

## **Tower Hamlets Health Scrutiny Panel Review of Consultation Events**

We are in a time of significant change in adult social care and in the NHS. In social care, personalisation and reablement have significantly changed how services are delivered. Change continues as the future of the sector and how it is funded continues to be a major national political issue. In the NHS, the government is currently changing the shape of primary care. GP commissioning and health and wellbeing boards are an opportunity to create mechanisms for elected representatives and local people to influence health priorities and ways of working.

Tower Hamlets Health Scrutiny Panel therefore incorporated two consultation events into its work programme for 2011-12. The first was done in partnership with the Tower Hamlets Involvement Network, and was a health promotion and consultation event for residents of LAPs 5 and 6, held at the Burdett Neighbourhood Centre. The second was a consultation event with representatives of adult social care service users, held at Toynbee Hall.

These events aimed to develop further the working relationship between the Health Scrutiny Panel, service users and other residents, local GPs and other service providers, THINK and other local organisations. This paper reviews these events, their effectiveness and impact and makes recommendations on how the Health Scrutiny Panel, and the Overview and Scrutiny Committee more generally, should take forward this work.

### **LAP 5 and 6 Health Event 26<sup>th</sup> October 2011: 2pm – 5pm Burdett Neighbourhood Centre**

The key objective of the event for the Health Scrutiny Panel was to engage local people in a dialogue about local services and needs.

The event was publicised as a 'family fun day' and an 'opportunity to get free health advice' and was organised by THINK (Tower Hamlets Involvement Network). Approximately 100 local residents attended the event with the majority from LAP 6, particularly the estates near the venue. 20 information stalls were run by local health organisations and community groups. These included weight and blood pressure checks, a 'healthy eating' stall which gave out free recipe ideas, and representatives from the Tower Hamlets cancer screening team who promoted their services. There was also representation from local health providers including LinkAge+, the Sport 4 Women Project and St Paul's Way Medical Centre.

The event also aimed to strengthen local engagement with the Health Scrutiny Panel, enabling Councillors to develop their role in making the voices of local people heard in the provision of health services.

## Event Outcomes

The main consultation element of the event was a 'Qwizdom' session, presented by THINK, which used handheld devices to collect answers. In total 33 residents participated. The questions were as follows:

1. What do you think are the most important things you can do to stay healthy?
2. If you are not doing these things, what is stopping you?
3. How do you think the place you live in could be made healthier?
4. What do you think is the biggest thing that would improve health services in Tower Hamlets?
5. What do you think is the biggest thing that would improve social care services in Tower Hamlets?
6. If you were in charge of spending money to improve the health of people in your neighbourhood, what do you think it would be most important to spend it on?

Appendix 1 shows the results that were collected from the Qwizdom activity. They show that convenient access to healthcare and improved communication with the Council are key issues that service users feel strongly about. No specific area was identified where service users felt that there should be priority allocation for funding.

Another form of consultation was by asking residents to use post-it notes to answer the questions 'What do you think about health services in Tower Hamlets?' Many of the messages given conflicted, for example there were negative and positive comments about St Paul's Way GP Practice. This most likely reflects the ongoing issues with the appointments system at the practice, which they are working to address. Other issues raised included:

- the suggestion of having more hubs that promoted healthy living and incorporated multiple services
- concerns about how the growing population will not be supported by the current infrastructure for health care

A number of aspects of the event could have been done differently to improve the outcomes of the event. A location with more profile which could have attracted people from more than one estate might have achieved a broader attendance. Future events should be organised around the need to gain resident input, rather than the qwizdom being an add on to a fun day. A translator was present during the event, however he was not thoroughly briefed prior to the event and this impacted the flow of the presentation and 'Qwizdom' session.

## **Conclusions**

The event demonstrated that there is certainly potential for utilising local knowledge to address local health needs, however there does need to be greater participation to fully capitalise on this knowledge.

Future work should be designed in collaboration with GP networks where possible. This would help increase the focus of the session, as the questions could feed into actual decision making.

It would also be useful to work with and learn from the experience of local organisations such as RSLs or local voluntary organisations, to add to existing on the ground knowledge about health needs and build on existing expertise and relationships.

A series of small sessions with existing community groups could also be considered – this would be time intensive but potentially more cost effective if money was not spent on organising a stand alone event, but rather integrated into existing events and structures.

As a result of the event, good partnership links between local community organisations and the Health Scrutiny Panel were established. Also, service users that attended are more informed about health services in their area and have a better knowledge of how to access them.

### **Health Scrutiny Panel Adult Social Care Review Event 8<sup>th</sup> November 2011: 6:30pm-8:30pm Toynbee Hall**

The event was an opportunity for the Health Scrutiny Panel to hear from service users about their concerns around current changes in adult social care in the borough. It was also an opportunity for Councillors to coordinate consultation between the Council and service users. The event was organised by the One Tower Hamlets team and chaired by Cllr Rachael Saunders.

A key aim of the event was to get extensive feedback from service users and carers about important issues to them about adult social care in the borough. To achieve this, the event was promoted to a broad range of contacts from the Adults Health and Wellbeing directorate which included charities, care providers, advocacy groups and third sector organisations. Prior to the event, a letter was sent to all of these contacts explaining that this was their opportunity to offer feedback about local services and care provision. The following questions were asked, with people invited to submit responses before the event:

- What is really good about the social care services you currently use? What is most important to you?
- Have you any suggestions of how we can improve the services you use?

- Have you noticed any changes to your services recently? Do you know if your services will be changing in the future? What do you think about these changes?

The event was also promoted through East End Life the week before the event to promote attendance. In total, 25 people attended.

The event began with an introduction by Cllr Rachael Saunders, the Chair of the Health Scrutiny Panel which was followed by a presentation by the Adults Health and Wellbeing directorate on the comments already submitted. After the presentation attendees were split into groups to discuss positive and negative aspects of adult social care in Tower Hamlets. The groups then discussed and prioritised services that are most important to them. After these workshop sessions there was discussion and feedback by the whole group.

### **Event Outcomes**

Feedback was received from a range of sources including individual service users, resident groups from housing associations and local community organisations. This feedback was collected by the Adults Health and Wellbeing team and was discussed through a short presentation at the event. Many issues were raised in the feedback with the below items capturing the key themes:

- Our plans for the coming year
- Personalisation
- Universal Services (services for everyone)
- Home Care
- Palliative Care
- Health and Wellbeing Board
- Raising concerns and complaints
- What support is available to Somali elders?
- Benefits and outgoings

These points linked to wider questions around adult social care which were discussed in depth during the workshop sessions. Below are the key points discussed at these sessions:

#### Personalisation

Participants wanted there to be greater clarity regarding the role of the Council in deciding who should get care funding, especially where eligibility criteria has changed. It was discussed how there should be greater information on who is responsible for allocating funding and that this information should be circulated more widely to both service users and their carers.

It was highlighted that the Council needs to promote the positive outcomes of personalisation i.e. that they are not just a direct consequence of budget cuts.

Participants discussed how service users are concerned about the joint impact of efficiency savings and inflation on direct payments and how budgets will shift as more people take up direct payments. It was also highlighted that there is a risk that direct payments may be misused to fund personal goods or services other than care provision.

It was raised that social workers often feel that a client's needs are better met through direct provision and that they cannot quantify the support people need into the right direct payments package. For example, very low numbers of mental health clients have direct payments, and the Council has struggled to increase these numbers. A possible reason for this is because many health professionals are sceptical about direct payments being able to satisfy the needs of this client group.

Some service users felt that the Resource Allocation System (which gives an indication of how much money should be made available to service users in their personal budget and what outcomes should be achieved through the use of that money) was very crude and did not work for lots of service users. For example, the budget it allocates does not take factors such as National Insurance and holiday pay in to account and is thus inaccurate.

### Innovative Health Provision

The approach of the newly formed Health and Wellbeing Board was discussed, and it was agreed that the broad membership of the Board will be constructive to adult social care in the borough. It was hoped that this will continue, and that there will be an even more diverse representation of views and opinions on the board going forward.

In the context of reduced resources in adult social care it was agreed that there is a need to do things differently and to be more innovative in care provision. An example of this already happening in the borough is in palliative care provision where a new centre has been set up. This centre provides a single point of access for advice and information about palliative care services in Tower Hamlets.

### Ways of Working and Service Provision

The difficulties of mental health care provision in the borough were discussed, specifically because of the complex needs of clients. It was raised that clients may not have their mental health needs met due to the reorganisation of budgets and care provision in the future.

The issue of carers who do shopping and laundry was raised, as this is being removed from care packages, and service users have to pay for it themselves in order to remain independent. It was agreed that care packages need to be considered in the context of people's needs and there should not be a blanket prohibition on any type of service, such as laundry. This would be contrary to government guidelines.

It was discussed that the new social workers are struggling with the new support plans; however more experienced social workers are not. This is because the new process is very like the old style plans that were previously in place. There is therefore a training need for new social workers.

## **Conclusion**

The event was successful in raising the profile of the Health Scrutiny Panel as a route for dialogue around adult social care issues. A range of individuals and organisations attended. Future events or engagement will need to have a clear focus or topic base – a broad brush approach will not work twice.

The issue of personalisation acted as an overarching theme for much of the event. The overwhelming feeling from the consultation showed that when done well, person-centred planning can change lives for the better with the same or even less costs than previous support packages. The sentiment from the group work demonstrated that the wider community wants to be part of the future development of the personalisation agenda and involved in the work programme of the Health and Wellbeing Board.

Many participants agreed that it is unfortunate that personalisation has come at the same time as deep budget cuts. The challenge for the council was made clear – for personalisation to really work service users need to be clear that it is not a tool for budget cutting.

## **Next Steps and recommendations**

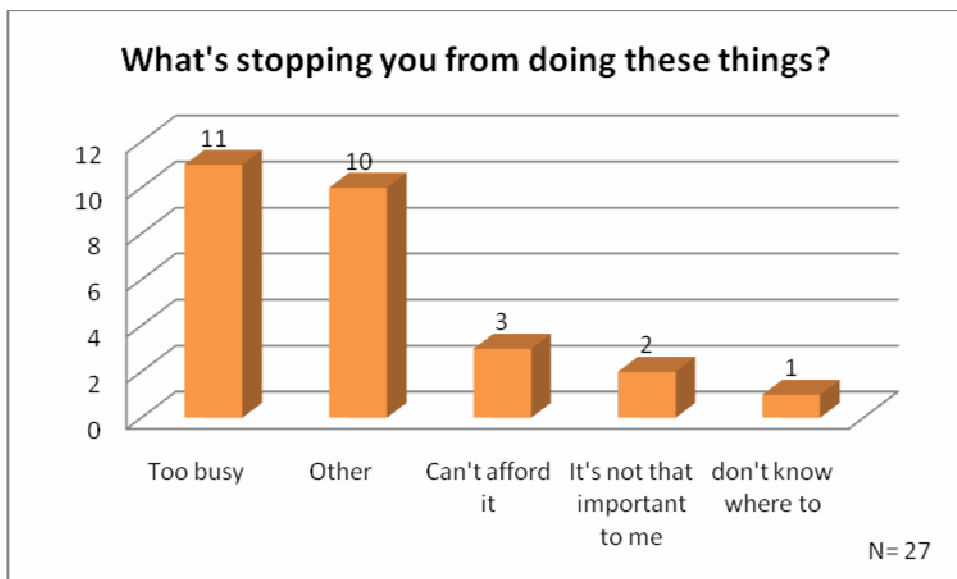
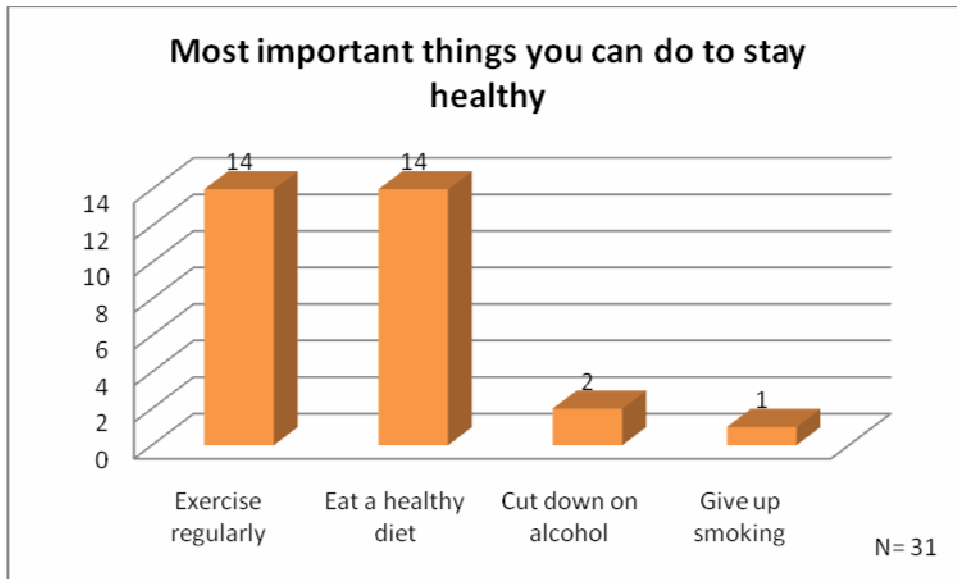
From the feedback received from service users, carers and their representatives it is evident that there is a strong willingness to get involved to shape service provision. The Health Scrutiny Panel needs to clearly define its role in facilitating and encouraging this involvement.

When developing the work programme for the Health Scrutiny Panel going forward it is imperative that the learning from these events are incorporated in future planning.

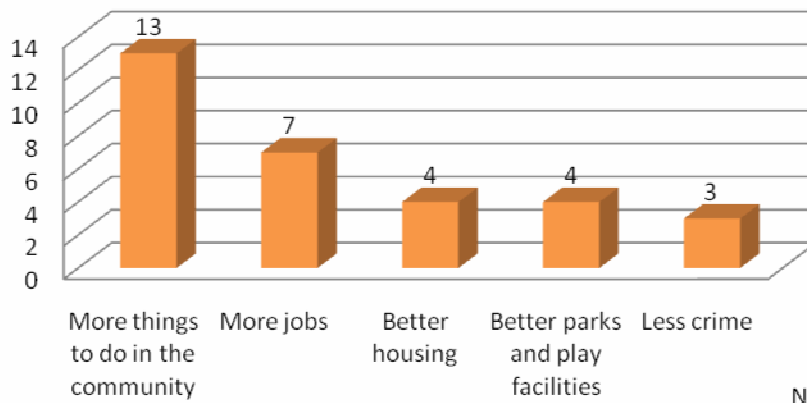
For future events to be sustainable effective partnership working will be vital.

The events were of real value in feeding the views of residents, service users, carers, those who work in service delivery and others into the panel. This will inform our budget discussions and will be of value in informing all of the work of the panel.

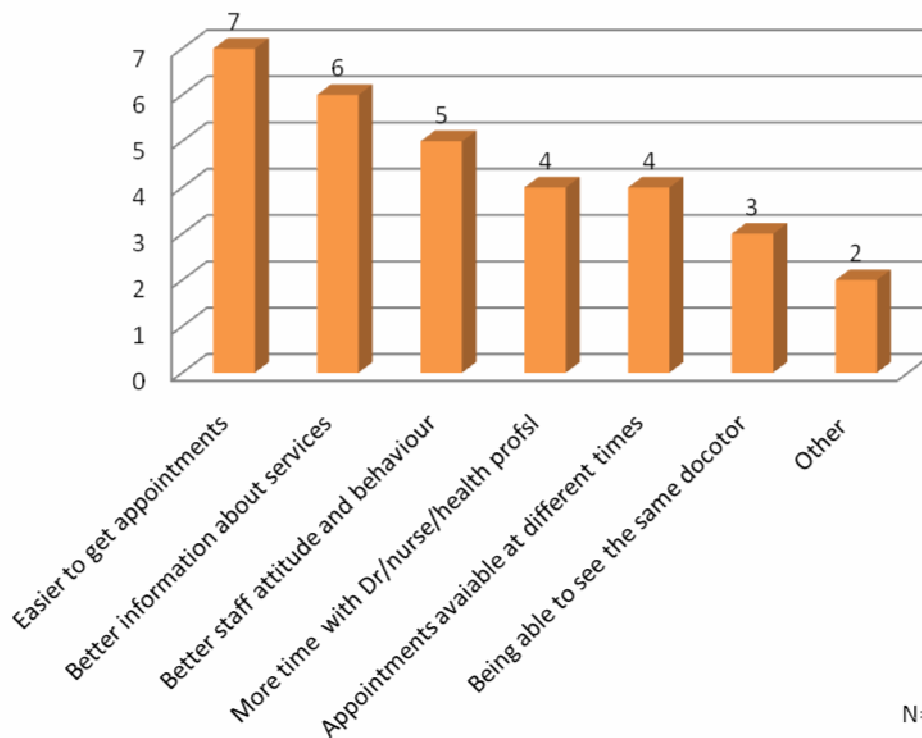
## APPENDIX 1



### How do you think the place you live in could be made healthier?

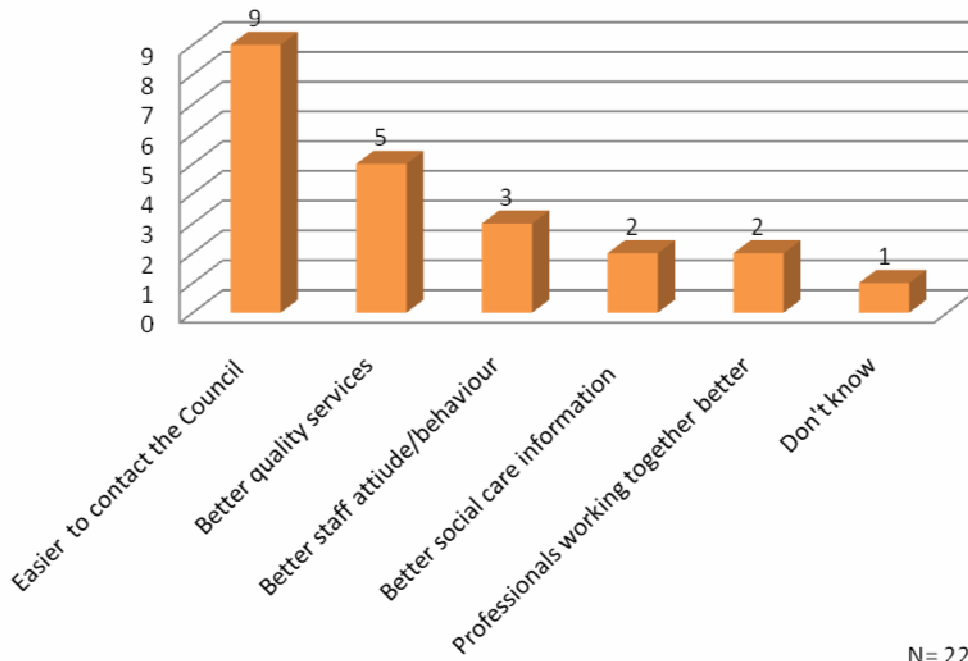


### What would improve health services?



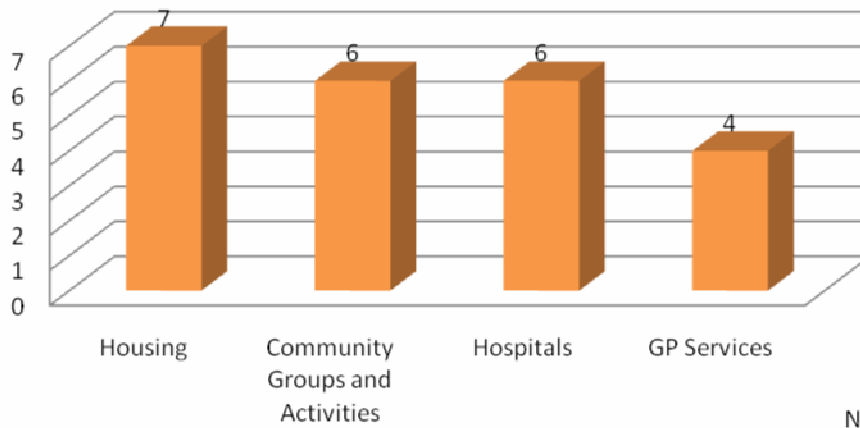


### What would improve social care?

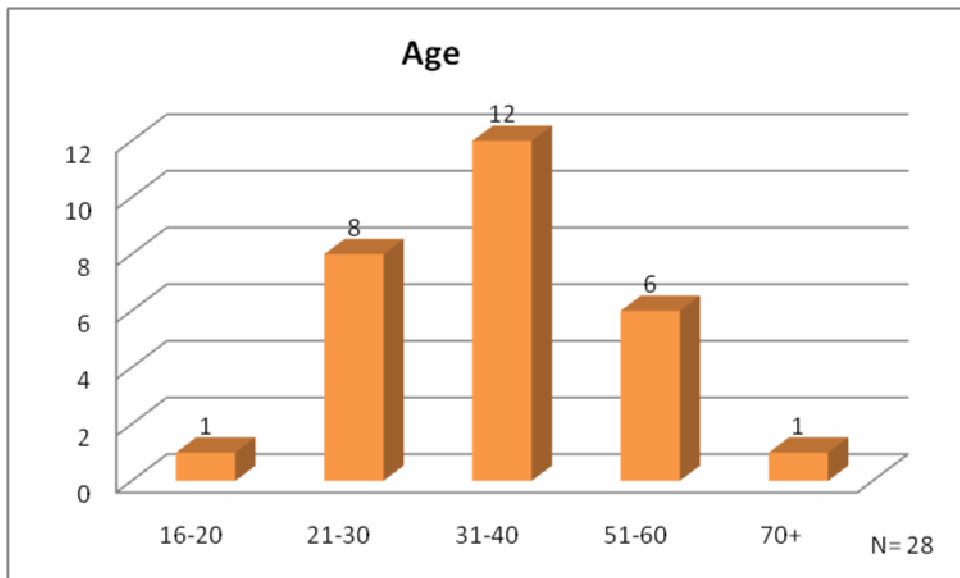
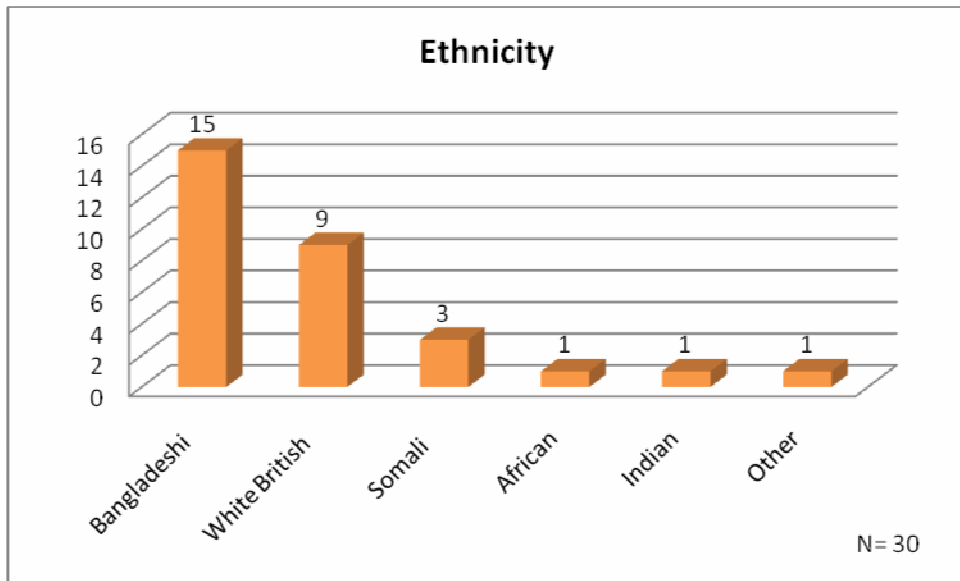


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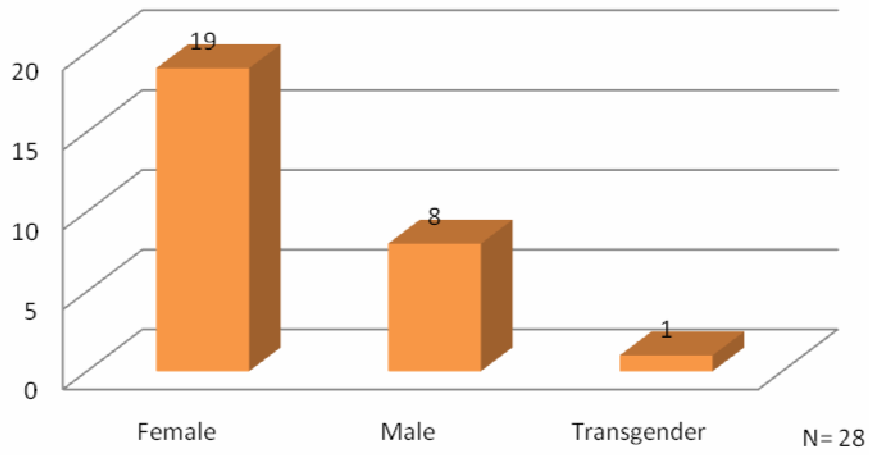
### What should money be spent on to improve the health of the neighbourhood?



N= 23



### Gender



## Appendix 2

### Health Scrutiny Panel Adult Social Care Review Event

8 November 2011  
Toynbee Hall

Deborah Cohen and Rachel Chapman gave a presentation, responding to some of the issues raised in written responses.

Attendees were then invited to ask factual questions before moving on to the group discussions.

Someone then raised a question in relation to the review of direct payments. This will be done by the Head of Finance in AHWB and relates to the level of monitoring which would be appropriate given the level of spend by direct payment clients. There were concerns that too large a proportion of the payment could be spent on accounting, pushing down that which can be spent on services.

Deborah Cohen informed the group that we are asking all providers to match the wages/costs for direct payment clients to those in block contracts. All providers will be expected to pay the London Living Wage. There is a broader concern nationally that a drive to reduce costs in adult social care will drive wages down.

The Group then broke into groups discussions:

#### Group 1: (Rachael C's notes)

- Direct payment monitoring – people find it onerous. Are there different ways that people can do this in line with the flexibility that personalisation is supposed to bring?
- Prevention important
- How do we improve signposting? Particularly from health to social services.
- How do we anticipate and plan for need?
- Awareness raising about accessing services
- 111 number bid – how can we improve co-ordination of care across health and social care to prevent hospital admissions – CVW.
- Role of the Council? This links to the national debate about the roles and responsibilities of individuals.
- Person centred planning – it's been around for a long time. But concern that personalisation is not happening quick enough
- We need to get the message about cuts and personalisation right. They are not the same thing. Unfortunate that they have happened at the same time.

- It's difficult for providers to plan given commissioning budgets shift as more people take up direct payments.
- Look at ECHR report on support for older people, which would be relevant for all client groups.
- Could we make more use of the expert patient model used in health, applied to social care. Link to John Eversley work.

### Group 2: (Rob Driver)

- Blue sky thinking important – need to involve volunteers and social enterprises, thinking about how to do things differently and be more innovative.
- Approach to Health and Wellbeing Board – it's good that they've not got a narrow view, bringing other people on board. Need to ensure good representation of all group. Note that CVS involved.
- A Health and Social Care Forum has been reintroduced.
- We need to build on what is currently in the borough, key individuals in the borough in community groups.
- Want approach to savings to be well informed, consultants need to think about the economic situation in developing their approach to personalisation.
- Definition of personalisation – a mind shift, what can we do to stimulate activity on the ground.
- Advice and information to service users – need to improve consistency of how to get information on care – Idea Stores, hospitals, community groups.
- How to develop palliative care? Palliative care centre set up, this faced challenges – but a good model, good example of how services can be joined up.

### Group 3: (Sarah Barr)

- Personalisation. Many professionals are sceptical about direct payments, especially for people with mental health problems. People are also very concerned about the joint impact of efficiency savings and inflation at 5% on direct payments.
- Welcome the move away from impairment based teams in adults social care, but the Community Mental Health teams are behind in this progress. This was felt to be because they are led by clinicians rather than social workers. The teams are run by the East London Foundation Trust, with the social work staff seconded across from the Council.
- It is true to say that the Community Mental Health teams have a very medical dominated, and old-fashioned model. And the Council is looking at different options of what to do with the social work element of that team. Hackney Council have pulled out their social workers. We could do this, or put the social workers in GP practices, or de-commission the service completely.

- Some additional training has been done, but lots of residents are not getting a good enough service. Some people are becoming very disillusioned with the idea of direct payments and personalisation.
- Mental health clients often present with complex needs, they may be having their mental health needs met, but won't get adequate financial package which meets all of their needs. This is a real issue generally when people's needs fall across more than one impairment type.
- Social workers often feel that a client's needs are better met through direct provision, they can't quantify the support people need into the right direct payments package.
- This means that very low numbers of mental health clients have direct payments, and the Council has struggled to increase the numbers.
- The Resource Allocation System has not been used, rather than 'recalibrated' as it should be. There are some inherent tensions in the system, as a ready reckoner it's very crude and doesn't work for lots of people. For example it doesn't consider holiday pay, insurance etc, and often results in people paying under the minimum wage to their employees, indicating something has clearly gone wrong.
- What if people misuse funds or run out of money, the Council would still have a statutory duty to provide their care or support.
- There are some examples where people are not getting the personal care that they need.
- The issue of carers who do shopping and laundry was raised, as this is being removed from care packages, and people are having to pay for it themselves in order to remain independent. Care packages need to be considered in the context of people's needs and there should not be a blanket prohibition on any type of service, such as laundry. This would be contrary to government guidelines. We need to bear in mind that lots of people in the borough are quite unsupported because their families have moved away.
- The awareness of the term 'personal budget' is not always good. Worry that some people are not even aware if they have one, some people may have a personal budget, but exactly the same provision as before, which is not the intention. See the Demos report for Tower Hamlets' performance in relation to this.
- Is the local authority maximising opportunities available for people with personal budgets?
- Should we be using independent support-planning as in Newham?
- The Council is concerned that support plans do look exactly like old careplans and have commissioned a piece of work to look at the quality of support plans. The target in relation to support plans was quantitative, rather than relating to quality.
- It was thought that the younger social workers were the ones struggling with the support plans, for older social workers, the new process is very like the old style plans that they used to do. There is therefore a training need for social workers. Quite a difficult culture change, social workers are being told to focus on needs, not on money, but the service as a whole is also being expected to make savings.

The whole group then came together to discuss:

When done well, person-centred planning works really well and can change lives, for the same or even less costs than previous support packages. However, when not done well, for whatever reason, the Council is really missing an opportunity to deliver better services in a more cost-effective way.

The wider community needs to be part of the thinking, along with those with experience and expertise, in relation to the Health and Wellbeing Board.

It is unfortunate that personalisation comes at the same time as cuts. Communication messages need to differentiate between the two. Direct payments can actually mitigate for cuts. Other local authorities are struggling with this too, we can learn from other areas and national learning.

Could we make more use of the expert patient model as in the NHS?