



## WRITTEN EVIDENCE FROM THE DISABILITIES TRUST

### COMMUNITIES AND LOCAL GOVERNMENT COMMITTEE INQUIRY INTO THE FINANCIAL SUSTAINABILITY OF LOCAL AUTHORITY ADULT SOCIAL CARE

#### 1. INTRODUCTION AND OUR ACTIONS TO DATE

**1.1** The Disabilities Trust is a national charity providing care, rehabilitation and support for people with complex physical impairments, acquired brain injury and learning disabilities as well as children and adults who fall under the autism spectrum. Our income largely derives from fees charged to the NHS and local authorities to provide these specialist services. We support approximately 1000 people each year in residential settings, independent hospitals, accommodation-based support and within individuals' own homes. We employ over 2000 staff and have an annual turnover of c£55m.

**1.2** The Trust responded to the Health Select Committee's inquiry into the Impact of the Spending Review on health and social care in January 2016. We outlined our belief that the Comprehensive Spending Review (CSR):

- "was a missed opportunity which may have potentially devastating outcomes for people with disabilities who rely on social care services"<sup>1</sup>; and,
- "did not demonstrate a nuanced understanding of the impact on needs of people with disabilities, their families or the organisations which provide their care and support."<sup>2</sup>

**1.3** We were a signatory in January 2016 to a letter from more than forty organisations, calling on the Prime Minister to back former Care Minister Norman Lamb MP's call for a cross-party commission into adult social care.<sup>3</sup>

**1.4** Through our membership of Voluntary Organisations Disability Group (VODG) and the Care and Support Alliance (CSA) we have joined with colleagues across the third sector to continue to raise our concerns regarding adult social care funding for people with disabilities.

---

<sup>1</sup> Written evidence submitted by The Disabilities Trust, 26 January 2016  
<http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/impact-of-the-comprehensive-spending-review-on-health-and-social-care/written/27402.pdf>

<sup>2</sup> Written evidence submitted by The Disabilities Trust, 26 January 2016  
<http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/impact-of-the-comprehensive-spending-review-on-health-and-social-care/written/27402.pdf>

<sup>3</sup> PM urged to support Commission on health and social care, 10 January 2016  
[http://www.nationalcareforum.org.uk/viewNews.asp?news\\_ID=3269](http://www.nationalcareforum.org.uk/viewNews.asp?news_ID=3269)

## KEY POINTS

- We agree with the assessment of ADASS that “we are at the tipping point where social care is in jeopardy and this impacts on the millions of people needing care and support.”<sup>4</sup>
- The Government needs to act now to:
  - protect the wellbeing of people with disabilities;
  - address the deficits in local authority adult social care funding; and,
  - work with the care sector to develop new and innovative models of support.

## 2. THE TRUST’S EXPERIENCE

**2.1** More and more frequently people we support are being denied appropriate care for reasons primarily related to funding. While we are striving to adapt our model and streamline costs to cope with local authorities’ ever-reducing budgets, in order to maintain our standards of care and the safety of our service users we are unable to continue to sustain this reduction indefinitely. As a highly specialist provider we are able to tailor care and support to the needs of the people in our centres, delivering personalised care in line with the Care Act, but this has an associated cost.

### CASE STUDY ONE

Mr A has autism with challenging behaviour, complex communication needs, epilepsy and self-harming behaviour. He lives in one of the Trust’s four-bedded Community Houses and has been supported by us for over a decade. Mr A is an extremely vulnerable adult and needs extensive 1:1 support to keep him safe. A review by his care funders, Local Authority X, cut funding for Mr A’s 1:1 support from 7½ hours to 4 hours a day.

Mr A previously accessed his local community once a week, which he really looked forward to, but reduced funding now only allows a trip once a month and this is having a significant affect on his wellbeing. Funded 1:1 hours must first be used to meet his personal care and mealtime needs. If Local Authority X further reduces fees it will be impossible for the Trust to continue to safely support Mr A as his care and support needs are too complex to support on reduced fees.

**2.2** The social worker did not meet Mr A to conduct this assessment and we have challenged the funding decision under the wellbeing principle of the Care Act. The Trust was told to use extra ‘background staff’ to provide care; there are no ‘background staff’ in these units since all staff are funded specifically to support individuals. Mr A’s weekly funding has been reduced from £2042 to £1801, a drop of 12%. If this drop in funding were to be repeated by other local authorities, many of

---

<sup>4</sup> ADASS Budget Survey 2016, 13 July 2016  
<https://www.adass.org.uk/media/5379/adass-budget-survey-report-2016.pdf>

our services would become financially unviable and would have to close, leaving the people we support homeless.

**2.3** Local authorities too often place people in inappropriate but cheaper accommodation regardless of their needs. We see some people being moved from our services (before they are ready) to inappropriate placements; young people with brain injury have been placed in nursing homes for elderly people with no other options offered to them. There can be a significant impact on the wellbeing of the individual and those with caring responsibilities for them.

**2.4** Care reviews by local authorities often do not make provision for the extra support needed by people with disabilities as they age, and the age-related conditions that can co-exist alongside the primary disability. It has been our experience that when an older person who falls under the autism spectrum or has an acquired brain injury develops an age-related condition such as dementia, local authorities will often consider this to be their primary disability and move to reduce their funding or relocate them to alternative, elderly care facilities, which often are unable to deal with any challenging behaviour resulting from the disability. People with multiple co-existing conditions are most in need of specialist support but too often the complex needs of elderly adults who are also disabled are ignored.

**2.5** Local authorities assess based on the number of hours of care a person requires, but the fees they are willing to pay mean that individuals in receipt of direct payments may, for example, be forced to choose between more hours of lower-quality or inappropriate care or fewer hours of appropriate care. In both instances their wellbeing would be compromised.

**2.6** We are particularly concerned that in cases where funding has been theoretically agreed with a local authority, we are forced to sustain an operating loss in relation to certain service users, or reallocate funds from other sources.

## **CASE STUDY TWO**

Ms B has autism and anxiety and is at high risk of self-harm. She has been resident in a four-bedded Community House for 15 months. Her initial care package did not include funding for any 1:1 support, but following Trust concerns about her welfare we have been providing 21 hours of 1:1 support a week, at our expense. Ms B is extremely vulnerable as she has Pica and will swallow objects including tweezers, so dedicated monitoring is vital to ensure her safety.

At a recent review a social worker from the funding body, Local Authority Y, agreed to fund this 1:1 care. Three months after this decision the social worker has not responded to Trust contact and no increase in funding has been forthcoming. For financial reasons we will have to stop providing 1:1 care for Ms B as we are unable to subsidise her care costs further, but this decision has not been taken lightly and is extremely upsetting for all concerned particularly the staff who support her every day. The Trust is faced with making an unsustainable financial loss or potentially putting the welfare of an individual at risk.

**2.7** On a number of occasions, fees have remained unpaid for many months while there is a dispute between funding bodies. It is not unheard of for the Trust to be forced to wait two years for funding disputes to be settled, and accrued fees have risen to (in one case) £175k.

### **3. CONCLUSION**

**3.1** Despite the Care Act, decisions regarding care placements in some cases still appear to be driven by available local authority funding rather than service user wellbeing. Fees are often inadequate for covering the specialist care needed. Individuals with co-existing (particularly age-related) conditions are too often funded for the 'cheaper' condition rather than for holistic, specialist care.

**3.2** We are seeing people with highly complex needs in our services whose levels of support are subject to proposed reductions by funders to a level which can put themselves or others at risk. This is a false economy since a significant number will cost the public purse more money if they go into crisis as a result.

**3.3** There is a lack of recognition within the CSR and wider Government thinking of the need for specialist and seamless provision for working age people with complex disabilities. We are concerned also that the role of Care Minister in Theresa May's Government has been seemingly downgraded from Minister of State to Under Secretary.

**3.4** We believe the Government should act more quickly and decisively to integrate health and social care budgets and work with the third sector and the care industry more widely to explore new models of support.

**Sarah Rufrancos, Policy and Campaigns Manager**  
[sarah.rufrancos@thedtgroup.org](mailto:sarah.rufrancos@thedtgroup.org)

**Sarah Clifford, Director of Communications**  
[sarah.clifford@thedtgroup.org](mailto:sarah.clifford@thedtgroup.org)

Tel 01444 239123

August 2016