very invasive way. In one case, an active volunteer and community member was told he should consider cutting down on his activities.
- Cuts to services including staffing cuts at day centres, and cuts to mental health services and meals on wheels among others are also having a negative impact. We are aware of a situation in a day centre for people with learning disabilities where there was a fight between 2 disabled adults and there were no staff available to intervene. This hadn't happened before staffing was reduced. There are also now fewer excursions and more large group

sessions – a return to the days of day centres as “holding pens” rather than “community centres”.

- One local day centre is being closed and possibly relocated, without consultation, as the local authority has sold the land to an academy
- The cuts to adult social care have also seen the loss of good social work staff due to poor practices and pressures of the system. There has been an increase in locums, vacant posts and large numbers off sick for long periods of time. Relationships and expertise are lost which impacts on the quality of service and the direct support disabled people receive.

3) Cumulative Impact

Life chances and opportunities for disabled people are declining. For example in our borough the closure of areas that support life chances such as community centres and changes to local adult education provision, have an impact on disabled people’s ability to learn, socialise and fulfill their aspirations, and so has resulted in worse outcomes for individuals. These negative impact result in the need for more support particularly in the context of emotional support and therefore our wellbeing.

Disabled people are facing disadvantage across key areas of their lives², and are experiencing health inequalities as a consequence³. In particular, disabled people are disproportionately impacted by the policies of Welfare Reform, with social care users affected 19 times more than non-disabled people by the cumulative impact of Benefit cuts and Social care cuts, resulting in an annual reduction in income of £8,832 per person.⁴ Barriers to employment, accessing the community, hardship and homelessness follow.⁵

Disabled people have poorer health and lower life expectancy,⁶ and perceived discrimination is associated with increased likelihood of psychological distress.⁷

² The Equality Act 2010: The Impact on Disabled People, House of Lords Select Committee on the Equality Act 2010 and Disability, 2016

³ Is Britain Fairer? Equalities and Human Rights Commission, 2015

⁴ A Fair Society? How the Cuts target Disabled People, Centre for Welfare Reform, 2010

⁵ Evidence of Breaches of Disabled People’s Rights Under the UN Convention on the Rights of Persons with Disabilities, Inclusion London, 2015

⁶ Is Britain Fairer? Equalities and Human Rights Commission, 2015

Laws and regulations already in place to support disabled people, such as the Equality Act 2010, and the UNCRPD, are not being effectively adhered to^{8,9}, for example, lower pay for disabled people.¹⁰

Giving a local example around adult education; despite strong support for an existing integrated adult education provision at a single centre, Merton Council's decision was to close it. They decided to commission mainstream provision, and provision for people with learning disabilities separately. We expressed grave concerns about this approach because of the segregation of disabled learners from other learners. Now we have classes for students with learning disabilities segregated from other people and placed in 3 venues across the borough. Some of the key things students valued about the old venue was the time and space to mingle with a range of people, which has been lost, and disabled learners are isolated.

On the effect of local authority adult social care commissioning practices and market oversight functions on their local social care markets Merton CIL responds as follows:

The market has been depressed because historically there has been a cost reduction focus by the local authority which was depressed wages for workers and profits for service providers, such as care agencies or care homes. As a consequence of this approach, there is little innovation in the care market. For people on direct payments, there are multiple issues such as a lack of pay increases for PAs for over 6 years, which makes it difficult employ staff, especially as neighbouring boroughs pay more. In addition, direct payments budgets don't include money for workplace pensions and don't always include insurance. It is also not possible for direct payment users to hold money in reserve to cover issues such as sickness cover, redundancy, etc as money is regularly clawed back by the local authority. In fact, we are aware of situations where people who have received their personal budget have been unable to spend it because of the near impossibility of finding staff, and

⁷ Perceived Discrimination and Psychological Distress in Sweden, S Wamala, G Bostrom, K Nyqvist, British Journal of Psychiatry, 2004

⁸ The Equality Act 2010: The Impact on Disabled People, House of Lords Select Committee on the Equality Act 2010 and Disability, 2016

⁹ Dignity and Opportunity for All: Securing the Rights of Disabled People in the Austerity Area, Just Fair, 2014

¹⁰ London Poverty Profile, Trust for London, 2015

as a result have had the money clawed back – rather than, for example, having support to address the issue.

On Innovative approaches to the design and delivery of adult social care, for example use of digital technology, and the progress made by local authorities and health services to deliver integrated health and social care by 2020, and the expected outcomes

1) Technology

We are concerned about the focus on “cheaper” digital technologies which replace support which might otherwise be carried out by carers or PAs. Digital technologies are a supplement to human interaction and not a replacement and our concern is that over-reliance here does not enhance independence at all but instead reduces costs at the expense of human interaction.

2) Independent Living Fund

With the closure of the Independent Living fund, the expertise and learning of a system that actually worked, and made a real difference to disabled people’s lives, was not being shared or understood by the local authority. There is a lack of understanding as to what Independent Living means as defined by Disabled People. As a result best practice is being lost, and our local authority define Independent Living in a very different way to us (although they have agreed to work on this with us).

The Independent Living Fund was a model that worked and was cost effective and flexible. It was, in fact, **the** model to learn for an ASC system in crisis. What a missed opportunity.

We have welcomed being part of the Independent Living Strategy Group hosted by Baroness Cambell and would like to see the terms of reference for this group develop with the opportunity of creating a national strategy for Independent Living.

The role of carers in providing adult social care, the relationship between local authorities and carers and whether the funding available is sufficient for local authorities to assess and meet their needs

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Any negative impact on the disabled person, impacts family carers too. In addition, assessments for carers appear to be even slower than for disabled people, and with fewer resources available.

Such poor support for carers means that when resources are cut, such as community centres or adult education, as has happened locally, carers are pushed to breaking point and disabled people either end up in respite, or may no longer be able to live at home with their family.

In one example, we are aware of a disabled person who repeatedly went to the doctor for stomach pains, which were ignored until the point of the person needing hospitalisation. This resulted in an invasive operation and intensive aftercare was required at home. This fell to the family carer, with limited support from district nurses. There was no reassessment of either of their needs, despite the carer repeatedly asking for this. Both the disabled person and the family carer ended up in crisis as a result.

In Conclusion

Insufficient funding is creating a situation whereby it is almost impossible to meet people's needs adequately and, directly contrary to the intent of the Care Act, people's wellbeing and independence is being undermined.

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