

Integrated Impact Assessment (IIA)

Informing our approach to fairness

Proposal:	Being well in Newcastle – Reshaping home care
Date of assessment:	September 2019
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Section A: Current service

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

This proposal is about the way that we commission general home care services (also known as domiciliary care). This type of service provides care and support to enable people to lead independent, fulfilling lives in their own home for as long as possible. This support can include, but is not limited to, the provision of basic activities of daily living (for example personal hygiene, dressing and preparing food) and social, practical and emotional support to meet the identified assessed needs of people using the service. Tasks are agreed between the service user, relatives, carers, advocates and the provider in order to meet the needs stated in an individual's care and support plan following an assessment of eligible need carried out by adult social care.

We commission these services through our general and citywide domiciliary care services framework. This contractual agreement has been in place since 1 June 2017 and runs to 30 May 2020 with an option to extend for a further year up to 30 May 2021. It includes a total of 18 providers across the city: five generalist zoned providers covering north, east and west of the city alongside an additional 13 citywide providers.

In 2018-19 we provided 603,052 hours of home care to 1,812 people aged 65 and over across the year on the basis of an agreed number of care and support hours delivered weekly to meet eligible needs. This approach, commonly referred to as time and task allocates an assessed number of hours to identified tasks alongside time required to complete them.

Time and task delivery continues to be the commissioned model widely adopted by many local authorities. But it is often seen as a barrier to the introduction and implementation of more innovative care approaches; preventing providers from delivering flexible, personalised care at home with the focus on improving outcomes for the individual.

2. Who do we deliver this service for?

We have a number of contracts and frameworks that we use to commission home care services for people who have eligible care and support needs. This proposal affects home care services we deliver to people aged 65 years and over who have eligible care and support needs.

3. Why do we deliver this service?

The Care Act 2014 gives us a duty to provide services for vulnerable residents in the city who are eligible for care and support according to national rules called the national minimum eligibility threshold. The act also gives adult social care responsibility for:

- Preventing, reducing and delaying need;
- Assessments of people or their carers who have the appearance of need;
- Support planning/arranging services for those people who have assessed eligible needs;
- Reviews;

- Safeguarding responsibilities; and
- Market Shaping, which means facilitating a diverse, sustainable high-quality market for everyone in the city who might need care and support.

4. How much do we spend on this service / function / policy in 2019-20?

Gross expenditure	Gross income	Net budget	This represents a proportion of the amount that we spend on services we provide to people in their own home or community. We have not included the full spend on these services here because these budgets are affected by more than one proposal.
£12,496,066	(£5,458,438)	£7,037,628	

5. How many people do we employ to deliver this service?

No. posts	No. full time equivalent officers	Home care services are commissioned via the independent, third sector home care provider market
Not applicable	Not applicable	

Section B: Proposal for future service

6. How do we propose to change the service / function / policy?

Like many other local authorities, our adult social care budgets are under pressure. As we continue to receive less funding as a result of sustained austerity, we are supporting an ageing population, with many people having complex needs that require responsive and flexible services if they are to continue to be better supported in their own homes; high quality general home care services that are both easy to access and maximise people's ability to live independently and safely in their community.

But we know that traditional approaches to care and support are often not the most efficient, and in some cases do not have the most positive impact on people's lives. It is against this backdrop that we want to work with people who use services along with partners across the health and social care sector to look at the way we currently support older people in their homes and consider how we can improve the care and support offer we currently have in the city. We want to develop a new and sustainable model of service delivery that ensures people receive the right care, at the right time and in the right place that will help them live long, happy and healthy lives.

Similarly, we recognise that home care services alone cannot be the sole link to older people remaining and being supported in their own homes and communities. Stronger links are required to connect people to their communities and local voluntary sector support to foster overall wellbeing, so people are healthier, happier and less reliant on formal health and social care services. Home care organisations and their staff teams, alongside adult social care, are well placed to build relationships with those they support and be

empowered to have richer conversations with the person and their family to foster, encourage and implement those natural networks of care and support to better assist an individual's health and wellbeing.

This proposal will involve significant transformational change and we cannot do this in isolation. We will work closely across the next two years with the people we support, their families and informal carers, home care organisations, their staff and our health and social care partners to develop a new home care offer for the city that builds upon our focus on improved service user outcomes so we can continue to meet increased demand within our financial envelope.

Key areas for transformation include:

- Move away from the traditional time and task focus in home care to create flexible options for people that help them meet their outcomes and stay in their own homes and communities for as long as possible
- Improved networks across the voluntary and community sector, increasing cross working with organisations
- Reduce or delay the number of people who receive statutory care by supporting the development of networks of support in people's own communities
- Remodelling home care services

A new offer for Home Care Services

During 2020-21 we will work with people who use services, their families and our providers to develop a new home care offer for the city, with an increased emphasis on outcomes for the individual rather than time slots and tasks completed; a move away from the traditional time and task.

We will explore a range of options which will include:

- the use of flexible funding. The person in receipt of home care will be able to have their assessed eligible needs met whilst providing greater flexibility for the person and their provider to shape their care and support to better enable them to achieve their agreed health and/or social care outcomes
- reviewing the way social workers assess and review peoples' needs to support a clearer focus on outcomes
- considering alternative funding models for services including a move away from spot purchase arrangements to block contracts in order to support provider sustainability
- the identification of innovative preventative services and potential funding streams
- working with colleagues in health services to ensure shared learning and identify potential opportunities to work together

We will build on good practice in other areas and adopt a test and learn approach as we identify potential opportunities and consider appropriate responses to those key issues and challenges raised in the current market, such as recruitment and retention of staff and job satisfaction.

We will tender for any new service we need in summer 2020 with new contracts starting in April 2021. Once we have embedded the new model we will work with people to make sure it is helping them access the right care, at the right time and in the right place that will help them live long, happy and healthy lives.

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

Information source	What this has told us
Learning disability and/or Autism Insights	We have used our successful implementation of Individual Service Funds and a new, dynamic, approach to reviews within our learning disability and/or autism service to inform this proposal.
Shaping our future together: Our medium-term plan 2019-20 to 2021-22	The council's response to the continuing financial challenge, setting out our plans for the three years
The Care Act 2014	<p>The Care Act 2014 places a number of duties on us:</p> <ul style="list-style-type: none"> • Preventing, reducing and delaying need; • Assessments of people or their carers who have the appearance of need; • Support planning/arranging services for those people who have assessed eligible needs; • Reviews; • Safeguarding responsibilities • Market Shaping, which means facilitating a diverse, sustainable high-quality market for everyone in the city who might need care and support. <p>The act also requires local authorities to consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help in considering what else other than the provision of care and support might assist the person in meeting the outcomes they want to achieve.</p>
Social Care Institute for Excellence: Care Act Guidance on Strength Based Approaches	A strengths-based approach to care, support and inclusion says let's look first at what people can do with their skills and their resources and what can the people around them do in their relationships and their communities. People need to be seen as more than just their care needs – they need to be experts and in charge of their own lives.
Institute of Public Care: New Developments in Adult Social Care.pdf	<p>Key practice and organisational considerations in the pursuit of delivering outcomes effectively and managing demand:</p> <ul style="list-style-type: none"> • Focus on asset-based or strength-based practice supporting positive, constructive relationships with users.

	<ul style="list-style-type: none"> • Promoting Independence with outcomes - focusing on interventions that make a difference to people and their lives. • Outcome-based commissioning as a new way of constructing services beyond the traditional time and task for domiciliary care.
The kings Fund: New models of home care.pdf	<ul style="list-style-type: none"> • Innovative approaches to home care and emerging common themes and challenges; nature of current commissioning as a barrier to adopting and implementing innovative approaches.
Strengths based social care in Leeds City Council.pdf	<ul style="list-style-type: none"> • There is a need to work with individuals and their community's strengths. • There is a need to focus on a strength-based and person-centred approach, rather than eligibility and assessment. • Move towards more facilitative conversations with the people of Newcastle to determine what they have already tried and how we can support them to meet their goals. • Divide conversations into three categories: connecting people, responding at a time of crisis and planning for the longer term. • There is a use for a rapid response service which does not hold cases long term. • Introduction of peer reviews has allowed a team approach to support provided.
Institute of Public Care: Wiltshire Council-Help to Live at Home Service - An Outcome-Based Approach to Social Care, Case Study Report April 2012	<ul style="list-style-type: none"> • Focus on reablement through the life course as a way of approaching the delivery of outcomes to which older people aspire.
Government Outcome Lab: Are we Rallying Together? Collaboration and Public Sector Reform	<ul style="list-style-type: none"> • Collaboration allows us to share service delivery and financial responsibility across sectors and with the community. • Working together gives the voluntary sector a more significant role in tackling complex social challenges.
Options and Challenges for Commissioning Domiciliary Care led by Professor John Bolton	<ul style="list-style-type: none"> • There is a significant over-prescribing of social care. • Domiciliary care is a combination of different services. • Outcomes for the adults are very much dependent on the type of assessment and the care provided. • Barriers surrounding new providers entering the care market.

8. What will be the financial impact of this proposal(s) in 2020-21?		
This proposal will lead to a reduction in spend of £4,000,000 in 2020-21		
9. What will be the impact upon our employees of this proposal?		
No. FTEs	% workforce	Home care services are commissioned via the independent, third sector home care provider market.
Not applicable	Not applicable	

Section C: Consultation

10. Who have we engaged and consulted with about this proposal?			
Date	Who	How	Main issues raised
May/June 2019	Service Users	79	We carried out a My Best Chat survey using staff from our reablement and community response and rehabilitation services asking people, what had been their best chat over the past week – age of respondents ranged between 48-96 with the majority between 85-94 which fit within our identified frailty cohort. We found most people were having their best chat with either a family member (29%) or their carer (28%): Whilst acknowledging that responses could be skewed to what the person thought the staff member wanted to hear our findings reinforced the importance placed on the relationship between service user and home care worker and potential opportunities a more flexible home care model may bring in being able to meet need in a more creative, flexible manner.
26 July 2019	Elders Council	Organisation	Outline scope of proposed transformation agenda and welcome benefits greater flexibility a move away from a traditional domiciliary time and task delivery model could bring to older people and their families: Welcome further engagement across the service design and consultation process.
October 2019	Newcastle Carers	Organisation	This organisation will be contacted to discuss the impact of the remodel of home care services.
Autumn/Winter 2019-20	General and Citywide Domiciliary Care	Multiple agencies	We will carry out engagement with providers and other stakeholders by the end of December 2019.

	Providers and other involved stakeholders		
December 2019	Newcastle Disability Forum	Organisation	We will seek to engage with this organisation through the Newcastle Disability Forum Advisory Group by the end of December 2019.
October 2019	Connected Voice (formerly Newcastle Council for Voluntary Service)	Organisation	This organisation will be contacted to discuss the impact of the remodel of home care services.
September 2019	Healthwatch Newcastle	Organisation	This organisation will be contacted to discuss the impact of the remodel of home care services.

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 for those people eligible for home care services	A move away from a traditional home care time and task delivery, older people (65+) who form, the majority of the service user population will benefit from more creative and flexible options that help them meet their outcomes.	N/A
Potential disadvantage	Change can bring about anxiety and may translate into a perception of less care and support provided.	In changing the way we provide adult social care to residents across the city, we will carry out robust engagement, consultation and communication with key partners and stakeholders across

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	Detail of impact	How will this be addressed or mitigated?
		<p>the sector to ensure optimum support for this programme of change.</p> <p>We will continue to meet eligible care needs whilst also seeking to maximise a person's opportunities by drawing upon place-based support, identifying their own and local support networks to highlight the strengths, capacity and knowledge of all involved to better meet individual outcome</p>
Disability		
Beneficial outcome for those people eligible for home care services	A move away from a traditional home care time and task delivery, older people who have a disability (65+) will benefit from more creative and flexible options that help them meet their outcomes.	N/A
Potential disadvantage	Change can bring about anxiety and may translate into a perception of less care and support provided	<p>In changing the way, we provide adult social care to residents across the city we will carry out robust engagement, consultation and communication with key partners and stakeholders across the sector to ensure optimum support for this programme of change.</p> <p>We will continue to meet eligible care needs whilst also seeking to maximise a person's opportunities by drawing upon place-based support, identifying their own and local support networks to highlight the strengths, capacity and knowledge of all involved to better meet individual outcome</p>
Gender reassignment / identity		
None	None, remodelling our home care services will not favour or penalise	N/A

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	Detail of impact	How will this be addressed or mitigated?
	gender (including people identifying as transgender, non-binary)	
Sex		
None	None, remodelling our home care services will not favour or penalise on issues surrounding sex equality.	N/A
Marriage and civil partnership		
None	None - remodelling our home care services will not favour or penalise people who are married or in civil partnerships.	N/A
Pregnancy and maternity		
None	None - remodelling our home care services will not favour or penalise women who are pregnant or those on maternity including women, fathers and adopters.	N/A
Race and ethnicity		
Beneficial outcome	The development of place-based and community services could have a potential beneficial outcome as these will better reflect local communities.	N/A
Religion and belief		

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	Detail of impact	How will this be addressed or mitigated?
Beneficial outcome	The development of place-based and community services could have a potential beneficial outcome as these will better reflect local communities.	N/A
Sexual orientation		
None	None - remodelling our home care services will not favour or penalise people's sexual orientation.	N/A
Other potential impacts		
People vulnerable to socio-economic impacts		
None	None - remodelling our home care services will not favour or penalise people vulnerable to socio-economic impacts.	N/A
Businesses		
Potential beneficial outcome	Recruitment and retention of home care staff is one of the challenges faced by providers of home care. A move away from a traditional time and task delivery model will support greater flexibility for providers across the city to meet care needs with the aim of improving recruitment and retention of home care staff through improved flexibility of working	N/A

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	Detail of impact	How will this be addressed or mitigated?
Both actual beneficial outcome and actual disadvantage	<p>hours and increased job satisfaction.</p> <p>Any future recommissioning of home care services may mean some organisations are unsuccessful in tendering for presented business opportunities whilst others benefit as opportunities arise.</p>	
Geography		
Potential beneficial outcome	<p>Geographically, remodelling home care services across the city will make better use of available resources across all wards.</p> <p>Working collaboratively with people who live and work locally will better build a picture of an individual's support networks from a local perspective, taking an asset (place-based) approach that seeks to highlight the strengths, capacity and knowledge of all involved to better meet individual outcomes.</p>	N/A
Community cohesion		
Potential beneficial outcome	In moving away from home care services delivered on a time and task basis to create more flexible options for people that help meet	N/A

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	Detail of impact	How will this be addressed or mitigated?
	their outcomes, we will seek to encourage and build on people's own networks of support whilst seeking to identify and establish wider links and networks for people within their local communities.	
Community safety		
None	None, remodelling our home care services will not favour or penalise resident's community safety.	N/A
Public Health		
Potential beneficial outcome	Helping people in their communities requires a different approach; providing home care providers with flexibility to delivery creative solutions to some of those wider public health determinants of ill health such as social isolation has the potential to benefit the wider health and social care system with people less reliant on formal care.	N/A
Climate		
None	None - remodelling our home care services will not favour or penalise the environment or air quality.	N/A