

## **Healthwatch Birmingham's response to Birmingham City Council's Consultation on the 2018+ budget**

Healthwatch Birmingham welcomes the opportunity to respond to Birmingham City Council's consultation on the 2018+ budget. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care in Birmingham. In line with our role, we have focused our comments on:

- The involvement of patients, the public, service users (PPSuCs) in developing the proposed changes and cuts to services.
- Whether proposed changes are responsive to the needs of those accessing services, ensuring that they do not lead to health inequality.

Our comments on these proposals are made with an appreciation of the challenges the Council continues to face in allocating resources from diminishing resources and increasing demand for services. We note that the Council's reliance on government grants to run its services has left it vulnerable to cuts. Consequently, local government face a funding gap of up to 5.8 billion by 2020.

Locally, this has seen Birmingham City Council needing to balance. In these proposals the Council seeks to make cuts of up to £14 million rising to £48 million by 2021/22. We appreciate that the Council has to redefine its priorities in response to these financial pressures and make difficult decisions regarding services in Birmingham. However, in drawing up these priorities, the voices of the public needs to be central to decision-making; the Council needs to consider both the short term and long term impact of planned cuts, and the inequalities decisions might cause.

The budget being proposed contains cuts to essential services that have a bearing on the health outcomes of Birmingham residents and has the potential to impact health services in the future.

### **Public Involvement and Timing of Consultation**

In response to the 2017+ budget consultation, Healthwatch Birmingham raised a number of concerns around the consultation process. In particular, the timing of the consultation, the methods used, the content of the consultation and most important the lack of an impact assessment. We are disappointed that in this consultation, most of these issues have not been addressed. We therefore restate these below:



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## Methods for engaging the public

We welcome the Council's response in ensuring that the public can give their views online, through email and by post.

However, despite the Council offering varied ways for the public to express their views on the budget, we are concerned about the extent of, and the methods for consultation. There is only one, two-hour, public meeting and people have to book on-line to reserve a place. Although people can respond through post, it appears they would have to read the proposals online in order to respond. When these concerns were raised during the public meeting on 10 January 2018, the Council indicated that they believed they had more responses through social media such as twitter and facebook. It appears that a majority of the methods employed by the Council for involving the public are online, and this has the potential to exclude some groups from contributing to the consultation.

The Council needs to take into consideration the diversity and poverty levels of Birmingham when developing engagement methods. All people need to be given the same rights to contribute and the means to enable them to contribute. This ensures that the needs of the community affected by the proposals are taken into consideration and resources are distributed fairly across the city. We believe that, the current process for involving the public has failed to address this, hence the needs of some groups will not be presented in the final budget resulting in a budget that is not representative of all those that live in Birmingham. Healthwatch Birmingham would like to urge you to ensure that public involvement is being used to prevent these budget proposals from causing avoidable social and health inequity.

## Timing of the consultation

One key principle of any consultation is that people have adequate time to consider and respond to the proposals. Similar to the 2017+ budget, the 2018+ budget consultation has been held over the busy Christmas period. Healthwatch Birmingham does not believe that the timing of the consultation gives the public adequate time to consider the proposals outlined and to respond before a final decision is made. In addition, the appropriate time has not been set aside to effectively involve the public and ensure that final decisions are informed by their views, needs and experiences. Healthwatch Birmingham would like to see evidence that you have listened and considered feedback you have received from the public. Demonstrating the impact of people's feedback on the final budget, ensures that people feel part of the decision-making process not just rubber stamping decisions that have already been made.

## Content of Consultation and Impact Assessment (including equality assessment)



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Similar to the 2017+ budget consultation, it is not clear in the current budget document of any engagement activities, with a specific focus on the 2018+ budget proposals, having taken place prior to launching the consultation. As a result, it is unclear the extent to which the views of the public and other stakeholders were taken into consideration in selecting areas to which funding should be cut and savings realised for the Council.

Healthwatch Birmingham is concerned that the consultation document, including the 'easy to read' document is devoid of any information that could help the public understand the cuts being made and the new approaches proposed. At Healthwatch Birmingham, we believe that good public involvement is one where the public are given sufficient information and justification for proposed changes. Failure to provide the necessary information means that people being consulted do not understand the issues and cannot give informed and meaningful responses. However, apart from the financial justification, there is no information for the public to understand what they are agreeing to. For instance, some of the proposals state:

*'increase income from charges to clients by introducing a range of new charges on services'* (Adult packages of care p17)

*'enable vulnerable people to access services in the community e.g. homecare/daycare'* (Adult packages of care p17)

*'changing the school nursing service from a universal to targeted service in 2018/19'* (Public Health p19)

However, the Council does not explain which services will have new charges, how much this charge will be and how it will address the needs of individuals or groups that are unable to pay these new charges. In addition, it is not clear how the Council will ensure the public have access to services like day centres in different areas when some have already or are to be closed. Again, it is not clear what a '*targeted service*' looks like in practice. We therefore do not believe that the Council's proposals have included assessments of the costs and benefits of the cuts being considered and are not informative enough to enable the public to comment effectively.

We are equally concerned that no impact and equality assessment has been carried out (or if it has, is not included in this consultation) to identify communities that could be affected by the proposals. A good impact and equality assessment would help identify the needs of different groups including disadvantaged and vulnerable groups. Healthwatch Birmingham would like to see an emphasis on using service user



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insight, experience and involvement to identify areas for cuts, identify groups that maybe affected by the proposals, understand how the proposals impact them and develop solutions.

## **Adult Social Care and Health**

Healthwatch Birmingham is concerned that the majority of the proposed cuts are in adult social care and health. If the Council wants to achieve its vision of Birmingham as a great city to grow old in, then it has to provide the services that enable this. Therefore, social care and health are an integral part of growing old. In line with our role we have listened to service users, the public and carers about their experiences of accessing health and social care in Birmingham. We have heard concerns on *assessments (timing, quality etc); carers feeling ignored; patients with complex needs (i.e. dementia) being told to remain in their home when the carer also has needs of their own; social workers not having the expertise of the illness to carry out assessments; carers being told that they do not need certain services or that the council has no money to support them anyway; financial assessments driven by what social workers can get; care agencies not reliable as service users are left without care; respite care not given to carers and no joined up care between health and social care. Below are some excerpts from the feedback we received:*

*Social worker came out. Did not know what for. Filled in a few forms. Asked us if we were ok financially. When I said we thought we were she said that's ok, because there was not any money on offer. We found that she had travelled on 3 buses to get to our house. When it was time for her to go, my husband and I had to help her to get out of the chair she was sitting on (6th November 2017)*

*My general feeling throughout being a carer for my husband was that no-one was interested in me as a carer and my wellbeing. I have serious health conditions but all they wanted to ensure was **that he would stay at home as long as possible**. I had to look after him on my own 24/7 including waking up at night time, getting him ready to move and go to appointments by bus. He would leave the house and not go back, I had to lock the doors, and then could not ever leave him alone. My GP referred me to Alzheimer's Society, who called Social Services to request the care assessment but I only got the assessment done much later - just before my husband went to hospital. I got a 'phone call from social services first and they asked a lot of questions, but they did not give me full information for example 'What I am entitled to'. They then came to do an assessment a month later, but still did not get enough support. They offered help but they only offered help for one and a half hours in the morning and one hour in the evening, but that was not that helpful as it did not suit his routine and did not free my time. I also had to pay for the service after 6 weeks. My husband refused to get dressed and put his incontinence pants on etc. Called the emergency Community Nurse, who came in and because my husband's urine was fine and he didn't have any physical symptoms*

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*she said "That's just his dementia" and left. Four days later called 999 as my husband had a strange shaking experience. Ambulance Service didn't see anything physical, but they could not see that I could. He was taken to the QE dementia ward and I had to tell them that if they send him he was supposed to have a Social Worker. He was sent to a care home in Balsall Heath but after a week they sent him to Bromford Lane Care Home because of his aggressive behaviour. Social Worker came to see my husband at Bromford Care Home, but they never talked to me as his wife. When they assess someone they should give information about themselves, but I only found an unopened letter amongst his possessions that was addressed to him, but no-one consulted me about any of this. It makes no sense to give information to a demented person. After he moved from Bromford Care Home he didn't have a Social Worker. I had to find him a home myself as I was self-funding. Social workers didn't help me at all (12th January 2018)*

*Carer actively discouraged by Social Services saying "you don't need that". Carer provided reasons for needing direct payments. It's a battle to get social worker to come and assess, even when they come they do not listen. Support is "Given in an ad hoc way". You have to prove the tasks you need it for, if you don't fulfil the criteria, they won't give it. Direct payment is meant to give freedom. Assessment need to be done for both carer and patient at the same time (11 January, 2018).*

*Voice of the carer is nullified. If the carer has Power of attorney, they are spoken to differently.*

- 1. Assessment: Service user assessment. How care package is assessed. They use a prescriptive approach.*
- 2. Care package, level of care support are not aligned to stage of conditions such as dementia. Is there social value determinant? Care package is based on budget considerations.*
- 3. Carer - NHS and Social Care disjointed. No integrated of care. Continuing healthcare - professionals deal with health condition. Social care they are not able to deliver. Social Care write up reviews - just form filling.*
- 4. Financial Assessment. Seem to be overwhelmingly driven by what they can get.  
a. Assessing carer needs directly and assessed to person cared for. Carer has indirect expenses, e.g. dementia patient floods bathroom floor. Carer has to fix this. Financial assessment - directly related to care fails to consider indirect expenses.  
Person coming to assess - following guidelines. Have to call emergency carer - paid for by carer?*
- 5. Physio, occupational therapy (person cared for) - doctor prescribes that. Workload of arranging therapy, delays in getting appointments, 8 months of weight management (carer).  
Leaving the person with dementia at home "can't do".  
Carer's don't get respite care - in 5 years - 2 weeks only. Have to ask for it.*



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*7. Care agency - has changed ownership 3-4 times. Carer off for 2 weeks therefore for 4 days didn't have care (11 January 2018)*

As regards feedback for people in care homes, we have received both positive and negative feedback.

**Positive Feedback**

Best practice, according to feedback, includes: Help maintain independence, residents are clean, tidy and comfortable, well managed home, issues communicated and dealt with in a timely manner, good accommodation, environment clean, tidy, safe and secure, medication given at correct dosage and time, excellent care, person centred approach, happy atmosphere, friendly staff, kind and understanding staff, relaxed and friendly atmosphere, positive, sensitivity, kind and caring, helpful and careful, meet patient's needs. dedicated and caring staff, daring and professional, highly skilled and well trained staff, professionalism, management and staff well trained, well trained carers, show care and consideration, supportive, good staffing levels, families welcomed and listened to, treated as individuals', take feedback, listen to carers and/or family, will listen to suggestions and good liaison and communication with resident/family/carers.

**Negative Feedback**

Low staffing levels, lack of permanent staff, not having a registered manager, social workers not working with families, rude managers, poorly trained staff, management distanced from staff and residents, constant staff changes, low staff morale, residents examined/receive treatment in public spaces, not making health appointments for residents, dietary needs not being met, not renewing prescription's, not administering medication when/as prescribed, having to sign over benefits to council run homes, not answering the phone, lack of information, poor communication, complaints not dealt with, establishment not smelling clean, ignoring feedback, families/friends/carers concerned about giving negative feedback, failure to correspond with or inform resident/family/carers, accidents/falls not reported, inadequate support for some residents, residents not being put first, toiletry needs not met, loss of skills for independence, loss of mobility and lack of physiotherapy, delays in starting care plans, not able to access gardens and lack of outings.

Healthwatch Birmingham believes that the Council needs to consider these issues when deciding whether a person needs to remain at home or go to a care home. In addition, the Council needs to consider the quality of care for people in the community and access to services. This can only be done by understanding the needs of patients, the public,



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service users and carers as well as improving joined up care. Some of these proposals have the potential to further reduce the quality of care and services the Council provides for adult social care.

**To conclude**, in addition to the above comments, Healthwatch Birmingham would like to reiterate that many of these proposals have no corresponding plans and we fail to see how they will be achieved. We are concerned that proposals offer blanket solutions for people with different needs. Similarly, that the Council has not assessed the potential consequences of withdrawing some service from the community, such as children's nurseries, young person's homeless hub and re-directing discretionary aspects of the public health allocation into prevention and early intervention.

Yours Sincerely,

A handwritten signature in black ink, appearing to read "Kalebe".

Chipiliro Kalebe-Nyamongo

Policy Officer

A handwritten signature in black ink, appearing to read "A. Cave".

Andy Cave

Chief Executive Officer



11 January 2018



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