



Adult Social Services Budget Consultation 2011/2012

Response from Redbridge Concern for Mental Health and RUN-UP

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Redbridge Concern for Mental Health and RUN-UP welcome the opportunity to comment on the Adult Social Services Budget Consultation. We recognise the budget constraints on the local authority in light of the financial crisis and the pressures on budgets. We also appreciate that the local authority will have to make difficult judgements over the coming three years in light of the £25 million of savings the council will have to make.

Redbridge Concern and Run Up are committed to working in partnership with Redbridge Council to ensure that we minimise the pain that will inevitably be caused and to ensure that the most disadvantaged and vulnerable members of our community are not unfairly impacted by any reductions and cuts in services.

In the current economic climate as public services are cut – we strongly believe - that fairness matters more than ever. It is incumbent on Redbridge, Council to ensure that we improve the quality of life for everyone who lives and works in Redbridge, making it a fairer place.

We trust that Redbridge Council will remain true to social care and human rights ensuring that services and support for the most vulnerable and disadvantaged members of our community are maintained, developed and improved to ensure that they have the same opportunities and choices as other citizens.

All sectors of the Redbridge community our responsible for ensuring that Redbridge residents enjoy good mental and physical health and the opportunity to lead flourishing and meaningful lives which is dependent upon: “decent housing, nice neighbours, good friends, not feeling isolated, enough money, places to go, being able to do things and people to turn to in times of trouble.”¹ Our response, therefore, cuts across the Local Authority.

Recommendation 1 – Establish a Redbridge Fairness Commission

Redbridge Council is committed to improving the life chances of residents, especially in the more deprived parts of the borough. We are recommending, therefore, that Redbridge set up a Fairness Commission on the same lines as

¹ Health Education Authority (1998)

the Islington Fairness Commission.² This has been set up to examine the different determinants of fairness and equality in Islington. A similar Commission in Redbridge would be responsible for analysing the inequality between the health, wealth and wellbeing of different residents in the borough and the reduced opportunities and outcomes in the more deprived parts of Redbridge.

This is particularly important, in light of the gap in the life expectancy between the most affluent and the most deprived areas in Redbridge which is 6.8 years for men and 2.9 years for women.³ There is good evidence that this can be narrowed by tackling child poverty issues, housing inequality and poverty amongst older people.

A Fairness Commission will allow Redbridge to develop a strong local consensus about how Redbridge can become more equal and fair for everyone. We recommend that the commission meet in public to hear evidence from the community and debate issues such as health, housing, family, community, social care, education, skills and training, employment, crime and safety, democracy, sustainability, environment and economy.

A Redbridge Fairness Commission will also strategically fit with Big Society and the Government's commitment to localism: encouraging citizens' involvement and action; building and strengthening social networks and using local knowledge to get better results.

Recommendation 2 Redbridge Conversation to carry out an Equality Impact Assessment with a focus on disabilities.

We agree that the Redbridge Conversation has given residents the chance to have their say about the way savings should be achieved.

However, we have a number of concerns about the accessibility of the website for vulnerable, frail, disadvantaged and seriously ill local residents.

We raised our concerns at the Redbridge Assembly⁴ and we requested the methodology underlying the scope, breadth and diversity of the Redbridge Conversation. However, we have not received the documentation so we cannot comment.

We would like to see the Equality Impact Assessment with a special emphasis on disabilities before we comment further.

Recommendation 3 – London Borough of Redbridge to protect interests of certain disadvantaged groups.

There are certain groups in Redbridge that are particularly vulnerable and disadvantaged including those who are very young, very old or disabled or

² <http://www.islington.gov.uk/council/councilfairness/>

³ NHS Redbridge, Improving Health and Well-being in Redbridge, 2010-2011

⁴ RSP Assembly Meeting Minutes, Wednesday 15th December 2010

have complex mental health conditions **and their interests need to be protected in a time of smaller budgets.**

It is crucial, therefore, that the London Borough of Redbridge enables Social Services to “support people to maintain their independence, enable them to play a fuller part in society, protect them in vulnerable situations and manage complex relationships.”⁵ In other words, to continue to support people to do day-to-day things including: getting out of bed; cooking a meal; shopping; caring for families, having a shower and getting around.

So for example proposals to increase various charges may well have a number of unintended consequences in particular leading to greater social isolation and social exclusion.

Study after study demonstrates the link between social isolation, poor housing, social exclusion and poor mental and physical health. Charges may have a number of unintended consequences. So there will be cases where additional charges may mean someone with a ‘moderate’ mental health problem is unable to go out, to visit friends, to go to college and attend social clubs.

In some cases this will exacerbate mental health conditions and may in some instances result in people becoming unwell and landing up in an acute bed or in a residential care setting at considerably extra cost than the short term savings. This will leave many people with disabilities overwhelmed and isolated, with needs that may worsen and require more costly intervention later.

For example:

North East London Foundation Trust

Bed per day:	@£325
Average length of stay:	19 days
Total	£6175 ⁶

Recommendation 4 – Do not make budget cuts to the local voluntary sector grants budget

As part of ‘Big Society’ the Government is encouraging the voluntary sector and local communities to shoulder more of the burden. Proposals to make Voluntary sector budget cuts will dramatically reduce the potential of local organisations to develop thriving and high quality services.

⁵ Department of Health, 2006

⁶ This is a conservative estimate does not include costs of social worker, community recovery team, perhaps intervention of a home treatment team, subsequent outpatient appointments and so on

Indeed, the “Reduction of Grants Programme”⁷ recognises that “services provided by voluntary organisations will become increasingly important to residents in a period of retrenchment by other public services” The document states that “cuts more than 5% would be seen as damaging” – and yet the paper is proposing cuts of more than 5% in year one – and with further cuts to come.

In light of the fact that Redbridge will be saving £432,948 from its planned contributions to London Councils it is our view this is a wonderful opportunity to invest in Big Society and in particular local voluntary organisations to make sure that everyone in Redbridge has a fair chance to participate and benefit.

Moreover, increased Local Authority investment in the third sector will ensure that there is sufficient access to networks, groups and other community-based assets. And, will also enable the local authority to target resources to ensure those who are currently marginalised, disadvantaged and seldom heard to actively participate.

Recommendation 5 – To invest in Early Intervention and Prevention

It is important that the Local Authority continues to invest to meet need earlier and more cost effectively, focusing on developing the capacity of universal services and ensuring a sharp focus of activity involving targeted and specialist services only when necessary.

For example, mental illness is the largest single source of burden of disease in the UK. No other health condition matches mental illness in the combined extent of prevalence, persistence and breadth of impact. Mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-risk behaviour. Mental illness has not only a human and social cost, but also an economic one, with wider costs in England amounting to £105 billion a year.⁸

A review of ways of working in Human Resources -HRS301

Reduction of a Disability Employment Advisor is a backward step - in our view - in light of the well documented discrimination and stigma disabled people and in particular people with mental health conditions face in the workplace.

The world of work is one of the major areas where people with mental health problems experience discrimination. While there's lots of evidence to show that being in work can help to improve and protect people's mental wellbeing, we also know that many people are discriminated against, both in the

⁷ Cabinet Papers 10th January 2011, Appendix D – STS301

⁸ *No health without public mental health, The case for action*, Royal College of Psychiatrists, London, October 2010

workplace and when applying for jobs, on the grounds of their mental health. As a result, people with experience of mental health problems often feel they have to withhold information about this, for fear of being treated unfavourably.⁹

Recommendation 6 - Disability Poverty – Equality Impact Assessment

The link between disability, poor mental health and poverty is well established. High levels of unemployment among the disabled population means disabled people have lower incomes than average and are disproportionately likely to live below the poverty threshold and be dependent on benefits for a large proportion of their income.¹⁰

Increased unemployment and a range of welfare and public service cuts following the economic downturn has only exacerbated the situation. As far as we are aware there has not been a report or Equality Impact Assessment exploring the cumulative cost of all the changes ranging from transport, culture and leisure, social services, housing and other sectors.

We, therefore, recommend that as well as individual Equality Impact Assessments there should be an overall EIA with an emphasis on disability exploring how the saving, cuts and increases in charges affect disadvantaged groups.

Charging

Please note: Redbridge Concern for Mental Health does not have the resources to analyse all the various charges.

Nonetheless, where Redbridge is charging for services that were once free, Redbridge Concern believes this to be a cut because the individual has to pay the costs if they don't want to lose the service. Moreover, some people who face increases to charges may well decide to abandon the service with the unintended consequences described above.

Charging should be fair transparent and in accordance with the government's guidelines and subjected to an Equality Impact Assessment (EIAs) **with a special emphasis on disabilities.** (Reading the consultation documents there is little narrative on the EIAs for us to make a meaningful comment.)

Conclusion

Redbridge Concern for Mental Health and Run Up looks forward to continuing to engage with the Local authority and to work in partnership and find ways to keep providing efficient, effective and essential support. Finally, we trust that our views and recommendations will be accepted as always having the best interests of the Redbridge Community at heart.

⁹ <http://www.time-to-change.org.uk/node/8526>

¹⁰ Demos, The most effective way to tackle disability poverty is by reducing costs..., <http://www.demos.co.uk/publications/countingthecost>