

2016/17 Budget proposal Integrated Impact Assessment (IIA)

Informing our approach to fairness

Name of proposal	Learning Disability review of care packages.
Date of original assessment	19 th October 2015
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Review date	1 st February 2016

Version control

Version	2
Date	1 December 2015
Replaces version	1

This is our assessment of the potential equality and other impacts of this 2016/17 budget proposal, based on the available evidence. It is a 'living document' and we will review it throughout the consultation period. A formal review will take place on all proposals when consultation closes to consider comments and information from all stakeholders, research or new and emerging policy.

The following 2016/17 budget proposal is put forward in a context of continued financial austerity. Due to cuts in government funding and unfunded cost pressures we have already been forced to make £191m savings. We anticipate having to make further savings of £100m over 2016-2019, £30m of which are needed in 2016-17.

This IIA should be read in conjunction with 'Newcastle – a great city: Ambition in the face of austerity' which explains more broadly how we are responding to the financial challenges we face.

Section A: Current service

1. What does the service do?

This IIA is about the investment we propose to make in the support provided to Adults with learning disabilities.

The Learning Disability (LD) service supports people with a LD to live as independently as possible, assessing, supporting and reviewing adults who are eligible for services. We are proposing to invest in a new team to carry out more in depth reviews of service users looking at the current and historical needs, whilst also ensuring service users will be allocated a specific social worker.

The team works closely with two specialist services assessment teams who also provide support to adults who have a LD and Adult Social Care (ASC). This team completes work that doesn't require long term / complex intervention. The LD / ASC support for adults within Newcastle is spread across 3 teams:

- Community Health and Social Care Direct (CHSCD) who take initial contacts / referral's and fulfil the Councils' prevention duties
- The Assessment Team's which do shorter term intervention
- The longer term LD / ASC teams who complete longer term / complex work

The service contributes to national Adult Social Care Outcomes:

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support and safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

2. Who do you deliver this service for?

The social work service supports adults who live in Newcastle or have been placed by Newcastle in Out of Area provision, and are eligible for services under the Fair Access to Services criteria (FACS). We support adults with learning disabilities, autism, physical disabilities and those with sensory impairment.

Equipment assessments are provided to all adults who live in Newcastle including those with Mental health issues, Specialist Services (e.g. sensory support needs) or Older People. We also have a statutory responsibility to support carers to sustain them in their caring role.

We also provide sexual health advice and support through our MESMAC / SHINE services, part funded by the public health service.

This IIA mainly affect Adults with Learning disabilities who are eligible under FACS for social care support.

3. Do you have any statutory requirements?

The Care Act 2014 came into force in April 2015 and outlines the majority of our statutory responsibilities including: 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; and safeguarding responsibilities.

We must arrange or provide services for people who meet three criteria which are defined by the National Eligibility Criteria (see appendix for further details):

- Needs must arise from a physical or mental impairment or illness
- As a result of these needs, the person must be unable to achieve two or more outcomes. These include the following areas: nutrition; personal hygiene; toileting; dressing; maintaining the home; using the home safely; family and personal relationships; work/ training/ volunteering; using local community services; caring responsibilities for a child
- There is likely to be a significant impact on the adult's wellbeing

We must take all reasonable steps to reach agreement with the adult about how the authority should meet the needs in question. We must also assess people individually, to be Disability Discrimination Act compliant, and cannot treat people as a group, for example by imposing blanket guidance. The Equality Act 2010 promotes equality of opportunity and prohibits the 'rationing' of services.

Everyone who has eligible needs, must receive a personal budget as part of their Support Plan. This need not involve taking direct responsibility for the budget as in a Direct Payment mentioned above. The personal budget must always be an amount sufficient to meet the person's care and support needs.

Following assessment, we must ensure that a person's eligible needs are met. We can do this by:

- Directly providing support such as reablement (out of scope of this IIA)
- Arranging for a care and support provider to provide the support
- Making a Direct Payment (DP). DPs must be made available to people, if they want to take one and they meet the national eligibility criteria defined above
- Combining the above to meet a person's needs

In reviewing care and support plans:

- The revision should be proportionate to the needs to be met
- The person's wishes and feelings should be identified and they should be involved in the review and the subsequent support planning process. This may necessitate the use of an independent advocate

People who were assessed prior to April 2015 and the Care Act, must be reviewed against the National Eligibility Criteria.

We also have statutory duties in relation to hospital discharges. The Care Act states that Hospitals can be reimbursed by us, for each day that a patient in an acute bed is unable to be discharged because we have not completed an assessment nor provided services to enable discharge.

Mental Capacity Act 2005, puts responsibilities onto councils in relation to people who may lack capacity to make decisions, and also requires councils to manage Deprivation of Liberty Safeguards.

4. How much do you spend on this service?

Gross expenditure	Gross income	Net budget	Capital projects
£34,691,200	£6,701,920	£27,989,280	

5. What workforce delivers this service?

Posts	FTEs	Comments
2 x team manager, 2 x Senior practitioners, 8 social workers	7.5 fte social workers	These figures are just those staff in the specific LD / ASC teams, there are staff within both our assessment teams and CHSCD who contribute to supporting adults with LD / ASC who make contact with adult services and who require intervention.

Section B: Change proposal

1. What is the proposal to change the service?

We have a net budget of £28m currently committed to funding packages of care for people with learning disabilities. Our new financial context requires us to rethink how we deliver high-quality care to this population.

Detailed data and case-file analysis has found that:

- Newcastle has a higher prevalence of LD than its neighbours. Reducing the total spend by head of total population will, therefore, impact each service user more significantly than in other LAs
- The LD service user population experiences high fluctuation in needs. This means that:
 - Care hours can be reduced without affecting quality, but this calls for additional operational flexibility, which in turn requires direct engagement with service providers to develop new contracting and employment models
 - Care management is a complex challenge that will require a new (active) care management function

We are therefore designing a new LD care management function whose remit will be to dynamically respond to these fluctuating needs by offering the right amount of support at each point in time in order to ensure maximum safe independence.

This project aims **to realise £700k of gross savings over the next year** with further savings emerging over the next 3 years. The savings will come from a review of service user packages.

During the project, all 700 long-term service users will undergo an in-depth review. This will consist of a detailed analysis of their current and historical needs, together with extensive engagement with all stakeholders involved in their care to assess their potential for independence. A care plan

will be put in place to make sure needs are efficiently met at all times and that, where needed, a new care plan is implemented. As part of the in depth review, extra time will be invested to understand each user's case in greater detail.

After each service user has been through an in-depth review they will be allocated to a specific social worker, who will preview their care needs on an ongoing basis with the frequency deemed most appropriate to their needs. On-going dynamic reviews will leverage an improved management information infrastructure and a new set of processes that will enable the social worker to adjust care levels to any changes in need or provision.

For the new review model to be fully effective, the commissioning and management information functions will also need to adapt. Social workers will require access to an infrastructure that provides appropriate analytical and commissioning support. Commissioning currently tries to meet the top end of a services user's needs, even though the user's needs may vary weekly, or even daily. The new commissioning framework will seek to provide a standard package at the lower end of a user's needs, but allow for extra hours to be offered in weeks where those needs exceed the baseline level.

In this way, commissioning becomes active and can adapt to changing care needs. Providers can request to use more hours within the commissioned bandwidth.

In order to carry out the in-depth reviews a new social work team will be established consisting of a Service Manager, Team Manager, 4.5 FTE Social Workers, 2 FTE Monitoring / Commissioning and an Analyst.

2. What evidence has informed this proposal?

Information source	What has this told you?
<p>Overall budget monitoring related to expenditure on social care support for adults with Physical, Learning Disabilities and Autism.</p> <p>Social Finance - Increasing population of adults with disabilities so a growing pressure to be able to meet future need for existing and new eligible adults with the potential of reducing resources year on year.</p>	<p>The overall expenditure on adults with physical disabilities, learning disabilities and Autism in comparison to adults with Mental health issues and people supported by older people's services can vary significantly.</p> <p>Comparison with Ongoing monitoring and reviewing of existing support packages through review and the development of new models of housing support have enabled us to make more specific / achievable offers of support to individuals enabling us to indicate maximum amounts of resources to support individuals in the community as they have the choice of either planning support with an individual budget or buying into existing offers e.g. Shared Lives, Concierge Plus and planned residential care etc.</p>

3. How much will you spend on this service?				
	Gross expenditure	Gross income	Net budget	Capital projects
2016/17	£33,991,220	£6,701,920	£27,289,300	
4. What will the net savings be of this proposal?				
	Gross Saving	Implementation Cost	Net Saving	
2016/17	£700,000	£659,920	£40,080	
5. What impact will this have on the workforce?				
	No. FTEs	% workforce	9.3 FTE temporary increase in establishment. Longer term 1.5 FTE permanent increase in establishment	
2016/17	N/A			

6. Who have you engaged with about this proposal?				
Date	Who	No. of people	Main issues raised	
October 15	Angela Jamson / Inclusion North	2	Outline plan for engagement with providers and service users	
27 th October 2015	Letter to LD Service Providers	LD Service Providers	Invite to design session to look at how support for people with Learning Disabilities are planned, paid for and reviewed in Newcastle.	
17 th November 2015	Commissioning for outcomes event for providers, people with Learning Disabilities and their families.	Support worker and Manager from at least 4 different organisations. 2-4 people with a Learning Disability and at least 2 family members	<p>Between November 2015 and March 2016 we want to work out</p> <ul style="list-style-type: none"> - How social workers can work more closely with people to help them get the right support - How service are planned with people and then paid for - How support is paid for with providers – the contracts and checks <p>Inclusion North will be helping us with some of this work. We will plan how this happens with a small group of people and then involve more people.</p>	
7. What are the potential impacts of the proposal?				
Staff / service users	Specific group / subject	Impact (actual / potential disadvantage, beneficial outcome or none)	Detail of impact	How will you address or mitigate disadvantage?
People with protected characteristics				
	Younger people and / or older people (age)	Potential disadvantage	Proposal (a) involves potential changes to the service users' existing support package	We will provide input to support people to plan services to meet assessed need. This will include

		Potential disadvantage	<p>which could have a detrimental impact on their emotional wellbeing.</p> <p>Proposal (b) involves some change to support but this should be around whether it is appropriate to do this after assessing risk and factual information.</p>	<p>the offer of new services that exist now or are in development.</p> <p>Services will only change if evidence is available to indicate change will have minimal to no impact on the provision of support required to meet assessed need.</p>
	Disabled people	Potential disadvantage	<p>Proposal (a) involves potential changes to the service users' existing support package which could have a detrimental impact on their emotional wellbeing.</p> <p>Proposal (b) involves some change to support but this should be around whether it is appropriate to do this after assessing risk and factual information.</p>	<p>We will provide input to support people to plan services to meet assessed need. This will include the offer of new services that exist now or are in development. Services will only change if evidence is available to indicate change will have minimal to no impact on the provision of support required to meet assessed need.</p> <p>Services will only change if evidence is available to indicate change will have minimal to no impact on the provision of support required to meet assessed need.</p>

	Carers	Potential disadvantage	<p>Proposal (a) May feel that capping amount of individual expenditure will limit opportunities / choices to live fulfilling lives.</p> <p>Proposal (a) & (b) involve potential changes to the service users' existing support package which carers could feel may have a detrimental impact on their emotional wellbeing.</p>	<p>Continued development of housing / support options so individuals can be clear about what is available to them.</p> <p>We will provide evidence based on assessment of individual's needs to show how we can provide the right support.</p>
	People who are married or in civil partnerships		There appears to be no evidence to suggest that this proposal will have a disproportionately negative impact on people because of their marital or civil partnership status.	
	Sex or gender (including transgender, pregnancy and maternity)		There appears to be no evidence to suggest that this proposal will have a disproportionately negative impact on people because of their sex or gender.	
	People's sexual orientation		There appears to be no evidence to suggest that this	

			proposal will have a disproportionately negative impact on people because of their sexual orientation.	
	People of different races		There appears to be no evidence to suggest that this proposal will have a disproportionately negative impact on people because of their race.	
	People who have different religions or beliefs		There appears to be no evidence to suggest that this proposal will have a disproportionately negative impact on people because of their religion or belief.	
People vulnerable to socio-economic disadvantage				
	People living in deprived areas		There appears to be no evidence to suggest that this proposal will have a disproportionately negative impact on people because of where they live.	
	People in low paid employment or in households with low incomes		There appears to be no evidence to suggest that this proposal will have a disproportionately negative impact on people because of their low income.	
	People facing barriers to gaining employment, such		There appears to be no evidence to suggest that this	

	as low levels of educational attainment		proposal will have a disproportionately negative impact on people because of their low educational attainment.	
	Looked after children		There appears to be no evidence to suggest that this proposal will have a disproportionately negative impact on people because of their looked after status.	
	People facing multiple deprivation, through a combination of factors such as poor health or poor housing / homelessness		There appears to be no evidence to suggest that this proposal will have a disproportionately negative impact on people because of their health, poor housing or homelessness.	
Businesses				
	Businesses providing current or future jobs in the city		This proposal is not likely to provide work opportunities.	
Geography				
	Area, wards, neighbourhoods		There appears to be no evidence to suggest that this proposal will have a disproportionately negative impact on groups or whole populations.	
Community cohesion				

	Community cohesion		No likely to have significant impact on community cohesion.	
Community safety				
	Community safety		There appears to be no evidence to suggest that this proposal will have a disproportionately negative impact on community safety.	
Environment				
	Environment		There appears to be no evidence to suggest that this proposal will have a disproportionately negative impact on the environment.	