Healthwatch Southwark *Spotlight On: Social Care*

Tuesday 22nd July 2014, 4pm-6.30pm

Event Report

Purpose: to inform Supporters & Stakeholders about Adult Social Care within Southwark Council and gain feedback on the real-life case studies.

Venue: Cambridge House, 1 Addington Square, SE5 0HF

Attendees: 55 including residents, organisations and 5 Southwark Council Staff

Programme:

- **Introduction**: ‘‘*Why Social Care?*’’ - Chair: David Cooper, Chair of Healthwatch Southwark
- **‘’What is Healthwatch Southwark?’’** - Alvin Kinch, Healthwatch Southwark Manager.
- **‘’Adult Social Care in Southwark’’** - Alexandra Laidler, Interim Director of Adult Social Care. Overview of the Vision, Integrated Care, priorities and activities for different groups of people.
- **A Questions (Q) and Answers (A) session** followed this.
- **Group Discussions**

At this public forum meeting, we were pleased to see nearly 60 attendees including local residents, representative from the community and voluntary sector as well as statutory services. Following the packed programme, attendees enjoyed a healthy selection of food over networking.

Key issues from the discussion:

- **Vulnerability** of people – particularly those reliant on informal help or support from neighbours and others. Potential concerns (**safeguarding** nature – financial and abuse) for both unofficial carer/neighbour and individual.
- **Phone assessments are not always appropriate for older people**. It cannot show empathy and it may not allow individuals to articulate their needs. This can include downplaying any needs they have or staff missing opportunities to pick up on. Face to face communication allows more 'holistic' assessment based on all types of communication (body language etc.)
- **Information and support** has to be independent, useful and for people to know where to get it. Linking patient experience groups with social work outreach could be one way to widen signposting and information distribution
- **Clear information is given at crucial points** in the pathway, particularly discharge.
- **Discharge –** clear communication from staff is essential. Personal care needs also need to be considered. Professionals need to take into account family and carers concerns and allow flexibility in their response.
- **If promoting information is important, it needs to be accessible,** particularly for sensory communities i.e. Deaf Community- support in terms of promoting deaf professionals or other ways to communicate information.
- **The role of GP** in spotting potential social care needs and acting as a source of information to support or help get support for the care
- **Face- to- Face communication**- is seen as a better way of assessing someone's needs rather than over the phone
- **Carers needs** to be taken into consideration and met. There should be more than one carer to prevent and maintain the carer's health and wellbeing.

Follow up:

Access to social care services is one of Healthwatch Southwark's 4 priority areas and we are currently scoping further work around this. We want to continue to speak with individuals that have experience of using social care services and support independent advocates who might want to feed into our information and intelligence gathering. We are keen to talk with people who do not meet Southwark Council's eligibility criteria for services and /or are self-funding. We want to see people receive a full assessment and to ensure there is a follow up to monitor any changing need and circumstances.

We will send the report to London Borough of Southwark Children and Adults Services and arrange a meeting to discuss actions going forward to improve services and commissioning and will report on this in due course.

Question & Answer to Interim Adult Social Care Director:

Q: *Some people who do not know what a personal budget is. Care Co-ordinators within Mental Health do not have the time to do what they need to do for the person being assessed for a personal budget. There is a short-fall in a personal budget being promised to someone and them getting it.*

A: Resourcing Support work is an issue. The Council has a programme of Support Planning for people with personal budgets but it has not been as successful as the Council would have wanted. This needs to be worked on.

Q: *Point from a Carer- People need information and it is not reaching the people who need it. There needs to be information within hospitals and people need to be supported with finances to get to and from hospitals when they have appointments.*

A: The Southwark and Lambeth Integrated Care top priority is about making sure people get the information they need. The housing workforce is also being involved to ensure that they are able to provide information that people need.

Q: *From a member of the Southwark Deaf Forum. Southwark Resource Centre is used by the Forum which has been good for information and networking. There are difficulties for us when using services because of sign language and the problem with accessing interpreters.*

A: A member of Southwark Council staff is looking into improving access for people with sensory impairments. It will be looked into after the event and will feedback to Healthwatch.

Statement: There are many people in Southwark who are not Deaf aware and we need to make information and services available.

Q: *From a Carer- The financial situations of Carers need to be taken into consideration. As a Carer "I'm an asset, not a problem. I may have a problem, but I am not the problem.''*

A: From next year onwards, there will be personal budgets for Carers to use for what they need.

Q: *The NHS South East London Commissioning Strategy programme has a whole range of stakeholders involved. Adult social care has not been involved in the programme. Why is this?*

A: Previous Strategic Director of Children and Adult Services was involved but has now retired. The person who will be/ is the representative will be looked into.

Notes from Group Discussions:

Following the presentations along with the question and answer session, we invited attendees to take part in group discussions around eight case studies that were based on real stories in Southwark. There were 7 groups who each choose the case studies they wanted to focus on and asked the following questions about the study:

1. What could go wrong?
2. What should happen?
3. Any experiences to share? Have you or family/friends had something similar?

Below you will see the feedback from the discussion groups:

NB: Text in italics refers to the discussions of members of the Deaf Forum.

Case Study 1

Robert has no family or relatives. He has a physical disability and requires some help at home to do his shopping and cleaning. His neighbour helps out when she can and has contacted the Council on Robert's behalf with his consent. She expects some help for him but has not heard anything for the last few weeks….

What could go wrong?

- The neighbour might not be happy to care for Robert and might need extra support
- The neighbour is vulnerable just like Robert – there could be a safeguarding issue for either of them
- All doors are shut until crisis point is reached
- The neighbour might not know the boundaries and where to go to help Robert (access to befriending services?)
- *Anything could happen to the neighbour. They don't know how to help or look after.*
- *Maybe the person needs confidence to support or make contact.*
- *Safeguarding issues – about unofficial carers and their characters. Deaf individuals are vulnerable with the person taking advantage of their money and the person may not know anything going on.*
- *Maybe the social worker lost their contact details*
- *How was he living before? Managing? Maybe he was doing well.*

What should happen?

- Social services should get in touch to sort out some support for Robert
- Someone needs to be around to help the neighbour in case she cannot cope – there needs to be a 'contingency plan'
- Robert could go to the GP to discuss his needs
- The neighbour should follow up with social services to request an assessment for Robert
- If social services do not sort out some support, the neighbour/Robert should make a complaint
- The Council should monitor physically disabled people to make sure their needs are being met
- *GP could pick this up before.*
- *Social care need to be involved.*
- *Social worker or someone else should try to follow this up. They should also be mindful of different ways of communicating, particularly from a deaf perspective. i.e. email, or text because if not, I guess the next option would be to phone ambulance and you want to avoid hospital.*
- *Role of an Advocate – to encourage social activities, community, to support and enable communication. To make sure rights are observed, as sometimes the social worker does not always get it right*

Experiences?

- Anecdote about a service user whose mental health was deteriorating, care co-ordinator would not respond to any emails or phone calls. In the end the organisation made a formal complaint and a shortfall was admitted, and all parties involved agreed a joint way of working
- Anecdote about a situation where a carer had recommended a decorator that he/she knew, and this decorator began taking money off the person receiving care and harassing them. This was reported by the housing association and the carer was dismissed
- *I heard from a friend, who was supporting someone who was blind, and you have to be careful about their character and potential abuse that all they wanted to do was to sign check. (unanimous agreement about the potential financial abuse/ safeguarding issues from someone who is an unofficial carer or helper)*

Case Study 2

After Bill made contact with Social Care Services, he is told that a social care worker or 'triage' person will call him to assess him over the phone…

What could go wrong?

- There could be confidentiality issues when this information is shared over the phone
- Bill might not be able to articulate his needs verbally
- Bill might not feel safe discussing his issues over the phone
- He might downplay his needs in order to not 'be a nuisance'
- The assessor cannot show empathy over the phone and this might lead to a negative experience for Bill
- Language used to not contain jargon
- Phone assessments are not appropriate for older people and they need to see the person. Some assessments are done through a 3rd party i.e. at day centre. Must visit at home to get picture.
- Do older people cope well on the phone. Confidence, ability to use the phone well, language
- Must be sensitive to people and those who support them
- Lack of understanding of range of vulnerability etc.
- Only to be used for passing information and not assessment
- No time scale
- What about those who do not have a phone?
- People are desperate before they phone. First contact needs to be sensitive and informative.
- Should not be asked
- Might not get call back
- Might be deaf
- Telephone call centre
- Face to face with carer

What should happen?

- Someone should come to Bill's home to assess him face-to-face
- Explain services clearly and simply
- Face to face assessments
- Make sure the triage person is appropriately qualified and knowledgeable
- Why not health / social care assessment jointly?
- Not be assessed over the phone – missed over the opportunity
- Triage – assess need low / medium / high
- Doctor – first point of contact, needs to be well informed
- 45 practices in Southwark – Dulwich Health Centre
- Support from other organisations – church
- Awareness and knowledge of where to signpost
- Council training – Dementia awareness St Thomas
- Care Home
- Work structure – care work Vs. Social workers
- Southwark – more travel time / Anchor / Living wage

Experiences?

- General discussion – a good rapport needs to be built with those who have mental health issues, and this is best done face-to-face

Case Study 3

Natasha receives home care services from a local care charity. She has a personal budget and gets some support from carers and families. Natasha is not happy with the paid carer and feels it is poor quality. The paid carer tells the care organisation that she is doing what she is expected to….

What could go wrong?

- If personal budget – social worker- get appropriate information to understand the scheme
- There needs to be better support
- Choice is limited
- Already gone wrong – she has the power to change her care
- The care should be person centred
- Sounds like poor communication between the care worker / agency and Natasha

What should happen?

- Look at plan again and change if necessary
- Lengthy process should change
- Should be a contingency plan
- She can employ a carer personally
- Needs to draw up a very personalised care and support plan
- Should have a Personal Assistant
- Good organisations needed to deliver care
- Better information and support for Natasha on what works and what good looks like and that this will be responded to

- Better pay and conditions for care workers
- Independent advice and support in the right places and more universally accepted
- Patient experience groups and link to Social Work outreach and integration

Experiences?

- Continuity of care and quality of home care has been variable – time of visits vary
- Unpaid carers – gave examples of poor quality home care
- Care staff not having the skills needed – specialist nursing
- Rotas and visit not properly coordinated

Case Study 4

Mashallah has dementia and has been receiving paid care for a while now. He seems happy but is not the type to make a fuss or complain. Family members have noticed that Mashallah's care needs have changed recently…

This case study was not discussed.

Case Study 5

Andrew had to enter hospital for knee surgery. He has now been discharged and needs a bit more care while he is recovering at home. Since he has left hospital, he has been receiving some care for a while now…

What could go wrong?

- Condition could deteriorate
- Lack of communication – things don't happen
- Back to Southwark Resource centre

- Frustration and mental health issues – aggressive
- Isolation
- Lead to unemployment

What should happen?

- Have an advocate
- Access to information – My support choices at point of discharge
- Better coordination

Experiences?

- Palliative care
- Don’t listen
- Rigid response

Case Study 6

Miriam is a GP and acts as a carer to her mother-in-law Agnes. Agnes is 86 years old, is diabetic and has heart disease, she appreciates family support and doesn't like to complain…

What could go wrong?

- Carer can become stressed, lose temper etc
- Defining next of kin and not confusing it as carer
- Agnes may not take her medication and relapse in her health
- Outside people may make assumptions because daughter is a GP
- GP may have very little time
- People may not like to complain
- Caring professionals could become a bit dismissive of care need of the lead one
- *Carer – maybe they could be ill. It’s not safe for one person to look after an 86-year women for a long time. Over time, there will be a problem. The family member may have their own family and is dedicated but it can leave problems with her own family and it’s not fair.*
- *Don’t like to complain – maybe there is something Ages wants to say but can’t because it’s a family member caring and helping out.*

What should happen?

- Needs a carer to support the carer (Miriam)
- Mother need the care – local authority to fund the care if she meets the criteria
- Important to talk to Agnes about what she wants and what is practical
- Assessment needs to take place
- Information needs to be available to support carer from GP
- Agnes should have access to support irrespective of her daughter being a GP
- Find out what the issues are for Agnes
- Health checks and coordinating of primary care / GPs
- Health Checks and plans about managing diabetes
- Does she have any other care?

- *The doctor should advocate and advise or have more home help*
- *Should not be a regular lone carer for a long time. There should be a group of carers, changing and rotating.*
- *Lots of people caring for themselves, sometimes this can mean using psychiatric or religious support but there needs to be consideration of the individual's holistic care. E.g. they may not take medication but will do exercise or use religion.*
- *Counselling service available for religious / cultures.*
- *Important that the person is being cared for well and that they like the carer, and it is not always about if the carer is from the same culture*
- *Deaf people need to get together and with others, so that there is that support for information etc., that's why we have the Southwark disability forum. The forum is place of meeting to share, talk, or socialise, whatever the preference is. There used to be a Peckham Deaf Group with a deaf worker but this is cut and we need more good groups and services like this.*

Experiences?

- Care coordinator assumes carer's support is enough
- Carer finds caring too much to handle
- No one carer for carers
- Parents with issues about health and GPs
- *I knew of a young man about 40years old, he looked after his mum for ages and became blind during that time. He was also depressed and lonely. Suddenly he hung himself. The mum went into hospital soon after and died 6 months later. He was not deaf. I didn't know at the time*
- *That's why Southwark Deaf Forum should become an information hub on social care*
- *'Sometimes I think I'm independent and healthy and single, but I worry about what's going to happen in the future'*
- *Friend looking after for years, took the person to the GP and found that he was on the wrong medication and became worse. This is a communication problem because he was not able to hear. This shows what could happen if communication does not take place.*

OTHER:

- *Deaf counselling – depends if the person needs it, don't think there is a BSL proficient counselor around, particularly around anxiety and depression (lower level)*
- *SDA deaf counsellor would be able to network, signpost and collect issues to focus on deaf community. From a deaf perspective, it would help as they come through that 'lived experience'. Deaf People in Services and Professionals should be promoted by the Council*
- *Springfield hospital - provides deaf counsellor but only for mental health. St Georges used to have one but this was cut and who supports those outside of their catchment area?*
- *A deaf counsellor would not just to be deaf but also empathy, strong, with boundaries and very professional*

Integration:

- *You talk of integration but where is the integrated information. We need deaf people to provide that evidence of deaf experience. Provide opportunities for deaf people to become counsellors etc. Deaf people who has gone through the lived experience brings good quality*

Discharge

- *My hospital was giving birth in hospital. She had a midwife present, and it was difficult to book at emergency times, although she could only get 1 hour because of cost implications. So in the end I called friends to help me.*

Case Study 7

June lives at home and goes to a day centre for activities. She has some help from a charity and a family member. The family member has a breakdown. There is a risk that June will need to go into a residential care homes….

This case study was not discussed.

Case Study 8

Rose has been admitted to hospital for a second scheduled knee operation. She received good care in the hospital. The first time she stayed in hospital for 2 weeks after the operation. This time she stayed in hospital for 3 days. On discharge…

What could go wrong?

- Rose may not feel ready to come home after three days and may need a bed for longer
- Rose might bring home an infection
- Rose might be left vulnerable in her home
- There could be pressure on family and friends

What should happen?

- An intervention might be needed to ensure that Rose will be safe once she has returned home
- A trained nurse is needed in the home to make sure Rose is making a good recovery
- The hospital needs to make sure there is a proper care package in place
- An assessment is needed before discharge
- A support worker needs to come and visit her to arrange necessary services
- A support planner needs to come and arrange for her to have a personal budget for social care
- There needs to be clear communication from the hospital about what is best for Rose during her recovery
- Personal care needs need to be properly thought out

Experiences?

- Anecdote about friend who contracted an infection in hospital, went home then had to come back and later died