

Healthwatch Birmingham's response to Local Government Association's (LGA) Green Paper for Adult Social Care and Wellbeing

Healthwatch Birmingham welcomes the opportunity to respond to Local Government Association's consultation on the 'Green Paper for Adult Social Care and Wellbeing'. Healthwatch Birmingham's 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

We welcome that the LGA is leading the discussion on shifting the overall emphasis of our care and health system to focus more on preventative, community-based personalised care, which helps maximise people's health, wellbeing and independence and alleviates pressure on the NHS. This is important generally, but more so for Birmingham City. Over the past few years Birmingham City Council has had to make cuts to essential services that have a bearing on the health outcomes of Birmingham residents and have the potential to impact health services in the future. There have been cuts to services such as leisure centres, health and well-being centres, parks, museums and heritage services. These services play a major role in supporting independence, social integration, and in improving mental and physical health. Some of the cuts have been to services that are essential to the success of Sustainable Development Plans, in particular place-based care and reducing reliance on secondary care. In addition to this, there have been cuts to support towards carers who provide a much needed service and support the work of the council. This in addition to other factors has had an impact on social care services.

Between 2017 and 2018, 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); 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 for carers and service users; 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*



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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 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 integration 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*



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- 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. If I have to call emergency carer - this is 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).
6. 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.
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)

In relation to care homes, we have heard 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.



The feedback that we have presented above highlights the important role Council's play in promoting independence for service users and ensuring that care is person centred. It also highlights the importance of engaging so as to understand the needs of people and ensuring that support and care is personalised. Some of the feedback we receive from service users has highlighted the important role the Council plays in bringing together organisations so as to improve the health and wellbeing of service users. As the service user below stated:

I have lived independently until 2013 when I became unwell and was then discharged from hospital into my mother's care. At the time I requested to be put on the council's waiting list for accommodation. However, I have since discovered that this was never done. I have a care plan and carers come into my mother's house 3 times a day to provide care. I do not have a key worker and have not had my care assessment reviewed since 2013. I am very unhappy with the Local Authority due to oversight regarding housing issue.

Questions:

One: what role, if any, do you think local government should have in helping to improve health and wellbeing in local areas?

Ideally, local government should have a good understanding of the determinants of health and wellbeing in their local area. Thus, understand the needs of the local people. In addition to this local governments are responsible for providing services (i.e. education, economic development, employment, leisure and cultural services) that have a bearing on health and wellbeing.

The local government therefore has the role of ensuring that resources are distributed in way that addresses key issues in health and wellbeing. Their understanding of local priorities should guide the way they redistribute resources.

Local government should play a key role in bringing together various organisations and stakeholders in order to address health and wellbeing issues. Local government is strategically placed to ensure that these different stakeholders are contributing to developing priorities for local areas.

Another crucial role is leading the way in developing strategies to identify, understand and address health inequalities, and barriers to improved health outcomes including barriers to increased independence and the prevention of worsening ill-health.



Two: *In what ways, if any, is adult social care and support important?*

Apart from contributing to the economic development of local areas and employment, adult social care is important for individuals and families. Through the provision of care and support, individuals are able to continue living a life of dignity and respect and their families the opportunity to carry on with daily activities (i.e. working).

High quality adult social care that is person-centred, safe, effective and responsive to individual needs is important for ensuring independence and improving wellbeing. Adult social care services work in a way that brings various services together. Where it has worked effectively, support from different services have been brought together to collectively support the health and wellbeing needs of individuals.

Three: *How important or not do you think it is that decisions about adult social care and support are made at the local level?*

Ideally, local government understands its population, and can therefore weigh expenditure against other priorities more effectively and spend on areas that are key to local priorities.

Under the Act 2014, it is the duty of local authorities to support the wellbeing of people who use services and their carers. Wellbeing is defined as including: personal dignity , physical and mental health , control by the person over day-to-day life , participation in work, education, training or recreation , emotional, social and economic wellbeing , domestic, family and personal relationships , and the person's contribution to society. The Act also requires local authorities to have regard to the person's views, wishes, feelings and beliefs.

Local governments are best placed to work innovatively with the local economy including social enterprise organisations and voluntary organisations to deliver services that meet the needs of local communities.

Four: *What Evidence or examples can you provide, if any, that demonstrate improvement and innovation in adult social care and support in recent years in local areas?*

The emphasis on the personalisation of care and support has been a key development locally. For Birmingham, this has seen a change to how the Council commissions social care services and the development of a new commissioning framework that is based on quality and outcomes.

Birmingham City Council now requires all providers seeking to join the framework to have at least one of the following, the most recent of which will be considered for entry onto the framework: A CQC rating of Requires Improvement, Good or Outstanding; A Birmingham City Council quality rating of Gold, Silver or Bronze (as detailed in the Quality Framework below); or An NHS Joint Quality Assessment Framework (JQAF) score of Amber, Green or Bright Green - currently only applicable to nursing.

In addition to this is a requirement for providers to demonstrate how well they are engaging with their service users and using that feedback to improve services. In this regard the Council has partnered with Healthwatch Birmingham to encourage providers to adopt



25/09/2018

Healthwatch Birmingham's online widget. This would enable service users to leave independent feedback about the service they use.

Five: what evidence or examples can you provide, if any, that demonstrated the funding challenges in adult social care and support in recent years in local areas?

See introduction.

Seven: What if anything, are you most concerned about if adult social care and support continues to be underfunded?

The feedback that we have received over the past few years has shown that whilst there is still some evidence of good quality care, more and more people are reporting negative experiences and low quality of care. There are growing concerns about the lack of access to social workers and consequently care assessments. There have been closures of day services and various other services key to people's health and wellbeing. Others have expressed concern that assessments are being carried out from the point of view of what can be offered rather than from the needs of the person. This defeats the idea of person centred care, independence and in the long term could potentially lead to health inequality.

Ten: Beyond the issue of funding what, if any, are the other key issues which must be resolved to improve adult social care and support system?

- Joined up services between social care, service user GPs and hospitals.
- How local governments work with other services such as housing, benefits etc.
- Improving the quality of care and monitoring of care services.
- Addressing workforce issues including skills and training.

Yours Sincerely,



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