Integrated Impact Assessment (IIA)

Informing our approach to fairness

Name of proposal	Care and Support for Adults - Early Intervention and Prevention
Date of original assessment	September 2016
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This is our assessment of the potential equality and other impacts of this 2017-18 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.

Newcastle City Council

Section A: Current service

1. What does the service do?

We provide the following early intervention and prevention services to adults in the City:

- Preventative services, including equipment.
- Intermediate Care services and Reablement. These are terms used to describe short-term NHS and / or social care support that aim to help you:
  - avoid unnecessary admission to hospital
  - be as independent as possible after a hospital stay or illness
  - avoid moving permanently into a care home before you really need to do
- Community based support for older people and
- Support for Carers.

2. Who do you deliver this service for?

Older People with physical disabilities and/ or dementia related illness
Adults with the following:

- Physical disabilities,
- Sensory Support needs,
- Learning disability,
- Mental health needs,
- Drug, Alcohol, or substance misuse issues,

The service is delivered for people in the 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 the Local Authority, for each day that a patient in an acute bed and unable to be discharged because the Local Authority has 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 (AMHP) 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 also have a joint duty with Health to provide aftercare services to people who have been detained under certain sections of the Mental Health Act (often referred to as Section 117 aftercare).

4. How much do you spend on this service?

Gross expenditure	Gross income	Net budget	Capital projects
£24.580m	£11.431m	£13.149m	

5. What workforce delivers this service?

Posts	FTEs	Comments

Social Work Staff: 90 Care Services Staff: 229	Social Work Staff: 87 Care Services Staff: 175.9	Social Work staff are within our Community Health and Social Care Direct, Occupational Therapy, and Hospital Social work Teams. Care Service staff are based within our Reablement service, and services provided at Connie Lewcock and Castledene.

Section B: Change proposal

1. What is the proposal to change the service?

Adult Services have made considerable savings over the last few years, and to achieve further reductions we must consider a more radical approach to the way we develop services. There are two main themes that form the bulk of our proposal:

- Digital Prevention - Further development of self-service to prevent the needs developing for our core services as well as limiting demand for assessment. We have advocated a partnership with the public - the message being that people will have to find information and solutions themselves ties in closely with this approach.
- A joint approach with health to achieve efficiencies and more seamless services for people. This could enable us to draw in funding from other sources to create a system that is innovative and has real impact on outcomes for people.

Digital prevention

Self-service and demand management

We have already piloted a self-service approach for equipment and minor adaptations, using a digital solution which is accessed by the internet (www.myequipmentnewcastle.org.uk). This was an 'off the peg' solution which we adapted with local information. We have 'soft' launched this option, and already it has had an impact on demand for assessments for equipment and adaptations. We want to expand this approach to wider adult social care services beyond equipment.

We aim to reduce the amount of time that Community Health and Social Care Direct (our joint entry point with Health) spends with people who are able to 'self-serve' to find a solution to their needs. The 'self-service' aspect will be dealt with by a digital based solution – a 'virtual advisor'.

People can then be directed to a solution that meets their needs without coming into contact with NCC unless this is the solution they require. Anyone with high risks or significant needs would be directed to contact Community Health and Social Care Direct immediately.

We need to consider how we monitor the quality and effectiveness of the information that is given. We also recognise that a digital solution cannot be the only solution – information and advice needs to be accessible to all. This needs to closely link with our Information and Advice Strategy, and the development of a system which co-ordinates information and advice which is given across the city by a variety of different providers.

Self-assessment capacity

The next step on from self-service is to make the assessment process easier for people via self-assessment. If people are able to enter information themselves, this could result in fewer people requiring an assessment (because we will signpost them to appropriate support). An initial pilot has shown people will not self-assess unless the process is simplified, so we will explore how we will do this.

We will seek to achieve efficiencies from working with other local authorities in the maintenance and development of our digital offer.

Because we will develop options for digital prevention during 2017/18 we do not estimate that there will be any savings during the next financial year.

A joint approach with health

When people do need an assessment, we are proposing a joint approach with health to create a new and innovative service that can provide a trusted and shared assessment capability. This will involve simplifying systems and sharing budgets, as well as sharing assessment responsibilities and decisions regarding eligibility. We will look to develop trusted assessors within the hospital so other health professionals can complete assessments and refer cases into Reablement.

As part of this, we need to improve information sharing systems between health and social care, and to develop locality-based approaches which includes locality based working around partnerships with health or alternative providers. Resources will also be focused in the community to avoid hospital admissions. We aim to seek a community focused approach aimed at avoidance of hospital admission where this is possible, working with NHS partners.

We will look to develop an integrated approach to early intervention and crisis response – this will incorporate information and advice, prevention, assessment and rehabilitative interventions. This will delay people accessing Local Authority resources. We already have a joint access point in Community Health and Social Care Direct in our prevention hub. Our Reablement staff are co-located with Community Health staff as part of the Community Response and Rehabilitation Team (CRRT). We have joint funded rehabilitation beds in Connie Lewcock House and an integrated health and social care team working into this resource. We propose to extend this joint working into a radical new service – this is outlined below in the 'Intermediate Care Review'.

We think maintaining levels of staff is crucial to implementing the proposals set out in this IIA, and we think that the efficiencies afforded through joint working with Health will enable us to do this. If the joint approach does not happen we could still deliver some of the savings, but this would take staff away from core day to day work.

We have already substantially reduced staff in the last 3 years. Any further (by diverting staff to implement budget proposals) means people would be left with a fractured approach top assessment and service provision, and would pose a risk to the ability to deliver a statutory service.

A reduction in domiciliary care spend will be much more challenging to achieve in the absence of a joint approach with health. Any reduction in services which are not part of a joint approach with Health, will mean people are more likely to be admitted to hospital as it will be more difficult to direct services to this group of people. We will not be able to target our resources as effectively when we are not working in joint partnership with Health.

Our focus on prevention would be much harder to achieve without a joint approach with Health. We want our preventative services to be closely linked with Health prevention – these services will be more effective with this approach for the whole health and care system

Intermediate Care Review

Intermediate Care provides short term intervention that preserves the independence of people and prevent prolonged hospital stays or admissions to residential care. Closer working partnerships with Health will enable a more joined up intermediate care service response. The review will focus on:

- The Reablement service (which provides up to six weeks of intensive support to people to help them to regain and maintain independence following, for example, an admission to hospital.
- The Community Response and Rehabilitation Team (CRRT) (a joint team formed by Newcastle City Council and Newcastle upon Tyne Hospitals Trust to reduce hospital admissions. The team provides coordinated community health and adult social care services), and
- Bed-based services

With regard to the Reablement and CRRT, we propose to:

- Review Reablement packages that are cancelled to improve discharge from hospital.
- Explore joint working to reduce hospital admissions with Urinary Tract Infections.
- Enhance the Reablement offer through increased training for staff.
- Improve how we measure outcomes for service users, so that we can capture improvements and seek to end Reablement service earlier than the maximum 6 weeks where appropriate.
- Explore options for developments to our electronic rostering systems as a way of improving our offer by reducing unproductive time and reducing staffing costs.
- Review contracted hours of staff to identify and reduce structural downtime.
- Introduce intensive additional Reablement visits to facilitate earlier discharge from hospital and reduce free time to maximise use of staff time.
- Review the criteria for accessing a Reablement service.
- Review our current processes to ensure that we are making best use of IT resource. Mobile working presents an opportunity to review how we carry out assessment.
- Pursue a Reablement aspect in the independent sector help to achieve quicker discharge from the in house service.
- Look at Reablement and the Community Response and Rehabilitation Team being based within hospitals to achieve early discharges with fully supportive services.

In relation to bed-based services, we propose a tiered approach to step up/down beds, which will address two key gaps in the current system. These are:

- enhanced support beds, which comprise of ‘social/residential care’ and ‘nursing care’ beds with additional support.
- ‘discharge to assess’ beds to build on the core function of CRRT with extension into discharge Reablement and support specifically for patients deemed medically fit where discharge is delayed due to social or rehabilitation issues. These would facilitate early discharge and provide ongoing rehab and nursing support in the patient's own home environment. They would also facilitate active case management to ensure engagement with post discharge plans and individual goals.

These options will sit alongside a community discharge to assess and primary care support model. There are opportunities and economies of scale to develop this in an integrated and complimentary way to existing elements in the system;

Because we will conduct this review during 2017/18, we do not estimate that there will be any savings made from this proposal in the next financial year.

Occupational Therapy (OT) Review

We propose to review the way we deliver assessments and provide equipment and adaptations in Newcastle. We propose a joint OT service with health.

In relation to equipment and minor adaptations, we propose to:

- Introduce lighter touch assessments/ direct referrals, based on the successful launch of My Equipment Newcastle referred to in the Digital Prevention section above;
- Review eligibility for 'social' equipment and minor adaptations, to look at a new contract to assess and fit equipment/ minor adaptations. We also need both health and social assessment/ provision/ commissioning of the above.
- Explore funding for the Joint Loan Equipment Service – and look at funding from Better Care Fund

In relation to Adaptations and the Disabled Facilities Grant (DFG) we propose to review the OT role in the process. The DFG is a grant payable for major adaptations to a property to make it suitable for someone with a disability. In particular we will consider a trusted assessor model with health in the context of Local Authority statutory duties regarding major adaptations that are included in Housing legislation. This would reduce the complement of our Occupational Therapy Service.

For 2017/18 we estimate that this work will result in savings of £80,000.

Other proposals to achieve savings

Dynamic Review Approach

We will develop and roll out the learning from the work to implement Dynamic Reviews that has begun in our adults with learning disabilities team. This approach involves in depth reviews of long standing service packages to look at alternative ways of meeting need, and to make savings on the cost of care delivered whilst maintaining or improving outcomes. By working jointly with health we can identify those people who would best benefit from this approach.

Continued Implementation of strict National Minimum Eligibility Threshold (NMET)

The Care Act commenced in April 2015 and we now have to work to the NMET. In order to live within reducing resources in 2016/17, we have worked very strictly to these criteria, only providing services to those people with the highest level of need. We will continue with this approach going forwards.

For 2017/18 we estimate that the above work on the Dynamic Review approach and continuing to implement the National Minimum Eligibility Threshold will result in savings of £300,000.

Carers

We propose to replace Carer's Support Allocations (CSA) (and the Resource Allocations System which generates the CSA) with a number of different options as a way of meeting carer's assessed eligible needs. The proposed options will be:

- The provision of information and advice, universal care and support, Newcastle Carers support

- Carer's Wellbeing Fund
- Permanent replacement care
- Carer Break for temporary replacement care

Carers will always be offered information and advice, and will be signposted to universal services. A carer does not have to have an eligible need to access this support, but eligible needs could be met in this way

Carer's Wellbeing Budgets will be discretionary and will be dependent on an application to the Carer's Wellbeing Fund.

Replacement care (either temporary or permanent) can only be provided to carers with eligible needs identified by either a carer's assessment or a combined assessment.

Carer Break budgets will only be provided where the assessment identifies that the carer's physical or mental health is, or is at risk of, deteriorating. In addition, the carer and practitioner identify that temporary replacement care to provide a total break is required.

We need to target our resources at those carers with the greatest level of need, and we will continue to do this. On the other side, for carers with lower level needs we need to be able to offer effective information and advice as well as providing access to preventative services delivered for example by Newcastle Carers Centre.

For 2017/18 we estimate that this work will result in savings of £150,000.

<u>Money Management Service</u>
Like many other Councils, we provide a money management service for adult social care customers who are unable to manage their own financial affairs and have no family members or other appropriate person to do this for them.
Where a person is in receipt of benefits and needs help to manage day to day bills, we will apply to the Department of Work and Pensions in order to act as an Appointee for the person. We currently provide this service for free.

Where a person needs help with benefits and bills but also has other non-benefit income, owns property, or has a large amount of savings, we will apply to the Court of Protection for approval to act as a Deputy for that person. We levy a charge to provide this service, in line with a nationally set tariff of charges.

We are not required by law to provide a Money Management Service but also recognise the importance of supporting vulnerable people to effectively manage their own finances and to protect them from potential (or actual) financial abuse. The demand for Appointee and Deputyship services has grown year on year and the cost of providing this has grown significantly. To manage growing demand and costs we propose to extend our charging policy to include charging when we act as an Appointee for someone. This would allow us to continue to offer a high quality, cost effective and efficient Money Management Service, which adequately safeguards vulnerable social care clients.

For 2017/18 we estimate that this work will result in additional income of £100,000.

<u>Continue delivery of Chain Reaction</u>
Chain Reaction is a service which looks to increase people's social networks, and to develop strategies for people to cope with day to day tasks. We created this service following consultation

on a previous budget proposal. For 2017/18 we estimate that continuing to deliver this service will result in savings of £66,000.

Reduce spending on the delivery of lunch clubs

Last year we identified the need to look at how we support lunch clubs across the city. We worked closely with people who use lunch clubs and providers and have developed a new model which will allow us to ensure that people can continue to access a lunch club if they want while providing the efficiencies we needed to make, including a reduction of £75K for 2017/18.

2. What evidence has informed this proposal?

Information source	What has this told you?
Internal data analysis	Carers Support Allocation – analysis on what this is being spent on, to inform the proposal. Spending on people in their own homes – how effective we have been in concentrating resources on those with the highest levels of need. Analysis on the effects of introducing 'www.myequipmentnewcastle.net'. This has been effective in reducing demand for assessments for equipment and adaptations. Analysis on older people's day care. The trend has been downwards in terms of take up over the last few years. We are more effective in offering preventative services and information and advice.
Children In Transition – internal work	We have calculated the pressure relating to children currently supporting through the Looked After Children budget requiring continued support post 18th birthday
Contractual Inflationary pressures	We have calculated the pressures associated with the expected increase in commissioned budgets including domiciliary care budgets
National Living Wage	Pressures associated with implementation of National Living Wage
Sexual Exploitation – internal work	Increased costs associated with interventions required due to Sexual Exploitation work.
Adult Social Care Demographics (ONS population estimates)	Ongoing pressure following analysis of ONS population estimates, especially in terms of increase in the older person population.
Care Act	This must underpin all the proposals

3. How much will you spend on this service?				
	Gross expenditure	**Gross income**	**Net budget**	**Capital projects**
2017/18	£23.909m	£11.431m	£12.478m	

4. What will the net savings be of this proposal?			
	Gross Saving	**Implementation Cost**	**Net Saving**
2017/18	£0.671m	£0	£0.671m

5. What impact will this have on the workforce?			
	No. FTEs	**% workforce**	
2017/18	2	2.3% (of SW/ OT staff in scope of the review)	

6. Who have you engaged with about this proposal?			
Date	**Who**	**No. of people**	**Main issues raised**
We will consult with the following:			
	Adult Safeguarding Unit		
	Carers Centre		
	CCG and Primary Care		
	Children's Services		
	Commissioning		
	Deaflink		
	Elders Council		
	Fairer Housing Unit		
	Finance		
	Gateshead Council		
	Healthwatch		
	NCVS		
	Newcastle Society for the Blind		
	NTW		
	NUTH and community health		
	Provider Organisations		
	Voluntary sector		
	Workforce		

	YHN		

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				
Service users	Younger people and / or older people (age)	Potential disadvantage	Older people, who form the majority of the service user population will be disproportionately disadvantaged by these proposals. We will provide services to those with the highest level of need.	Part of this proposal is to focus on the development of preventative and self-service solutions. This will be via digital and non-digital routes to maximise accessibility. Joint working with health.
Service users	Disabled people	Potential disadvantage	Disabled people will be disadvantaged by these proposals. We will provide services to those with the highest level of need.	Part of this proposal is to focus on the development of preventative and self-service solutions. This will be via digital and non-digital routes to maximise accessibility. Joint working with health.
Service users	Carers	Potential disadvantage	Carers will be disadvantaged by these proposals, with direct support provided through different means.	We will continue to provide support for carers via the Carers Centre, the establishment of a Carer's Wellbeing Fund, permanent replacement care, and carer breaks. Joint working with health.

	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 who are married/ in civil partnerships	
	Sex or gender (including transgender, pregnancy and maternity)	None	There is no evidence to suggest the proposal will have a disproportionately negative impact on people who are married/ in civil partnerships	
	People's sexual orientation	None	There is no evidence to suggest the proposal will have a disproportionately negative impact on people who are married/ in civil partnerships	
	People of different races	None	There is no evidence to suggest the proposal will have a disproportionately negative impact on people who are married/ in civil partnerships	
	People who have different religions or beliefs	None	There is no evidence to suggest the proposal will have a disproportionately negative impact on people who are married/ in civil partnerships	
People vulnerable to socio-economic disadvantage				
	People living in deprived areas	Potential disadvantage	People who live in deprived areas are less likely to be able to afford to privately purchase	Part of this proposal is to focus on the development of preventative and self-service

			social care services, and will therefore be disproportionately affected by these proposals.	solutions. This will be via digital and non-digital routes to maximise accessibility. Joint working with health.
	People in low paid employment or in households with low incomes	Potential disadvantage	People who live in deprived areas are less likely to be able to afford to privately purchase social care services, and will therefore be disproportionately affected by these proposals.	Part of this proposal is to focus on the development of preventative and self-service solutions. This will be via digital and non-digital routes to maximise accessibility. Joint working with health.
	People facing barriers to gaining employment, such as low levels of educational attainment	Potential disadvantage	In most circumstances we will be unable to assist with the needs these people have in relation to barriers to employment	Part of this proposal is to focus on the development of preventative and self-service solutions. This will be via digital and non-digital routes to maximise accessibility.
	Looked after children	Potential disadvantage	Children approaching transition to adulthood will be disadvantaged by these proposals	Part of this proposal is to focus on the development of preventative and self-service solutions. This will be via digital and non-digital routes to maximise accessibility. Joint working with health.
	People facing multiple deprivation, through a combination of factors such as poor health or poor housing / homelessness	Potential disadvantage	People facing multiple deprivation will be disadvantaged by these proposals. Only those with the highest level of need will receive services.	Part of this proposal is to focus on the development of preventative and self-service solutions. This will be via digital and non-digital routes to maximise accessibility. Joint working with health.

Businesses				
	Businesses providing current or future jobs in the city	Potential disadvantage	Less domiciliary care workers and personal assistants will be required.	We are unable to mitigate against the full impact of this.
Geography				
	Area, wards, neighbourhoods	Potential disadvantage	People who live in more affluent wards are more likely to be able to afford to privately purchase social care services	Part of this proposal is to focus on the development of preventative and self-service solutions. This will be via digital and non-digital routes to maximise accessibility. Joint working with health.
Community cohesion				
	Community cohesion	None		
Community safety				
	Community safety	None		
Environment				
	Environment	None		