

Integrated Impact Assessment (IIA)

Informing our approach to fairness

Proposal:	Reviewing the way we support people after a crisis
Date of assessment:	September 2019
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Version:	1
Planned review date:	January 2020

Section A: Current service

1. What does the service / function / policy do?

One of the critical duties of adult social care is to protect vulnerable people in our community. Often this means providing care and support in response to an urgent need or in response to a crisis. When we say crisis, we mean an event that has led to an emergency or an increase in risks for the person, or a deterioration in their physical or mental health. Our response to people who are in urgent need or crisis is swift, robust and appropriate. When that crisis passes, the focus of our duty shifts to one of preventing, reducing or delaying the need for care and support. This proposal is about this latter duty of ensuring that support in the long-term is appropriate to the person's needs once the crisis has passed, not based on what support they needed while they were in crisis. We have no intention of altering our approach to providing support to people with an urgent need or who are experiencing a crisis.

Much of the support we provide is delivered by care and support providers in the private and third sector, but we also provide a range of services ourselves, including reablement, rehabilitation and short-term residential services. Social workers from across adult social care, including our safeguarding team, are involved in providing a response to vulnerable adults experiencing a crisis.

2. Who do we deliver this service for?

We deliver this kind of support in a wide range of settings, to people who live in their own home, or supported living facilities like extra care, or to people who are placed in a care home on a temporary or permanent basis. We provide this support to adults of all ages and needs.

During 2018-19, we provided some form of long-term support to 5,109 people. Of these:

- 3,355 people were over the age of 65;
- 3,535 were supported in their own home or community (1,986 of these people were over 65);
- 1,574 were supported in a residential or nursing setting (1,369 of these people were over 65); and
- We provided additional one-to-one support to 63 people living in a residential or nursing setting.

3. Why do we deliver this service?

The primary legislation relevant to this proposal is the Care Act 2014, specifically:

- Section 9 which gives us a duty to assess the needs of people who may have a need for care and support
- Section 13 which sets out the way we are required to establish eligibility
- Section 18 sets out the circumstances where we have a duty to meet eligible social care needs
- Section 19 sets out the circumstances where we have a power to meet needs in an urgent situation before we establish eligibility.

These sections are supported by regulations and statutory guidance which are referenced below.

4. How much do we spend on this service / function / policy in 2019-20?			
Gross expenditure	Gross income	Net budget	This is made up of: <ul style="list-style-type: none"> • The amount of money we spend on providing residential or nursing care placements for people of all ages and needs; and • A proportion of the amount that we spend on services we provide to older people in their own home or community. We have not provided the full spend on these services because these budgets are affected by more than one proposal.
£60,778,944	(£29,577,753)	£31,201,191	
5. How many people do we employ to deliver this service?			
No. posts	No. full time equivalent officers	The services within the scope of this proposal are almost entirely delivered by external care and support providers. We do not hold data on the number of people employed by these organisations.	
N/A	N/A		

Section B: Proposal for future service

6. How do we propose to change the service / function / policy?
<p>We will adopt a recovery focused approach to working with people in urgent need or experiencing a crisis. Learning from our mental health services, intermediate care services and the time to think capacity in our extra care services, we will ensure that once the crisis has passed and risks have returned to an acceptable level, we can safely return services to a more appropriate, sustainable level in the longer-term. There are four areas of focus for this proposal:</p> <ul style="list-style-type: none"> • Services in response to risk; • Services in response to a deterioration in physical or mental health; • Additional support provided to people in a residential or nursing care; and • Community Time to think. <p>Services in response to risk</p> <p>Where we provide support in response to an emergency or an increased risk to the person, we will adopt a different approach to planning and review, starting with the assumption that the support (or additional support in the case of people already known to us) should be time-limited. We will use what we know about recovery and rehabilitation focus to inform our planning to ensure that the aim is always to reduce the level of support once the person's situation has stabilised or the crisis has passed. This proposal will reduce spend by £250,000 in 2020-21.</p>

Services in response to a deterioration in physical or mental health

We know that when a person's physical or mental health deteriorates, it can do so gradually over a period of time. Our response to this is often, and entirely appropriately, to make small incremental additions to support. While this approach ensures that the person is safe and well, it can lead to a support package that is disproportionate to the actual level of need or risk. We will adopt a holistic approach to reviewing longstanding packages of this type, pulling in expertise from intermediate care services within the Newcastle Alliance to understand individual need and take a rehabilitative approach to working with people for a time limited period. At the end of this period we would expect support packages to reduce to a level more appropriate to the person's needs and risks. This proposal will reduce spend by £180,000 in 2020-21.

Additional support provided to people in a residential or nursing care

In a relatively small number of placements, we fund one-to-one support for people on top of the support levels already included in the cost of their care home placement. This is often a time-limited response to a specific event or risk, but can also be agreed for a longer period in order to ensure risk is managed at specific times or in specific circumstances. We will review the provision of existing support of this type to ensure that there is still a need for it. Where there is, we will ensure that the commissioned level of support is appropriate and is being provided. Alongside this we will work with health colleagues to ensure that appropriate support in response to behaviours that challenge is being provided. This proposal will reduce spend by £550,000 in 2020-21.

Community Time to think

Building on similar capacity first piloted in extra care, we will create a service for adults leaving hospital or emergency residential provision. The service would be supported by the intermediate care services provided by the Newcastle Alliance, delivering intense input for a short period of time in order to help the person to regain independence. The service will demonstrate to the adult and their family that an appropriate level of care and support can meet the needs of the adult in their own home, and avoid the need to move in to a residential care placement. This proposal will reduce spend by £12,000 in 2020-21.

It is important to read this proposal alongside our continuing programme of budget reductions that have been developed, consulted upon and agreed in previous years. Throughout the period of sustained and intensity austerity that started in 2010-11, we have seen over £50,000,000 taken from adult social care budgets. Our proposals during this period have focused on reducing new spend and designing more efficient ways of providing support and we will continue to work in this way. We will continue to invest in a preventative response when people ask us for support, and in targeted social work capacity to work with particular groups, for example people with mental health needs who present to health services in a crisis. We are continuing to ensure we apply national eligibility criteria clearly and consistently. And our ambitious programme of service development is creating high quality, innovative, outcome focused and efficient models of care. Our other key proposal for 2020-21, Being well in Newcastle, takes this approach even further and will fundamentally re-shape the way we provide home care services to older people.

Adult social care nationally is at a critical point. In the absence of a long-term, viable, and sustainable settlement from government on funding for adult social care, we can no longer rely on prevention and innovation in order to deliver budget reductions at the pace

and scale we are expected to. We have no choice but to undertake focused, system-wide reviews of existing support packages, like the ones outlined in this proposal, in order to achieve the required reductions in our budgets.

Our track record shows that we have a detailed understanding of the people we support, and that when we have redesigned our approach to delivering care we have successfully achieved similar or better outcomes for people alongside delivering the necessary efficiencies. We are confident in the thinking behind the proposals we are consulting on and those we are developing for 2021/22, but these proposals remain untested at this point in the process. These proposals are based on the theory that we can work differently to reduce the level of support that people need. This will only be possible if we can do this without putting the person at risk, which we will not do.

7. What evidence have we used to inform this proposal?

Information source	What this has told us
Short and long-term support (SALT) Return for 2018-19	<p>Provides information on the number of people receiving support.</p> <p>We submit our SALT returns to NHS Digital in July every year and they are published along with data for all councils with adult social services responsibilities (CASSRs) on the NHS Digital Website. In line with previous years, we estimate that the 2018-19 returns will be published by NHS Digital in October 2019.</p>
Adult social care outcomes framework (ASCOF)	<p>Provides information on the number of people receiving support.</p> <p>NHS Digital use the data we provide for our SALT return to create the measures included in ASCOF. More information about ASCOF, including national datasets, is published on the NHS Digital Website.</p>
Internal adult social care and finance systems	<p>Information about the number of people who receive support as a result of a crisis, and what the level of support is after the crisis has passed.</p> <p>The number of people who receive additional 1:1 support in a residential or nursing placement.</p>
Gov.uk/legislation.gov.uk	<p>The Care Act The Care and Support (Assessment) Regulations 2014 The Care and Support (Eligibility Criteria) Regulations 2015 Care and Support Statutory Guidance</p> <p>This legislation and guidance set out the rules and expectations around the areas contained in this proposal.</p>

8. What will be the financial impact of this proposal(s) in 2020-21?

These proposals will reduce spend by a total of £932,000 in 2020-21. This will lead to reductions in budgets for home care and residential care across all ages and needs.

9. What will be the impact upon our employees of this proposal?

No. FTEs	% workforce	
N/A	N/A	<p>The services within the scope of this proposal are almost entirely delivered by external care and support providers. We do not hold data on the number of people employed by these organisations.</p> <p>These proposals will have no impact on the number of social work staff employed by the council. However, this is a new approach to reviewing packages that will require some time to help staff develop an understanding of the new ways of working. Increasing our focus on more intensive reviews of existing support means that we will face increasing pressure on our capacity to respond to new requests.</p>

Section C: Consultation

10. Who have we engaged and consulted with about this proposal?

Date	Who	How	Main issues raised

Section D: Impact assessment

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	Detail of impact	How will this be addressed or mitigated?
People with protected characteristics		
Age		
Beneficial outcome	<ul style="list-style-type: none"> Support will be appropriate to the person's needs Recovery/rehabilitative focus will increase levels of independence 	A flexible approach to support provision, maximising independence/reducing dependence on formal support.
Potential disadvantage	<ul style="list-style-type: none"> Reduction in spend may lead to an actual or perceived reduction in the level of support provided 	Assessments and reviews will continue to be robust and comprehensive, ensuring that eligible needs are met in the most appropriate manner.
Disability		
Beneficial outcome	<ul style="list-style-type: none"> Support will be appropriate to the person's needs Recovery/rehabilitative focus will increase levels of independence 	A flexible approach to support provision, maximising independence/reducing dependence on formal support.
Potential disadvantage	Reduction in spend may lead to an actual or perceived reduction in the level of support provided	Assessments and reviews will continue to be robust and comprehensive, ensuring that eligible needs are met in the most appropriate manner.
Gender reassignment / identity		
None	This proposal will not have an additional impact on people because of their gender identity.	
Sex		
None	This proposal will not have an additional impact on people because of their sex.	

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	Detail of impact	How will this be addressed or mitigated?
Marriage and civil partnership		
None	This proposal will not have an additional impact on people who are married or in a civil partnership.	
Pregnancy and maternity		
None	This proposal will not have an additional impact on people who are pregnant or caring for babies.	
Race and ethnicity		
None	This proposal will not have an additional impact on people because of their race or ethnicity.	
Religion and belief		
None	This proposal will not have an additional impact on people because of their religion or beliefs.	
Sexual orientation		
None	This proposal will not have an additional impact on people because of their sexual orientation.	
Other potential impacts		
People vulnerable to socio-economic impacts		
Potential disadvantage in relation to people who care for others	Where formal support is provided alongside support from a carer, a change to the support provided to the person they	We will continue to provide a range of support for carers of adults who live in Newcastle, including referrals to the Carers' Centre and other

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	Detail of impact	How will this be addressed or mitigated?
	care for may place increased pressure on the carer.	organisations, provision of replacement care, and direct support to the carer to support them in their role.
None in relation to all other groups	This proposal will not have an additional impact on people who are vulnerable to socio-economic impacts.	
Businesses		
Potential disadvantage	Changes to support packages that result in a reduction in support may have a financial impact on care and support providers.	We will monitor this through our existing mechanisms to fulfill our duty in relation to market shaping.
Beneficial outcome	The recovery-focused approach will provide opportunities for care and support providers to implement new ways of working, providing a more flexible response to need across the city.	
Geography		
None	This proposal will not have an additional impact on specific areas of the city.	
Community cohesion		
None	This proposal will not have an additional impact on community cohesion.	
Community safety		
Beneficial outcome	Taking a recovery-focused approach to services will increase independence and confidence, meaning people may experience lower levels of feeling unsafe.	

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	Detail of impact	How will this be addressed or mitigated?
Public Health		
Beneficial outcome	Adopting a recovery focus will improve levels of independence which will result in other system benefits to health services and improve individual physical and mental wellbeing.	
Climate		
None	This proposal will not have an additional impact on climate issues.	