

2016-17 Budget proposal Integrated Impact Assessment (IIA)

Informing our approach to fairness

Name of proposal	Reduce the number of adult social work and care management staff
Date of original assessment	16 October 2015
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Assessment team	David Forster
Review date	1 February 2016

Version control

Version	1.2
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Replaces version	1.0

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?

Adult social work teams and care management teams work with adults who may potentially have needs for care and support, carers, and their families in the following areas:

- Entry point: giving advice/ information, signposting, gathering information, signposting, triaging work, taking referrals
- Assessment/reassessment
- Self-directed support process and support planning
- Safeguarding work: the majority of safeguarding work is dealt with by Adult Social Work Teams. The Safeguarding Adults Unit (not part of this IIA) covers some complex cases and cases where a paid professional is involved
- Carers assessments
- Reviewing the care/services provided
- Preventing, reducing, and delaying need for social care support

Areas not covered by this IIA are set out below:

- Social work team who work with adults with learning disabilities – this area of work is subject to another IIA
- Safeguarding Adult's Unit and Deprivation of Liberty Assessors – this is a core, high risk area of work

2. Who do you deliver this service for

Older People (community health and social care direct, community teams, hospital teams, older persons community mental health team, reablement assessors)

Specialist Services (occupational therapy team, learning disability team (which is not part of this IIA), physical disability and sensory support team, asperger and autism team)

Mental Health (community teams, drug and alcohol team, forensic team, statutory Mental Health work)

The service is delivered for people in the three service areas highlighted above but includes any adult or their carer who may potentially have needs for care and 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.

Adult Services has statutory duties in relation to hospital discharges. The Care Act states that Hospitals can be reimbursed by Local Authorities 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.

Mental Health Act (1983 – 2007 amendment) requires Approved Mental Health Professionals (AMHPs) to assess and apply for compulsory detention (all AMHPS are Social Workers in Newcastle). Local Authorities have duties to provide Mental Health Tribunal reports, reports for forensic cases, to act as Guardians, and to provide Care co-ordination. Local Authorities have a joint duty with Health to provide s17 aftercare services.

4. How much do you spend on this service?

Gross expenditure	Gross income	Net budget	Capital projects
£8.4 million	£2.7 million	£5.7 million	

5. What workforce delivers this service?

Posts	FTEs	Comments
205	187 (including 32.3 externally funded)	

Section B: Change proposal

1. What is the proposal to change the service?

Care management staff comprise of social workers, occupational therapists, and 'other' trained staff such as Social Care Assessment Officers. They are hereafter referred to as social work staff.

We propose to reduce the number of social work staff by 30 FTE. This constitutes a substantial reduction (19%) in our overall funded staff. Social work staff who work with adults with learning disabilities are subject to another IIA proposal and are out of the scope of this document.

We will need to maximise effectiveness and productivity of our existing social work and care management staff and we have a number of options. Some of these were first outlined in the 2015/16 Care Management IIA, and we can build on the work that has already started in these areas, which have arisen from opportunities presented by the Care Act:

- We will fully implement self-assessments and self-reviews. This is good for users of our service and is a much more efficient use of our time. For people who are unable to complete a self-review we will explore the use of telephone reviews and only use face to face reviews for those people with the highest level of need.
- We plan to continue to look at options to do things differently – for example looking at how ongoing needs are assessed following reablement.

- Support Planning is legally defined by the Care Act, and we will fully implement a more streamlined system for people who do not want a direct payment.

In addition to the opportunities provided by the Care Act we propose to increase the ratios of care management staff to team managers. We are in the process of completing a remodel of our social work teams, and whilst this re-model is not part of these budget considerations, it will be flexible enough to accommodate future staffing requirements.

The measures outlined above will provide efficiencies to our care management system – we have modelled these as equating to approximately 11 FTE posts. Therefore the additional 19-24 FTE posts will constitute a reduction in social work and care management capacity. To manage this reduction we will have to prioritise our social work and care management resource on high risk and complex areas such as: safeguarding, responding to emergency situations, and those with the highest levels of need. This will mean that waiting lists for assessments and reviews will develop for those people who are not at immediate risk. This may include people waiting for discharge from hospital.

2. What evidence has informed this proposal?

Information source	What has this told you?
Care Act and Care Act guidance	Statutory duties We have looked at the Act to see if it provides further opportunities to do things differently or more efficiently
Internal Information	Staff teams and responsibilities and external funding sources We have used information to model demand and workflows within our social work teams and this will inform our planning. We have been carefully monitoring the impact of the implementation of the Care Act to inform our planning
External information	How different Local Authorities respond to demand for assessments and reviews
Office of National Statistics Survey 2013	People aged 85 years and over with a limiting long term illness will increase by 66% up to 2030 – an extra 2,093 people

3. How much will you spend on this service?

	Gross expenditure	Gross income	Net budget	Capital projects
16/17	£7.2 million	£2.7 million	£4.5 million	

4. What will the net savings be of this proposal?

	Gross Saving	Implementation Cost	Net Saving
16/17	£1.2 million	£0	£1.2 million

5. What impact will this have on the workforce?

	No. FTEs	% workforce	
16/17	30-35	19%	

6. Who have you engaged with about this proposal?			
Date	Who	No. of people	Main issues raised
Planned Future Engagement			
w/c 16 November	Newcastle Council Social Work and Care Management Staff	Approx 200	To outline proposal
On-going	CCG, NUTH, NTW Health Trust	TBA	To outline proposal and potential impact on health services

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				
People who have eligible needs	Younger people and / or older people (age)	Potential disadvantage	Older People make up the majority of people who will be affected by this proposal, and will face longer waiting times for assessments and reviews. There is a risk that as people wait for social work input, their needs will deteriorate. There is	We will prioritise staff time so they work with people facing high levels of risk, crisis, or need.

			a risk that hospital discharges will be delayed.	
People who have eligible needs	Disabled people	Potential disadvantage	Disabled people also make up the majority of people who will be affected by this proposal, and will face longer waiting times for assessments and reviews. There is a risk that as people wait for social work input, their needs will deteriorate. There is a risk that hospital discharges will be delayed.	We will prioritise staff time so they work with people facing high levels of risk, crisis, or need.
People who have eligible needs	Carers	Potential disadvantage	Carers will be directly affected by this proposal. If the person they care for has to wait longer for an assessment or a review, the carer may have to provide extra levels of care and support until this is able to happen.	We will provide information and advice to carers and will continue to invest in carer's support services.
People who have eligible needs	People who are married or in civil partnerships	None	There is no evidence to suggest the proposal will have a disproportionately negative impact on people because they are married or are in civil partnerships.	
People who have	Sex or gender (including transgender, pregnancy and maternity)	None	There is no evidence to suggest the proposal will have a disproportionately negative	

eligible needs			impact on people because of their sex or gender.	
People who have eligible needs	People's sexual orientation	None	There is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their sexual orientation	
People who have eligible needs	People of different races	None	There is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their race	
People who have eligible needs	People who have different religions or beliefs	None	There is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their religion or belief	
People vulnerable to socio-economic disadvantage				
People who have eligible needs	People living in deprived areas	Potential disadvantage	People living in a deprived area will be less likely to privately buy their own social care and by-pass waiting times.	We will prioritise staff time so they work with people facing high levels of risk, crisis, or need.
People who have eligible needs	People in low paid employment or in households with low incomes	Potential disadvantage	Low income households will be less likely to privately buy their own social care and by-pass waiting times.	We will prioritise staff time so they work with people facing high levels of risk, crisis, or need.

People who have eligible needs	People facing barriers to gaining employment, such as low levels of educational attainment	Potential disadvantage	People facing barriers to employment will have less social work support to overcome these barriers.	We will prioritise staff time so they work with people facing high levels of risk, crisis, or need.
People who have eligible needs	Looked after children	Potential disadvantage	This will affect children approaching the age of 18, who will face increased waiting times for assessment, and we will not be able to complete as much preparatory work to plan for transition to adult services.	We will prioritise staff time so they work with people facing high levels of risk, crisis, or need.
People who have eligible needs	People facing multiple deprivation, through a combination of factors such as poor health or poor housing / homelessness	Potential disadvantage	People facing multiple deprivation are likely to face very high risks, but social workers may not be able to spend as much time as in the past working with this group of people.	We will prioritise staff time so they work with people facing high levels of risk, crisis, or need.
Businesses				
	Businesses providing current or future jobs in the city	None		
Geography				
	Area, wards, neighbourhoods			
Community cohesion				
	Community cohesion	None		

Community safety				
	Community safety	None		
Environment				
	Environment	None		