



**Impacts of reduced funding for  
adult social care in Gateshead:  
Informing, engaging, influencing**

## About Healthwatch Gateshead

Healthwatch Gateshead is one of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012. We have a dual role to champion the rights of users of publicly funded health and social care services for both adults and children, and to hold the system to account for how well it engages with the public.

We collect feedback on services from people of all ages and from all communities. We do this through our network of voluntary and community sector organisations; during events, drop-in sessions and listening events at a range of venues across Gateshead; online through the feedback centre on our websites; via social media; and from callers to our information and signposting helplines. As part of the remit to gather views, we also have the power to ‘enter and view’ services and conduct announced and unannounced visits.

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# 1. Executive summary

Healthwatch Gateshead would like to acknowledge the very tough financial decisions that Gateshead Council has had to make, with continued cuts in financial support from central government. We feel it is inevitable that ongoing financial pressures will have a negative impact. It is apparent that such cuts appear to have the highest impact on the people who most need support and help from our social care system. That said, we want to share the following findings with a view to offering to work in partnership, ensuring effective engagement with all service users and carers, and being open and honest about why there may be service change and what impact this may have on their lives.

This report shows how we have helped local people to have a voice about social care, and the importance of involving people in decisions that are taken on their behalf. We will demonstrate how we have helped to influence social care policy both local and nationally, the methods we used to inform, engage and influence, and how we reached out to hear from those people who may have been affected by decisions made by commissioners on their behalf.

We used various methods to achieve this, including working with the local authority and the voluntary sector, and using methods such as surveys, focus groups and larger scale listening events. Our intention was to be responsive to social care consultations so that local people had the opportunity to be involved and the intelligence gathered could be used to influence policy around the future of social care.

## Inform

We were able to target and connect with service users and carers we knew would be affected by proposed changes to social care funding locally. Also working with our already established relationship with local community organisations to respond quickly to a national consultation.

You will note from this report that we recognise that our findings show that funding cuts would have a negative impact on the most vulnerable people in our community, as well as on families and carers and that the findings were shared with Gateshead Council.

## Engage

This report shows the various methods we used to both inform the public and seek their views on the budget changes. It was apparent through attending a voluntary sector event that further engagement activity was paramount to enable people to be more informed and to also hear their views. This report also shows the framework of our own listening event and the feedback received from local people. The direct quotes provide some powerful concerns from service users and their carers.

It was apparent that some key lessons can be learned on how the local authority engages with and involves service users and carers, for example, over half of respondents said that they did not have a follow up review to see if the new services were meeting their needs.

## Influence

As a statutory organisation, we feel that our methods and findings from our information and engagement activities and reports should be heard at all decision-making levels especially through the Overview and Scrutiny Committee and the Gateshead Health and Wellbeing Board. This will be included in our communications plan. We will also share our findings with services users and carers, reassuring them that their voice has been heard. We would then request a response from the council on our findings with a view to working together, ensuring local people are kept informed on all changes and the impact these changes have on local people.

This report shows our findings from the information provided and through our engagement activities. We found that opportunities to use information and service user input already gathered to inform future decisions may have been missed. This was particularly evident in the failure to use feedback gathered for the Local Government Association consultation, held in late summer 2018, to inform and shape the 2019–20 Gateshead Council budget proposals.

We also found that the lack of full information limited the amount of input that people could give. For example, the lack of equality impact assessments around some of the budget proposals meant that people said they did not feel fully informed and engaged.

When we looked at people who had been affected by changes resulting from the 2016–18 budget savings, we found that they reported no improvements to the quality of life for service users and a deterioration of the quality of life of their carers. This is worrying as it appears that many of the current budget proposals will impact on the same groups of people.

Further details can be found in the ‘Recommendations’ section of this report.

## 2. Introduction

Lack of funding for adult social care had been highlighted in the local and national news, and the NHS stated that this is one of the reasons it was under so much pressure.

This issue was shortlisted as a potential project by the Healthwatch Gateshead Committee and put forward as a priority for our annual prioritisation exercise. The exercise took place throughout spring 2018 and consisted of a public survey and a prioritisation activity at our annual conference. Members of the public and our stakeholders decided this project should be the second priority for Gateshead (mental health services was the first priority).

With this mandate from members of the public and stakeholders, we designed the project with the aim to:

- a) Inform people about changes planned locally and nationally as a result of insufficient funding for social care.
- b) Engage people affected by the changes to get their views on the plans and to understand how previous changes had impacted on their lives.
- c) Influence policy and decision makers at a local and national level, based on the views we heard.

### What is adult social care?

Adult social care (ASC) provides personal and practical support to help adults of all ages (both older people and working age adults) to retain their independence and the best quality of life possible.

We spent a lot of time speaking with people involved in the many areas of ASC and decided to focus our attention on the areas where we thought people could have the most impact by influencing decisions made on their behalf both locally and nationally.

### The areas of engagement

- The Local Government Association (LGA) Green Paper on the future funding for social care
- Gateshead Council social care budget
  - proposals on future funding for social care 2018–19
  - review of the impact of the implementation of the 2016–18 proposals

### 3. The lives we want to lead: the LGA green paper for adult social care and wellbeing

In March 2017 the government announced it would publish a green paper that would look at future funding for social care. It said that the proposals in the green paper will “ensure that the care and support system is sustainable in the long term”. The publication has been delayed several times and has not yet been published.<sup>1</sup>

In the absence of a government green paper the Local Government Association (LGA) launched a national consultation in July 2018, ‘The lives we want to lead: the LGA green paper for adult social care and wellbeing’<sup>2</sup>. The LGA green paper aimed to seek views on adult social care and support, and how it should be paid for in the future.

We became aware of this consultation through partnership working in Gateshead. Gateshead’s Health and Wellbeing Board wanted to submit a system-wide response to the consultation and invited us to be involved. Health and Wellbeing Boards bring together relevant statutory and other organisations to agree strategic priorities and ensure commissioned services meet local needs. Local Healthwatch is a statutory member of these boards.

People who contributed to the Gateshead-wide response included:

- Bluestone Consortium
- Gateshead Community Based Services
- Gateshead Council
- Gateshead GP Federation
- Gateshead Health and Wellbeing Board
- Gateshead Health NHS Foundation Trust
- Healthwatch Gateshead
- Newcastle Council for Voluntary Service supporting the voluntary and community sector in Gateshead
- Newcastle Gateshead Clinical Commissioning Group
- Newcastle upon Tyne Hospitals NHS Foundation Trust
- Northumberland, Tyne and Wear NHS Foundation Trust

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<sup>1</sup> <http://tinyurl.com/ycysk6pr>

<sup>2</sup> <https://futureofadultsocialcare.co.uk>

## What we did

Our aim was to give people an opportunity to have their views added to the Gateshead-wide response to the LGA consultation. We decided to focus on four areas of the consultation that fit with the role and remit of Healthwatch.

- i. The role of local councils in improving health and wellbeing.
- ii. The role of individuals, families and communities in supporting people's wellbeing.
- iii. The impact of local funding cuts on adult social care.
- iv. Concerns about the future if adult social care continues to be underfunded.

Using the resource pack provided by the LGA we developed a survey which was conducted over a four-week period between August and September 2018. The survey was shared with a wide range of organisations and advertised in our newsletter and website, and on social media. We also visited two groups: a long-term conditions group and a group for women over the age of 50. These were identified by the Healthwatch Gateshead Volunteer Coordinator.

## What we found

We had a total of 63 responses to the LGA consultation, 36 from the survey and 27 through our group work. Our ability to increase this number was limited by the length and timing of the LGA consultation.

The findings were shared with the Director of Adult Social Care in Gateshead and are available on our website<sup>3</sup>. The findings were used within the Gateshead system-wide response to the LGA consultation and, some of the comments we had gathered were used as direct quotes within the document. Healthwatch Gateshead findings were also included as an appendix within the response submitted to LGA.

We have summarised the comments that people made on each of the four chosen areas of the consultation. We have also included direct quotes from people who took part in the survey.

### **i. The role of local councils in improving health and wellbeing**

Participants told us that councils should have a role in improving health and wellbeing by providing help and social care support to service users and carers both at home and in the community; providing and maintaining community buildings and spaces to promote wellbeing; working with the NHS around preventative services; providing decent housing; and targeting areas of deprivation.

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<sup>3</sup> See 'The future of adult social care and support' at <https://healthwatchgateshead.co.uk/about-us/reports/hwg-reports>

“I believe that councils have a huge role in improving and maintaining people’s health and wellbeing. People should have access to affordable, decent standard housing, community areas, i.e. parks, and open areas should be maintained, free from vandalism and be well lit and monitored closely for potential issues which could affect the lives of people in communities.”



“Access to services should be clear and simply explained particularly for the elderly, young and vulnerable members of society as well as the people who struggle every day and may not be aware of local services.”

**ii. The role of individuals, families and communities in supporting people’s wellbeing**  
Participants said that families and neighbours should connect with each other more by talking, sharing information, motivating, and using time banking to help each other. One example was where an older person looked after a neighbour’s dog and in return, they cut her grass. People considered that taking responsibility for your own health was important.

“The role of individuals is extremely important, reporting issues such as anti-social behaviour or concerns about vulnerable people. Taking pride in the area you live in is so important, a pleasant area which feels safe and welcoming is so vital to wellbeing.”



“Families play a vital part in supporting people’s wellbeing. Care giving, taking people to appointments, help with diet and exercise.”

**iii. The impact of local funding cuts on adult social care**  
The key issue raised was that funding cuts could have an impact on the most vulnerable people in the community as well as on families and carers. Participants expressed concerns that people could be discharged from hospital with unsuitable care packages or not discharged due to lack of rehabilitation services or safe places.



Participants said that personalised care and choices seemed to have been forgotten with the closure of day services.

“Those who are just managing who don’t qualify for social care support no longer receive any low-level support to avoid crisis. They then end up needing costly support.”

#### iv. Concerns about the future if adult social care continues to be underfunded

Participants said that if adult social care continues to be underfunded this could impact on vulnerable people, their families and unpaid care. They expressed concerns that this impact would be mental, physical and emotional and that would affect the most vulnerable people in society and, in some cases, may lead to undignified and unnecessary deaths.

They also said that prevention in social care is essential to stop people reaching a critical level, losing their independence and needing more costly support in the long-term. Participants felt that this in turn could affect the NHS through inappropriate admissions or delayed discharge from hospital due to lack of social care support and the increase in demand for mental health services.

“Negative impact on physical, emotional wellbeing of clients, increase in hospital admissions due to accidents, emotional wellbeing, increase in need for more residential care places which don’t exist.”

“A total breakdown in social care. Councils being unable to deliver essential services. It’s time that the underfunding in social care received the same urgency of that in the NHS. Without the preventative aspects of social care, the pressure on health will increase to breaking point.”



#### Conclusion and impact

The LGA’s ‘The lives we want to lead’ consultation findings were published in November 2018 and it sets out fourteen recommendations to government. The LGA is strongly recommending that their response should be part of the government green paper on the future funding of adult social care.<sup>4</sup>

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<sup>4</sup> See <https://futureofadultsocialcare.co.uk/prioritised-recommendations>

## 4. Council budget proposals on future funding for social care 2019–20

We were aware that Gateshead Council would be publishing budget proposals for 2019–20 in November 2018, and that they were likely to include efficiency savings in health and social care. We understood from our discussions with key officers within adult social care that the ‘Thrive agenda’ would inform any budget decisions.

### What is the Thrive agenda in Gateshead?

In November 2017 Gateshead Council agreed five pledges setting out priorities for Gateshead. The principle behind the pledges was to make Gateshead a place where everyone can thrive even while facing financial pressures.

To achieve this, it began to look at new ways to bring money into the council, how to better manage the increasing demand for services while still providing support to the most vulnerable, and continuing to change the way the council worked to minimise costs wherever possible.

### The Thrive pledges

1. Put people and families at the heart of everything they do.
2. Tackle inequality so people have a fair chance.
3. Support Gateshead communities to support themselves and each other.
4. Invest in the Gateshead economy to provide sustainable opportunities for employment, innovation and growth across the borough.
5. Work together and fight for a better future for Gateshead.

### What we did

Back in 2015 we consulted with the public and submitted our findings to the council as part of its 2016–18 budget consultation. Following positive feedback from that event we repeated the exercise for the 2019–20 budget proposals.

We attended a voluntary sector briefing hosted by Gateshead Council in November 2018 to find out more about the proposals. However, insufficient detail was available regarding many of the proposals at that time. Only a few impact assessments were available and no senior representation from social care which meant that many questions could not be answered. The briefing had to be repeated with senior heads of service in attendance to answer questions.

We approached Gateshead Council Adult Social Care, which provided us with the current budget proposals and agreed to present them at a Healthwatch Gateshead event.

Our listening event took place on Wednesday 12 December 2018 at St Mary’s Heritage Centre in Gateshead and was attended by 50 people. There were presentations by Louise Hill, Service Manager in Adult Social Care; Behnam Khazaeli, Service Manager in Commissioning; and Steph Downey, Service Director Adult Social Care.

We supported table discussions, with each group focusing on at least two of the proposals. Participants were also encouraged to raise any other issues. We asked people what they thought of each of the proposals and whether they thought they fitted with Gateshead Thrive pledges.

The following six proposals around health and social care were included in the budget consultation:

- i. Efficiencies in Commissioning and Quality Assurance Service.
- ii. Reduce the standard allowance for Disability Related Expenditure.
- iii. Deletion of posts in the adult social care service.
- iv. Increasing direct payments for payroll and HR support and advice.
- v. New or increased charges for adult social care services, including S117 mental health accommodation, day services, Guidepost drop-in and day centre meals.
- vi. Ending the council's contribution to Newcastle Gateshead Clinical Commissioning Group towards the cost of providing child and adolescent mental health services in Gateshead.

## What we found

We have summarised the comments that people made around the six proposals. We have also included direct quotes from people who took part in the consultation.

### **i. Efficiencies in Commissioning and Quality Assurance Service**

People raised concerns about the efficiency of the equipment service. They thought that there needed to be an audit of the service to ensure that equipment was registered and reused and that this would save money.

Greater use of Care Call, an emergency telecare system, was recognised as an option. However, people felt this could exclude the most vulnerable people in our community, for example, people with disabilities, people with poor mental health and people for whom English is not their first language. People also said this could not replace the personal touch where care workers can often be the first people to notice a change in a person's wellbeing.

### **Mental health**

There were concerns raised regarding the removal of contracts with a mental health service provider to deliver mental health services. People recognised the specialised skills that are needed to deliver the service, including an out of hours service, and felt this could not be absorbed into the general advice that is provided by the Gateshead Advice Centre (Citizens Advice).

People felt it was not clear whether any consultation or engagement had taken place before the proposal and that there was a lack of detail about how the impact of the proposal would be managed.

“Gateshead council equipment service must register and collect equipment that is no longer needed, such a waste of money.”

“Without information and advice services, how can people come together under the Thrive agenda?”

“A review is yet to be carried out, so how can the council propose something before they have reviewed it to see if it is possible.”

#### **ii. Reduce the standard allowance for Disability Related Expenditure**

People expressed a great deal of concern about this proposal. Participants felt that, in view of benefits not having increased for a number of years, this could cause hardship. We believe that the service users’ right to request an individual assessment should be widely publicised.

“With the increased cost of living, along with any reduction of benefits my daughter will be at increased risk of not pay the council and not being able to pay for her support.”

“DRE [Disability Related Expenditure] needs to be accessible and understandable to service users.”

#### **iii. Deletion of posts in the adult social care service**

Some participants recognised that multi-agency working within adult social care may be reducing the need for posts, but others felt that a reduction in hours could have an impact on the delivery of service. However, the lack of detail around this proposal meant that people felt they could not comment fully.

“The proposal says there should be no frontline impact but there is not enough information to assure us that that is the case.”

“It would be useful to have had a diagram showing the hierarchy of posts within the adult social care team, which posts are vacant and which ones are planned to be deleted.”

“If Gateshead Council can make efficiency savings through changes in staffing, structure and how it works, it means that there will be more money to provide services fit in with the Thrive agenda.”

#### **iv. Increasing direct charges for payroll and HR support and advice**

“If you or someone you care for get help from social services, you can apply for direct payments. These let you choose and buy the services you need yourself, instead of getting them from your council.” (source, direct.gov)

People said it was unclear how increasing charges for payroll and HR support could save money as the cost for these services is currently provided by social care if you use your social care budget as a direct payment. If this changed and people had to find money from elsewhere i.e. benefits, this may reduce the number of service users willing to be independent and arrange care more suited to their needs.

It was also noted that people were unaware that HR support and an advice service are available for users of direct payments.



**v. New or increased charges for adult social care services including S117 mental health accommodation, day services, Guidepost drop-in and day centre meals**

We received comments on all three elements of this proposal. The theme running through all the comments was that charges and increases to the most vulnerable people in Gateshead will mean people will be surviving and not thriving, and that this will further worsen health and social care inequalities. It was felt that many people could be forced to stop using services or avoid seeking help in the first place which would cause social isolation for people with learning disabilities and further pressure on families and carers. Participants believed this could end up costing more in the long term for adult social care.

Participants also felt that the proposal for the mental health accommodation could put additional financial pressure and stress on people in terms of recovery.

“Introducing charges for Guidepost and increasing day centre charges will penalise people. It won’t allow them to thrive so how can the Thrive agenda underpin these services.”

“My relative currently attends a day service three times a week. With the proposed increase in charges to this and the meal costs that means a daily cost of £29. Multiply this by three, that’s almost £100 a week for just three days of service. It just can’t be done.”

“People use day centres as respite for carers too, what provision is in place or will be in place for respite when you can’t get any other form of respite to start with. Carers are entitled to a life too!”

“People who find themselves under S117 of the MHA will already be under financial difficulties and distress and this will add more pressure on people with mental health in terms of their recovery and integration back into the community.”

**vi. Ending the council’s contribution to NHS Newcastle Gateshead Clinical Commissioning Group towards the cost of providing child and adolescent mental health services in Gateshead**

Participants raised concerns that this proposal could result in a lack of funding, with Newcastle Gateshead Clinical Commissioning Group (CCG) unable to afford to solely fund this service. Participants commented that waiting lists for children’s mental health services in Gateshead were already long and that this proposal would have future negative impacts on individuals’ services and budgets. Many people thought that children’s mental health should be a shared responsibility that should be managed and supported in a multi-agency approach between health, the local authority and education.

“We shouldn’t be failing children – they are our future.”

“The loss of the council’s contribution can only have a negative impact on the already very long waiting lists for Children MH services - they need more money not less.”

A summary of the findings from the event was submitted to the Office of the Chief Executive in Gateshead Council. We were told that the information would be used to inform the outcome of the budget consultation and be part of the budget setting report that is scheduled to go to cabinet in February 2019.

## 5. Revisiting the 2016–18 budget proposals

We wanted to assess the extent of any impact on the quality of life of service users and carers from the previous changes (2016–18 budget proposals) as some of the upcoming proposals included suggestions that could affect the same group of service users.

We requested an update on the 2016–18 budget proposals to see which of the proposals were implemented. The following are summaries of the statements provided by Gateshead Council:

### **Proposal 1. Re-commissioning of disability day services**

The proposal was to close two services providing support to people with profound and multiple learning disabilities: Blaydon Lodge respite facility and Marquisway Bungalow day support. There was also the potential closure of Marquisway Resource Centre and three community bases in Gateshead (The Phoenix Centre, Wrekenton Community Base and Winlaton Community Base).

Service users with complex needs continue to be provided with direct support from in-house council services or be supported by existing residential care or Independent Supported Living. Wrekenton Community Base was closed and some service users transferred to the Phoenix Centre or Marquisway Resource Centre based upon the complexity of their needs.

Those who were assessed as not having complex needs were offered alternatives including support into volunteering, employment opportunities, or support by their existing residential care or Independent Supported Living scheme. Further funding was secured for Blaydon Lodge and Marquisway Bungalow.

### **Proposal 3. Re-commission of learning disability care packages**

The Achieving Change Together (ACT) team are in the process of reviewing all disability care packages.

### **Proposal 5. Reduce domiciliary care packages by enhanced early intervention**

This was achieved through a combination of the use of assistive technology equipment (Care Call) and a focus on enablement services.

### **Proposal 6. Reduce residential care admissions**

Gateshead Council has looked to reduce residential care admissions through different approaches such as increasing use of Promoting Independent Centres, redeveloping the enablement offer into the PRIME service (People Regaining Independence through Means of Enablement) and expanding the use of Care Call, and ensured that all other alternatives such as Extra Care, are considered before someone is admitted into residential care.

## Proposal 9. Re-provision of Independent Supported living (ISL)

The budget proposal surrounded the re-provision of the council's six in-house Independent Supported Living schemes, which supported 15 tenants. The service continues but with reduced staffing support.

### What we did

#### 'Looking back' questionnaire to service users and carers

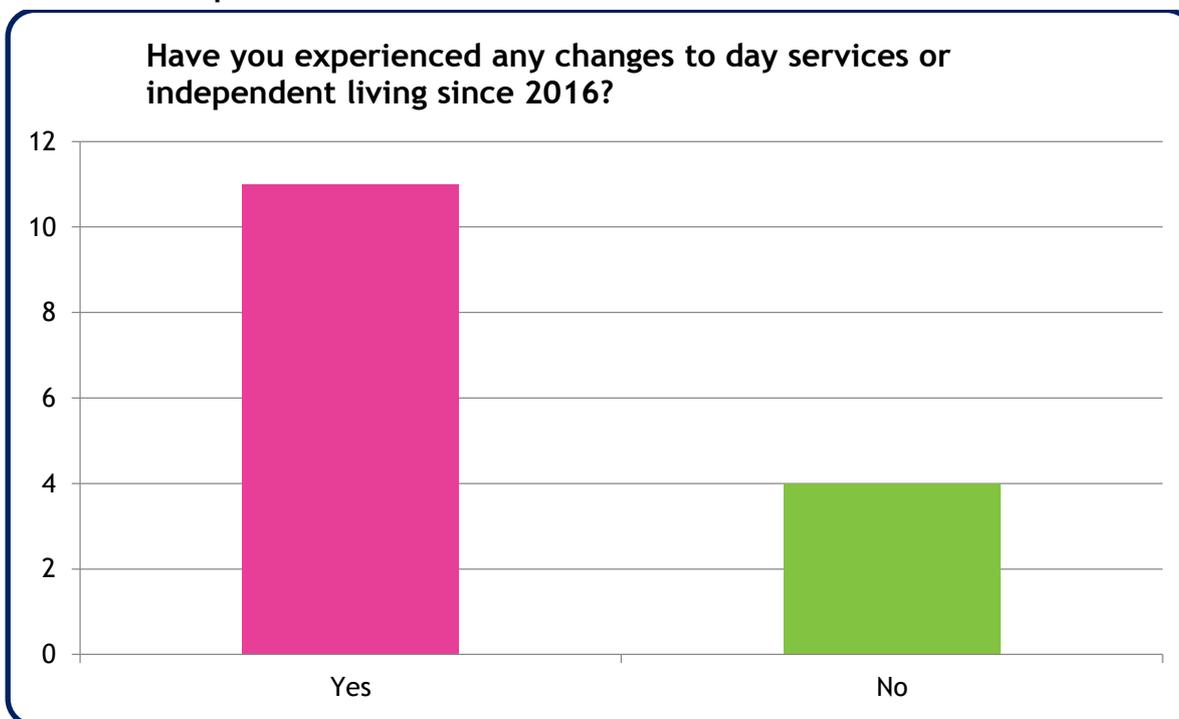
We wanted to capture service user and carer views on how the above changes had affected them. It was important that we were able to assess quality of life for service users and their carers before and after changes and therefore focused on the re-commissioning of disability day services and the re-provision of Independent Supported Living.

We asked Gateshead Council for the number of service users who had been involved in any of the changes and requested that our survey be sent to those people and their carers. Gateshead adult social care helped us to survey service users and carers who used services affected by the 2016–18 budget reductions by forwarding our survey directly to that group of people.

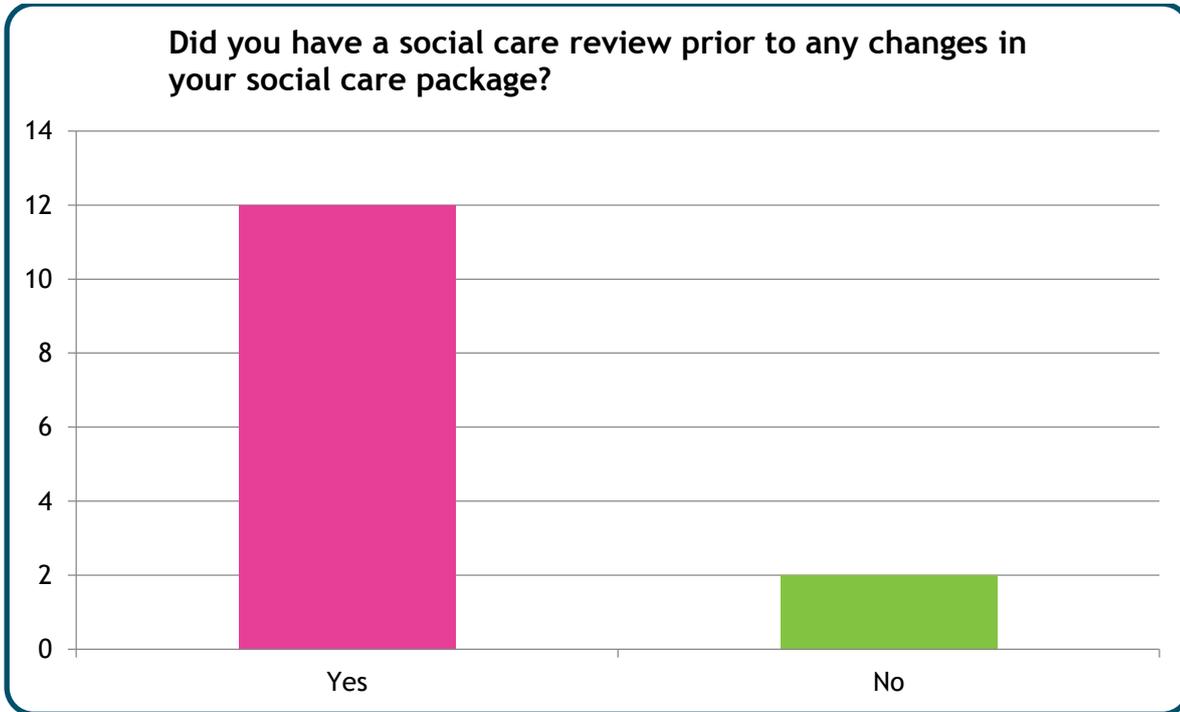
Thirty surveys were sent out through Gateshead Council and 18 surveys were returned (60%). The small number of returns reflects the number who had had actual changes made to their social care package.

### What we found

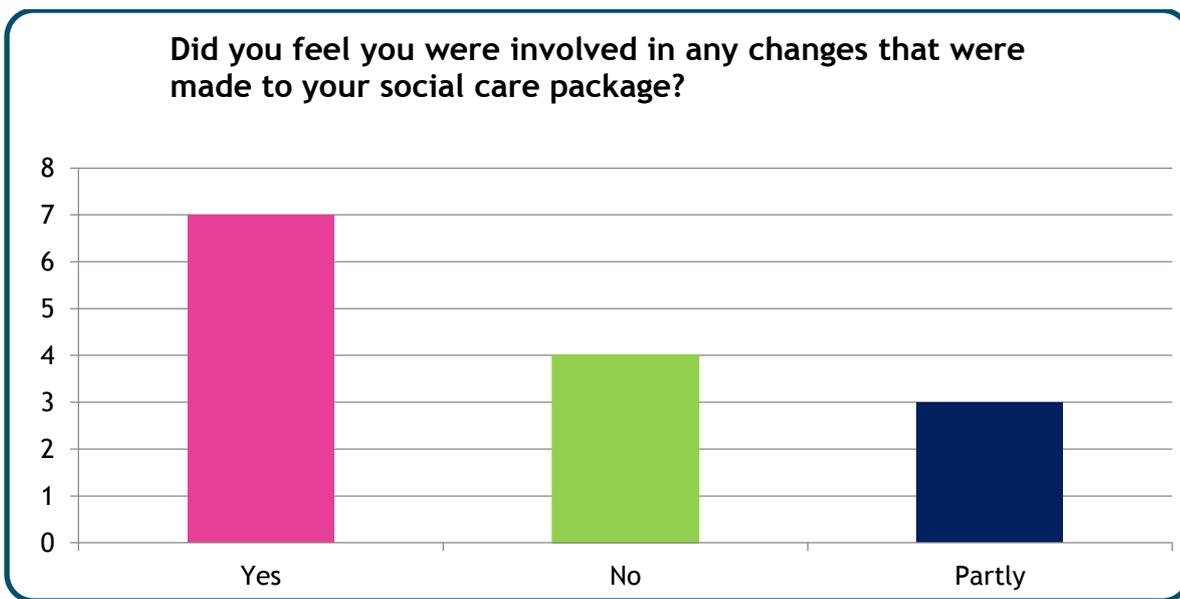
#### Service user questions



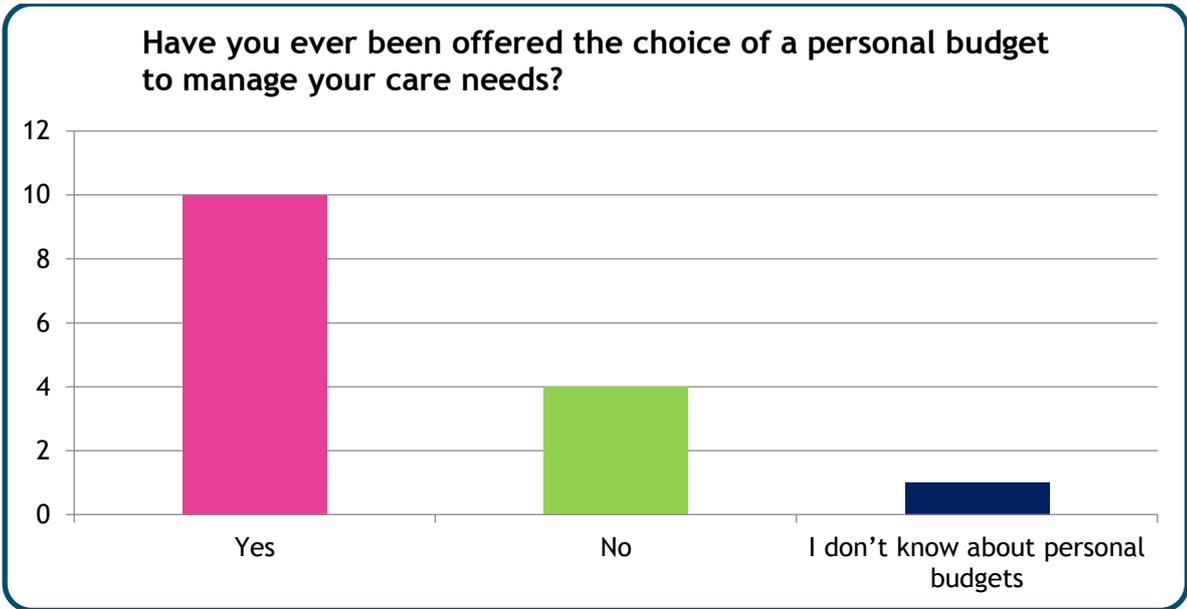
There were 15 respondents to the question in the graph above.



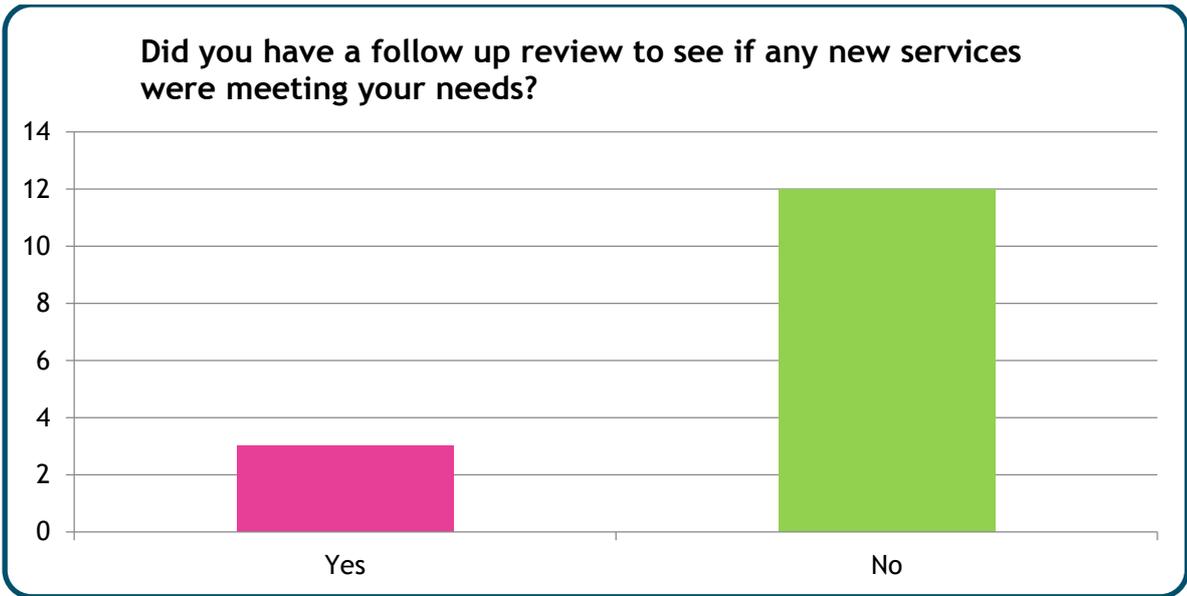
There were 14 respondents to this question. Twelve people told us that they had a review prior to any changes; two people indicated they had not received a review.



Of the 14 people who responded to this question seven people told us that they did feel involved in changes made to their care package; four did not feel involved in changes; three felt that they were only partly involved in any changes.

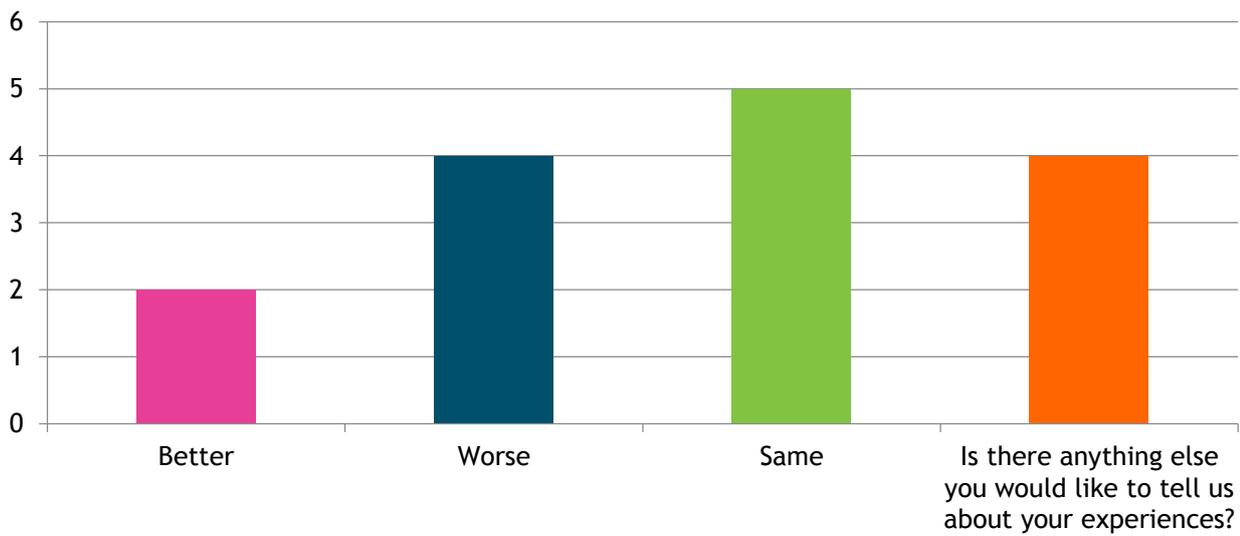


Fifteen people answered this question with the majority (ten) indicating that they had been offered the choice of a personal budget.



Of the 15 people who answered this question three people told us that they had a follow up review to see if new services were meeting their needs, while 12 people said they had not.

**Thinking about your care package in 2016 and the care you receive now, how would you rate your quality of life?**



The majority of respondents to this question (nine out of 11 responses) said that their quality of life was either the same or worse than in 2016. People were invited to tell us about their experiences and some of the comments included:

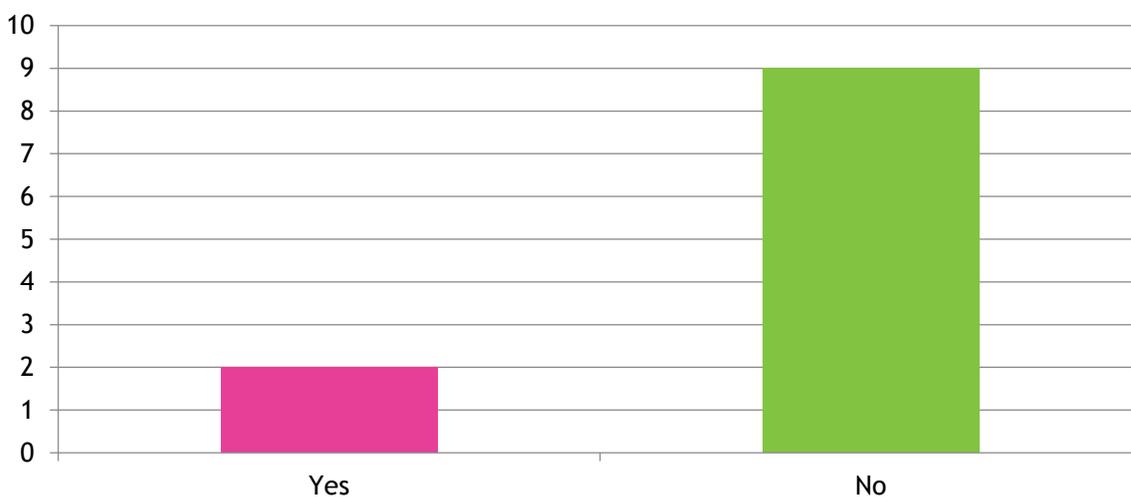
**“I object strongly to the level of social care charge adopted by Gateshead and the refusal to allow reasonable disability related expenses.”**

**“I am much worse off now, no help no support apart from Your Voice Counts in Gateshead. The benefits are a joke as I can't fill the forms in.”**

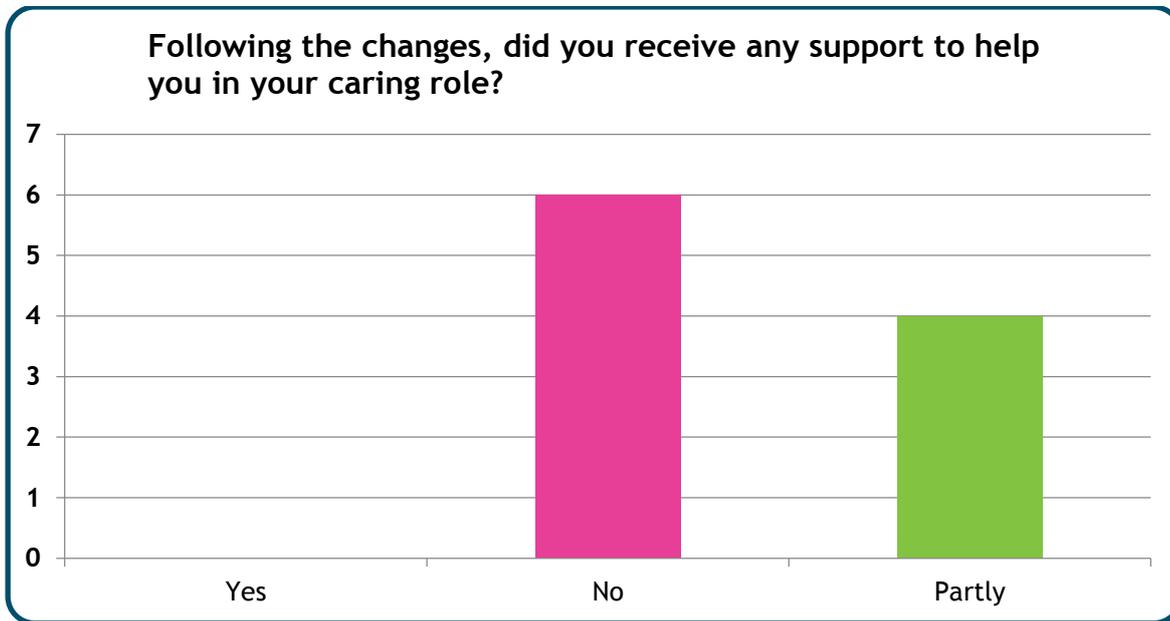
**Questions for carers**

We included questions for carers specifically caring for people who had been affected by the changes.

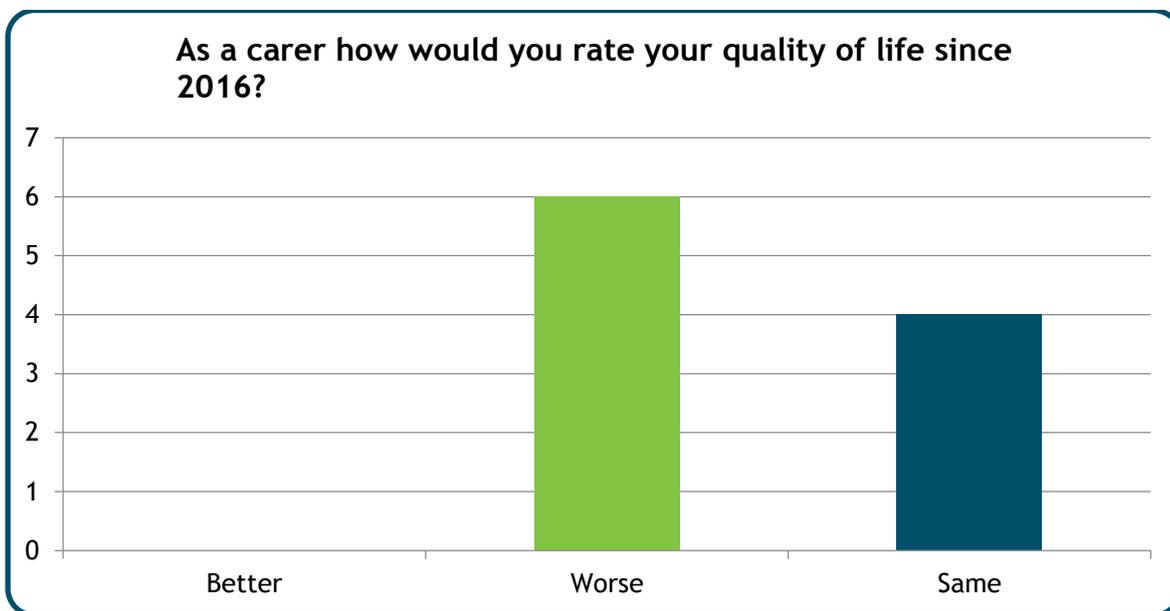
**Since 2016, have you been offered a carers' assessment to assess how much care you can give as an unpaid carer?**



Of the 11 carers who answered this question, two people told us that they had been offered a carer’s assessment and nine said that they had not been offered an assessment. This would be in line with the findings of our ‘Caring for carers’ report carried out during 2017.<sup>5</sup>



Ten people answered this question. Six people said they did not receive support and four people said they received some support, while none of the carers who answered told us that they received enough support to help them in their caring role.



Of the ten carers who answered the question, four people rated their quality of life as the same, and six rated their quality of life as worse since 2016.

<sup>5</sup> See <https://healthwatchgateshead.co.uk/about-us/reports/hwg-reports>

“Gateshead Council's first proposal to close day centres was incredibly short sighted. It was only after the issues were raised during the consultation that they decided to carry out individual assessments to get a full picture of the needs and requirements. Thank you Healthwatch for your part in this.”

“We have money in the budget, but we can't get a worker that can-do Saturdays, why do the council not ask care companies when they commission if they can provide weekend workers?”

“No-one ever considers the carer it's all down to money.”

“I get absolutely no help in my caring duties.”

“Due to charges for social care we have lost social care as unable to afford £65 a week demanded by Gateshead council.”

“My daughter is in supported living now. She comes home for a weekend or if it is someone's birthday in the family. She likes where she is and is happy.”

The majority of service users said they had a social care review prior to any changes. However, the majority also said they did not have a follow up review to see if the new services were meeting their needs.

Half of the respondents felt they were either not involved or only partly involved in the changes to their social care packages.

There was a variance in how service users rated their quality of life following the changes. However, none of the carers responding saw an improvement in their quality of life, with 60% saying their quality of life was worse following the changes. Also of note is that the same percentage (60%) of carers did not feel they received any support following the changes. The other 40% felt partly supported and no one felt fully supported.

The majority of responding carers were not offered a carer's assessment.

## 6. Our findings

There may have been an opportunity to utilise and consider the intelligence already gathered (such as from the LGA green paper consultation) to inform and shape the 2019–20 budget proposals before going out to consultation. The intelligence could also have been a valuable resource for the impact assessments, particularly around equality.

A voluntary sector briefing on budget proposals that we attended had a lack of detail around many of the proposals. Many of the questions could not be answered due to the absence of senior managers within the council who had put the proposals forward. Although there were some impact assessments available, they were around the delivery of services within the council. There were no equality impact assessments available around the social care proposals at that time. The briefing had to be repeated with senior heads of service in attendance to answer questions.

At our Healthwatch listening event, Gateshead Council senior management for adult social care and commissioning presented the budget proposals. From event feedback people told us that they appreciated the honesty of the council when explaining the financial pressure it faced. However, attendees also said they would have liked more opportunities to ask questions and the lack of equality impact assessments around some of the proposals meant that they did not feel fully informed and engaged. This is particularly concerning as lack of equality impact assessments was raised at our budget proposal event in 2016 and again in our response to the 2018 budget.

Our survey for service users and their carers affected by the 2016–18 budget savings showed that many of the respondents did not have reviews following changes to services, and many carers felt their quality of life had deteriorated. We note that four of the six 2019–20 proposals are likely to affect the same group of people as the 2016–18 budget savings, i.e. people with learning disabilities and their carers. We feel that if reviews had taken place for both service users and carers prior to the latest proposals this could have contributed to the impact assessments around equality.

The lack of support for carers and lack of carer's assessments was an issue. We are concerned about the progress in this area as this was raised by Healthwatch Gateshead in our 'Caring for carers' report<sup>6</sup>.

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<sup>6</sup> See <https://healthwatchgateshead.co.uk/about-us/reports/hwg-reports>

## 7. Recommendations

### Inform

1. Organisations must ensure that they have the right people present when they are engaging about proposals and changes to ensure that they can answer questions as fully as possible.
2. Organisations should ensure that all proposals for change, and budget proposals in particular, are accompanied by full impact assessments that include equality impact assessments to assess the impact on service users and the wider health and social care economy.

### Engage

3. Gateshead Council should look at opportunities to use existing intelligence, to inform and shape any proposals for change before going out to consultation, engaging at all stages throughout the process.
4. Following the implementation of service changes, commissioners and providers should always undertake a review of the service user experience and service quality.

### Influence

5. Gateshead Council should demonstrate how it has used the findings in our 'Caring for carers' report to inform the new carers' support service and should undertake a review of the new service (as in recommendation four).

We welcome the opportunity to work closely with Gateshead Council to ensure that effective and meaningful engagement is carried out to ensure that service users and carers are kept fully informed and involved about decisions that are being made on their behalf.

The continuing of dialogue is of paramount importance during these challenging times when budgets are being cut. There is a need to have good accessible information, to help service users and carers understand **if**, and **how**, they can influence decisions that are taken on their behalf about the lives they want to live.

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