

Health and Wellbeing Forum

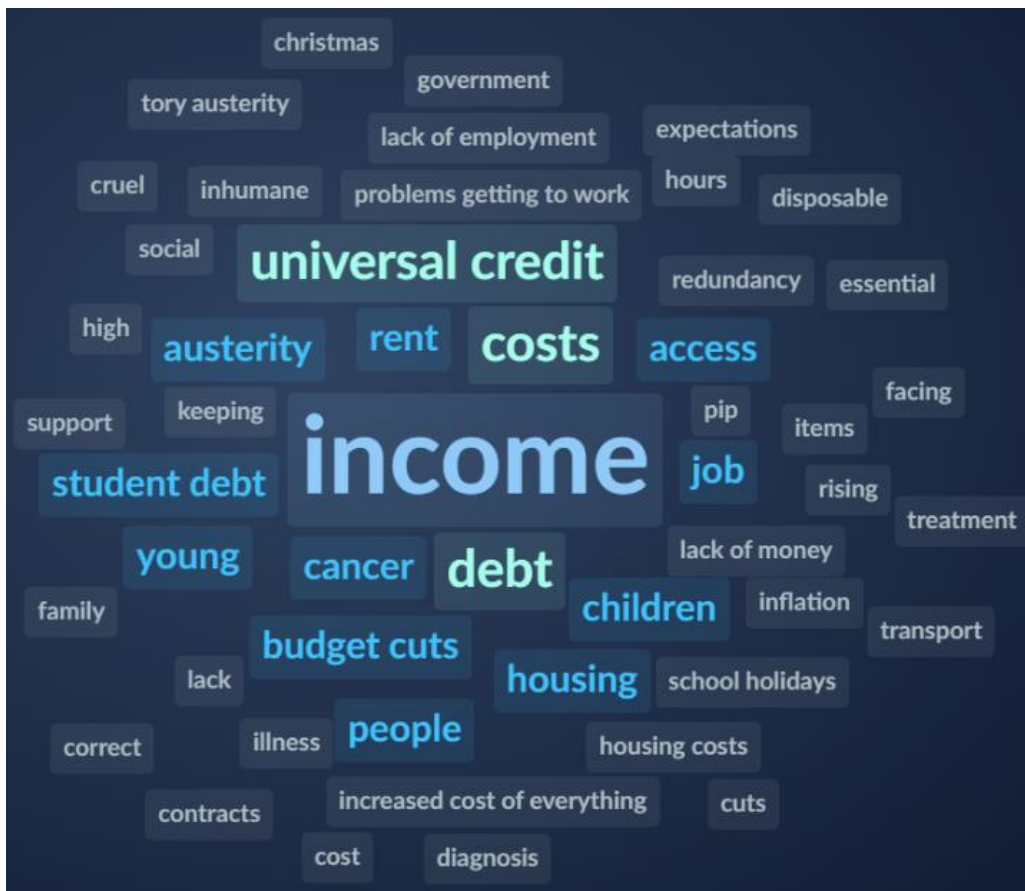
The Big Squeeze: How are Sheffield households keeping well in the face of financial pressure?

Monday 2nd December 2019, 1.30-4pm

For this Health and Wellbeing Forum, we partnered with Disability Sheffield and the Disability Hub to explore the ways that financial pressure impacts on people's health and wellbeing. We wanted to better understand the nature of the financial pressures people are facing, the impact this is having on people's health and wellbeing, and consider what actions we can take collectively to address this.

We started the event with a visual poll to get people thinking about the causes of financial pressures, and spread poll questions throughout the afternoon as a way for attendees to share their perspectives.

Poll: *What causes the greatest financial pressure for you or the people you work with?*



We heard from several speakers to help us understand these themes further:

Mark Nicholson, Disability Hub

Poverty can be described as living with 60% or less of the average income. In Sheffield, 20% of people are living below this threshold. Mark also highlighted the impact of financial assessments and reassessments for people who are receiving a disability allowance; this can be very stressful for people and they are not always given clear guidance.

Lee Harker, Disability Hub

Lee shared some of his personal experiences as a user of social care. Carers are over-stretched, so they cannot spend much time on each visit, and much of the limited visit time is taken up by paperwork. This is not good for carers or for the wellbeing of their clients.

Pauline Kimantas, Sheffield Carers Centre

Pauline described helping people to access hardship funding; cookers, fridges and washing machines are amongst the items essential for health but many people cannot afford to purchase or replace them. People live with chronic anxiety about how they will cope if an unexpected cost occurs, and this impacts on the health of carers and the people they care for.

Clare Lodder, Sheffield Citizens Advice

Citizens Advice hears a great deal about people's difficulties with Personal Independence Payments (PIP) and Universal Credit. Financial pressure comes from both the lack of money/income and the impact of debt and indebtedness. Poverty and financial pressure makes people ill – Clare highlighted how much evidence there is about the cycle of poverty linked to poor mental and physical health.

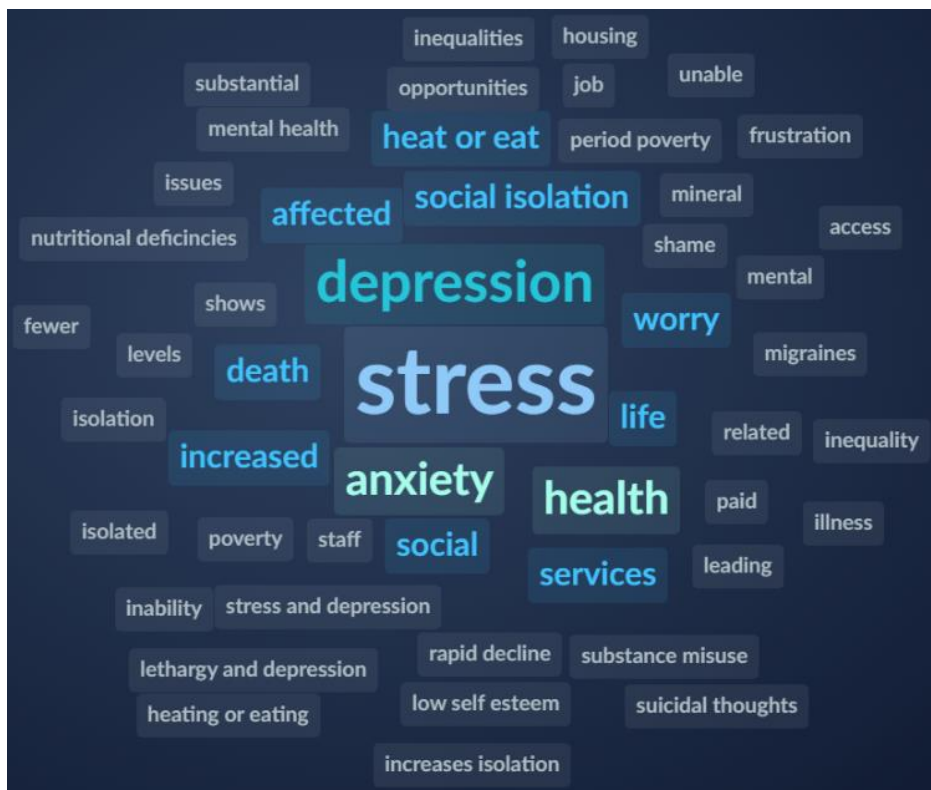
George Lindars-Hammond, Cabinet Member for Health and Adult Social Care, Sheffield City Council (SCC)

George underlined the link between financial insecurity and poor health further by saying that the easiest way to get an estimate on population health is to look at their income. There can be no large scale improvement in public health without also addressing poverty.

Elinor Blacksell and Kat Cook, Fareshare

Fareshare focuses on food redistribution. The rising number of people in Sheffield who cannot afford to feed their families nutritious meals has a large implication on physical population health. In addition, children who go to school without a proper meal will find it harder to learn, perpetuating the cycle of poverty.

Poll: What impact does financial hardship have on you or the people you work with?



We also held a Q&A with the panel. Major discussion points were:

- Financial pressure is a huge cause of stress and anxiety, so mental health treatments could include specialist debt or income intervention to address underlying causes.
- George Lindars-Hammond committed to working with Terry Hudson (Chair, Sheffield Clinical Commissioning Group) to explore how preventative Mental Health First Aid training could be rolled out further across the city.
- What can small organisations with limited budgets do to support clients in financial need? The panel gave the example of Universal Credit – organisations formed a city-wide partnership to support people with the changes. This increased capacity.
- What are organisations willing to do to make sure social care is high quality? John Higginbottom from SCC joined the panel for this question. SCC work hard to ensure they're working with good providers, but there is still a mixed picture. They have signed up to the Ethical Care Charter and are moving towards a carer's living wage.
- Financial assessments – guidelines state that no one will have to pay more than they can afford but this isn't the case at the moment. George Lindars-Hammond accepted the financial assessment is imperfect; people have more complicated lives than a system can understand. Next year he wants to develop a programme to improve this, and will work with Healthwatch Sheffield and Disability Sheffield.
- Some of the most vulnerable are fearful – for instance, single parents won't disclose mental health problems because they fear the consequences for their children. Pauline Kimantas agreed with this issue, and added that people are also worried about complaining about their care services. She highlighted the importance of talking to trusted organisations who can raise issues on your behalf.

Poll: What should be done in Sheffield to help people stay well in the face of financial pressures?



We led a table activity asking groups to identify challenges and propose solutions that could work in Sheffield. Below are the suggestions from people in the room:

What is the challenge?	What action can we take? Who is the action for?
Disability assessments – lack of understanding	Respect existing court orders. Respond to complaints. Have a champion for disabilities. Commission service to support people at benefit assessments (CCG or SCC).
Language barriers	Easy read information.
Spread messages information on issues discussed today outside of the room.	38° online petitions. Wider range of volunteers, perhaps retired expertise. Network for those 'socially isolated'. Socially mobile communities - people from affluent areas assisting/partnering those less fortunate. Action for all participants.
Lack of finances	Increase investment into care of people by taxing, borrowing and/or reducing other budgets. Action for the UK
Confusion about where to go for advice/help – too many organisations	Develop a Single Point of Access for advice? Partnership for Citizens Advice, Sheffield City Council, and VAS.

	Bring back Expert Patients Programme – gives information but also brings people together.
Quality of care. Individual carers are expected to take on more and more clients in so time and quality suffer	<p>Provide disability quality training delivered by disabled people.</p> <p>The situation has got worse since council imposed a maximum rate which is too low.</p> <p>People should be put before profit.</p> <p>Reduce each workers case load each days and increase allowance for travelling.</p> <p>Care services should never have been privatised because quality inevitably suffers when services have to make maximum profit.</p> <p>Much more stringent quality monitoring is needed – involve service users in monitoring of contract quality</p>
Financial contributions. Many people are reluctant to apply for a care package unless it is completely unavoidable because they assume they will not be able to pay the contribution. The contribution itself often puts people into poverty and having to choose between care and food and other essentials. Care should make lives better!	<p>Basis of calculation is unfair and unrealistic, most clients are happy to use all or most of their daily living PIP/care component as contributions, but many are charged more so that it tears into their disposable income. The severe disability premium should be taken into account in the cost of living calculation. Disabled people who work should not be exempt from paying.</p> <p>As a matter of priority, raise the MIG level above the frozen 2015 rate to leave people with more money after paying contributions (SCC)</p> <p>Better understanding among social care professionals when clients can't pay contributions due to factors such as debt – not taking punitive approach or threatening withdrawal of care (SCC)</p> <p>Consider a bold approach to charging – could a small amount of care be given before charging is applied to an individual? This would help a preventative approach. (SCC)</p>
Financial contributions – Disability Related Expenses	<p>Better training and understanding of assessment staff to make sure people are given support to work out what their DREs are (SCC)</p> <p>Health and social care to take a more joined up approach on items such as funding hydrotherapy, physio, or, to ensure people can benefit from things which will help them stay well. Less disagreement on what is health and what is social care in context of DREs (SCC and CCG)</p>

Listening with correct appropriate action. Surveys/consultations	Non-judgemental approach. Accountability. This action is for anyone in statutory organisations and care providers.
Making money stretch further	Educate people when they are young to budget and prioritise their outgoings.
Punitive culture	Services such as DWP need to be more supportive.
Lack of access to services	More face to face help on front line needed. Answer phones!
Consistency of services vol & stat	Funding issues lack of money. Longer term agreements from funders.
Reduce stigma	Be more open about issues as organisations. Encourage people to be more open. Awareness training. Communication at all levels.
The system: Joint commissioning. Does it work? Eg Better Care Programme (people not wanting to change)	Consider interests of people not organisations more transparency and inclusion. Weighting on quality rather than numbers. Evaluation. This is an action for commissioners.
Benefit reduction because of education.	Disabled persons should be encouraged to study by not reducing their benefits.
Carers time and flexibility	Carers time for disabled or sick persons should be increased.
Food deserts. Local cornershops stock lower quantities of fresh fruit and veg at higher costs than larger out of town supermarkets. Many people are limited to nearby shops, and some items such as raw potatoes and fruit and veg is heavy and bulky to carry.	Easily accessible and affordable fresh food. Research into food deserts. Government/Council intervention with food access in low income areas. Government responsibility to ensure low cost food options in area of low car ownership
Provision of suitable and relevant equipment if over standard	Signposting, information, clarity of funding
Good accessible spaces in Sheffield	Council has funded policy that means all council buildings are accessible. Policy to retrofit. How accessible are our workplaces? Workplaces should have improved accessibility aids with financial stress etc. Who benefits? All people. Who is the action for? City Council, government
Poor housing (Private Rented Sector)	Lobbying council for landlord licensing. Improving renter knowledge around their legal rights.
Housing	Good specialist support around housing rights

Who was in the room?

The event was attended by representatives from a wide range of organisations across the different sectors:

Age Hub; Age UK Sheffield; Burton Street Foundation; Citizens Advice Sheffield; Disability Sheffield; ESL Academy; Fareshare; Inova Consultancy; Manor & Castle Development Trust; Pitsmoor Surgery; Reach South Sheffield; Ross Care; Share; Share Psychotherapy; Sheffield Carers Centre; Sheffield Churches Council for Community Care; Sheffield City Council; Sheffield Credit Union; Sheffield Health and Social Care NHS Foundation Trust; Sheffield Mencap & Gateway; Sheffield Star; Sheffield Students' Union Volunteering; Sheffield Teaching Hospitals NHS Foundation Trust; Shelter; Shipshape; SOAR; University of Sheffield

What next?

Although the focus of event was around finance, one of the strong key messages to emerge was around quality of care, and commissioning / monitoring of provision. We are planning a round table meeting with representatives from Disability Sheffield, the Carers Centre, SOAR and other local voluntary sector organisations to discuss with the council how best to include qualitative data and feedback in the monitoring of contracts. This has received initial support from the relevant cabinet member, but is still in the early stages of planning.