

# Integrated Impact Assessment (IIA)

Informing our approach to fairness

<b>Proposal:</b>	Being well in Newcastle – Reshaping home care
<b>Date of assessment:</b>	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 01 June 2017 runs to 30 May 2020 with an option to extend for a further year up to 30 May 2021 and includes a total of 18 providers across the city: 5 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 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 Care 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
- '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, 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.

**Post Consultation addition:**

Following the public consultation which ran from 13 December 2019 to 26 January 2020 on the budget proposals set out in 'Shaping our future together: our medium term plan 2019-20 to 2021-22, our plans to mitigate potential impact of reduced funding on the lives of vulnerable people in Newcastle and the home care provider market include:

- Over the next four months we will continue to engage and consult with home care providers around the potential impact this proposal will have on any future contracting arrangements. This will include the development of the contract, transition arrangements and how the new arrangements will respond to market demand.
- We started working with providers in December to co-design the specification for the new model of home care. This work has already been expanded to include with people who use services, key partners and stakeholders. A new and more flexible model will allow us to support people in a way that helps them meet their outcomes. This means that the length of visits may change but this will be driven by the person receiving the service.
- As part of the work to co-design the specification we are looking at models and good practice examples from other areas.
- We acknowledge the financial impact of this proposal and that adult social care budgets continue to face pressure. To mitigate some of this pressure we will continue to work with providers and other key stakeholders to ensure we have the most efficient and effective home care services. This will include minimising transaction costs across the system, using alternative support, e.g. assistive technology and eliminating duplication wherever possible to maximise the use of available funding. We will also work with providers to ensure the model we develop is sustainable.
- We will continue to explore ways to strengthen and support a key sector challenge in recruitment and retention of home care staff; we will work with key partners to introduce a Being Well, Social Care Academy which supports recruitment and training for those interested in a career in home care. With induction cohorts across the year the aim is to provide a training package, shadowing opportunities and interview skills, leading to interviews with home care providers.
- We will seek to strengthen productive relationships with our voluntary and community sector partners and seek to extend opportunities through collaboration and shared use of community assets.
- We are working with Connected Voice to open any potential home care opportunities up to those voluntary and community sector providers who would not ordinarily think of working in this area.

<b>7. What evidence have we used to inform this proposal?</b>	
<b>Information source</b>	<b>What this has told us</b>
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.
<a href="#">Shaping our future together: Our medium-term plan 2019-20 to 2021-22</a>	The council's response to the continuing financial challenge, setting out our plans for the three years
<a href="#">The Care Act 2014</a>	<p>The Care Act 2014 places a number of duties on us:</p> <ul style="list-style-type: none"> <li>• Preventing, reducing and delaying need;</li> <li>• Assessments of people or their carers who have the appearance of need;</li> <li>• Support planning/arranging services for those people who have assessed eligible needs;</li> <li>• Reviews;</li> <li>• Safeguarding responsibilities</li> <li>• Market Shaping, which means facilitating a diverse, sustainable high-quality market for everyone in the city who might need care and support.</li> </ul> <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>
<a href="#">Social Care Institute for Excellence: Care Act Guidance on Strength Based Approaches</a>	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.
<a href="#">Institute of Public Care: New Developments in Adult Social Care.pdf</a>	<p>Key practice and organisational considerations in the pursuit of delivering outcomes effectively and managing demand:</p> <ul style="list-style-type: none"> <li>• Focus on asset-based or strength-based practice supporting positive, constructive relationships with users.</li> <li>• Promoting Independence with outcomes - focusing on interventions that make a difference to people and their lives.</li> <li>• Outcome-based commissioning as a new way of constructing services beyond the traditional time and task for domiciliary care.</li> </ul>

<a href="#">The kings Fund: New models of home care.pdf</a>	<ul style="list-style-type: none"> <li>• Innovative approaches to home care and emerging common themes and challenges; nature of current commissioning as a barrier to adopting and implementing innovative approaches.</li> </ul>
<a href="#">Strengths based social care in Leeds City Council.pdf</a>	<ul style="list-style-type: none"> <li>• There is a need to work with individuals and their community's strengths.</li> <li>• There is a need to focus on a strength-based and person-centred approach, rather than eligibility and assessment.</li> <li>• 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.</li> <li>• Divide conversations into three categories: connecting people, responding at a time of crisis and planning for the longer term.</li> <li>• There is a use for a rapid response service which does not hold cases long term.</li> <li>• Introduction of peer reviews has allowed a team approach to support provided.</li> </ul>
<a href="#">Institute of Public Care: Wiltshire Council-Help to Live at Home Service - An Outcome-Based Approach to Social Care, Case Study Report April 2012</a>	<ul style="list-style-type: none"> <li>• Focus on reablement through the life course as a way of approaching the delivery of outcomes to which older people aspire.</li> </ul>
<a href="#">Government Outcome Lab: Are we Rallying Together? Collaboration and Public Sector Reform</a>	<ul style="list-style-type: none"> <li>• Collaboration allows us to share service delivery and financial responsibility across sectors and with the community.</li> <li>• Working together gives the voluntary sector a more significant role in tackling complex social challenges.</li> </ul>
<a href="#">Options and Challenges for Commissioning Domiciliary Care led by Professor John Bolton</a>	<ul style="list-style-type: none"> <li>• There is a significant over-prescribing of social care.</li> <li>• Domiciliary care is a combination of different services.</li> <li>• Outcomes for the adults are very much dependent on the type of assessment and the care provided.</li> <li>• Barriers surrounding new providers entering the care market.</li> </ul>
<b>8. What will be the financial impact of this proposal(s) in 2020-21?</b>	
This proposal will lead to a reduction in spend of £4,000,000 in 2020-21	

<b>9. What will be the impact upon our employees of this proposal?</b>		
<b>No. FTEs</b>	<b>% workforce</b>	Home care services are commissioned via the independent, third sector home care provider market.
Not applicable	Not applicable	

## Section C: Consultation

<b>10. Who have we engaged and consulted with about this proposal?</b>			
<b>Date</b>	<b>Who</b>	<b>How</b>	<b>Main issues raised</b>
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 Providers and other involved stakeholders	Multiple agencies	We will carry out engagement with providers and other stakeholders by the end of December 2019
December 2019 – January 2020	Voluntary and Community sector	18 respondents	We received 18 responses from residents and organisations which included Connected Voice, SEARCH, St. Anthony of Padua Community Association, Newcastle Disability Forum and Healthwatch. 5 people took



<p>– consultation response to Shaping our future together: our medium-term plan 2019-20 to 2021-22</p>	<p>organisations and General Public</p>		<p>part via Let’s Talk Newcastle online, another 10 taking part in the consultation events organised with Disability Forum and Healthwatch, and 3 via email.</p> <p>Summary of issues raised:</p> <ul style="list-style-type: none"> <li>• We received requests for more detail about how services would be commissioned and delivered under any new home care offer; more understanding of what the new model will look like including how we will move away from time and task, how the transition to the new contract will occur and how we can move away from zero hour contracts and meet increasing demand while reducing provider income.</li> <li>• One provider said they were unclear how £4 million savings will be achieved from April 2020 within the terms of the existing contract without significant reduction in the level or number of care packages being delivered and without a significant loss of jobs. They also noted that savings against home care were disproportionate to the savings asked of the rest of the Council spend.</li> <li>• There was some concern that there could be negative consequences if recipients of home care did not receive long enough visits from their home care worker whilst others felt a greater focus on outcomes could be a positive change. One respondent asked if we could trial the change</li> <li>• One person felt the proposal was ‘totally unreasonable’</li> <li>• People asked for good practice examples from other areas</li> <li>• One respondent commented that they felt the only way to minimise possible negative impact over the long term was to adequately fund adult social care to the extent that clients do not feel ‘lonely or left at risk’ and staff are not ‘stressed and concerned’; their view, that not doing this would mean that residential care would be a better option for people’s well-being</li> <li>• One respondent felt the Council should not be looking to save money but rather spend it on children and adults’ social care suggesting a</li> </ul>
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			<p>congestion charge for private vehicles and a tourist tax to generate income to help pay for services</p> <ul style="list-style-type: none"> <li>• Another respondent felt the higher cost of residential care suggested increasing funding for care at home would provide savings in the longer term due to a decreased demand for residential care</li> <li>• The promotion of public health and wellbeing in general was felt by another respondent to be a means of decreasing people's need for care services with a focus on prevention</li> <li>• Responses also highlighted the challenges faced by a Voluntary Community Sector in any home care model which sought to develop and strengthen people's support networks in their own communities, whilst at a time of increased austerity within the sector and reductions to the Newcastle Fund.</li> </ul>
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## Section D: Impact assessment

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	Detail of impact	How will this be addressed or mitigated?
<b>People with protected characteristics</b>		
<b>Age</b>		
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>
<b>Disability</b>		
<p>Beneficial outcome for those people eligible for home care services</p> <p>Potential disadvantage</p>	<p>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.</p> <p>Change can bring about anxiety and may translate into a perception of less care and support provided</p>	<p>N/A</p> <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>

<b>Type of impact</b> (Actual / potential disadvantage or beneficial outcome; none)	<b>Detail of impact</b>	<b>How will this be addressed or mitigated?</b>
<b>Gender reassignment / identity</b>		
None	None, remodelling our home care services will not favour or penalise gender (including people identifying as transgender, non-binary)	N/A
<b>Sex</b>		
None	None, remodelling our home care services will not favour or penalise on issues surrounding sex equality.	N/A
<b>Marriage and civil partnership</b>		
None	None - remodelling our home care services will not favour or penalise people who are married or in civil partnerships.	N/A
<b>Pregnancy and maternity</b>		
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
<b>Race and ethnicity</b>		
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

<b>Type of impact</b> (Actual / potential disadvantage or beneficial outcome; none)	<b>Detail of impact</b>	<b>How will this be addressed or mitigated?</b>
<b>Religion and belief</b>		
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
<b>Sexual orientation</b>		
None	None - remodelling our home care services will not favour or penalise people's sexual orientation.	N/A
<b>Other potential impacts</b>		
<b>People vulnerable to socio-economic impacts</b>		
None	None - remodelling our home care services will not favour or penalise people vulnerable to socio-economic impacts.	N/A
<b>Businesses</b>		
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	We will continue to explore ways to strengthen and support this key sector challenge; we will undertake with key partners to introduce a Being Well, Social Care Academy which supports recruitment and training for those interested in a career in home care. With induction cohorts across the year the aim will be to provide a training package, shadowing opportunities and interview skills leading to interview with home care provider.

<b>Type of impact</b> (Actual / potential disadvantage or beneficial outcome; none)	<b>Detail of impact</b>	<b>How will this be addressed or mitigated?</b>
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>	Engaging providers in a clear and transparent manner to ensure a change proposal will be developed in a spirit of co-design, supporting equitable opportunity in a future tender
<b>Geography</b>		
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
<b>Community cohesion</b>		
Potential beneficial outcome	In moving away from home care services delivered on a time and task basis to create more flexible	N/A

<b>Type of impact</b> (Actual / potential disadvantage or beneficial outcome; none)	<b>Detail of impact</b>	<b>How will this be addressed or mitigated?</b>
	options for people that help meet 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.	
<b>Community safety</b>		
None	None, remodelling our home care services will not favour or penalise resident's community safety.	N/A
<b>Public Health</b>		
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
<b>Climate</b>		
None	None - remodelling our home care services will not favour or penalise the environment or air quality.	N/A