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'. We have reviewed this assessment following a period of consultation and will continue to review it as we implement the proposal.

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; and
  - avoid moving permanently into a care home before you really need to do.
- Community based support for older people.
- Support for Carers.

2. Who do you deliver this service for?

- Older People with physical disabilities and/ or dementia related illness; and
- Adults with:
  - Physical disabilities;
  - Sensory Support needs;
  - Learning disability;
  - Mental health needs; and
  - 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.

The 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.

The 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; and
- 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.

Post consultation update

We have just started to review our self-service offer and will ensure that we incorporate a robust mechanism/ check that refers people for a more in depth conversation with a member of staff about their needs, and offer quick routes to more intensive interventions where this is necessary.

This will mean that we will continue to invest and develop our joint prevention hub with Community Health – the Community Health and Social Care Direct Team, and have knowledgeable staff available to speak to over the telephone, and to complete face to face assessments.

We also recognise that we have lost substantial social work resource over the last few years, and self-service will ease social work workloads and will mean a better service for those people who require social work support.

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 three years. Any further (by diverting staff to implement budget proposals) means people would be left with a fractured approach to 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

Post Consultation Update
We already have a number of joint initiatives with health. For example we have our Community Health and Social Care Direct team, which provides a prevention hub for both adult social care and health.

We jointly commission with health for voluntary sector organisations to deliver carer support information and advice services including the Carer's Opportunity Fund. Going forwards we will be looking to extend this joint work with health, for example in areas such as Occupational Therapy and reablement.

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. The aim of this would be to focus on those people who have rehabilitation potential, so we can prevent and delay more people from developing long term needs;
- Make sure reablement staff work with carers as well as the cared for person as a routine part of their role;
- 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 assessments;

- Pursue a Reablement aspect in the independent sector to help to achieve quicker discharge from the in house service. We are keen to consider different models of providing care, and this is an example of this approach; and
- 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; and
- '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.

<u>Occupational Therapy (OT) Review</u>

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. In this we recognise the importance for equipment to prevent and delay future long term health needs, and the importance of offering equipment at an early stage. We also need both health and social assessment/ provision/ commissioning of the above; and
- 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

Almost one in 10 people in Newcastle provide some kind of unpaid care (Census 2011). Know Newcastle tells us that the majority of carers are aged 25-64, and that carers are more likely to be women.

According to both Age UK and Carers UK, the increase in the older population is projected to accelerate over the next 20 years resulting in higher numbers of older people providing unpaid care compared to the population as a whole.

Census 2011 data indicates only a small proportion of carers are working full time. In the Carers Survey 2014. 55% of respondents were retired or self-employed, 21% were not in paid work for other reasons and 14% were not in paid work due to caring. Carers who provide support for adults over 18 are currently subject to the benefit cap. However, the High Court has recently ruled that this is unlawful as those providing high levels of care are only able to do this with the support of benefits that would cover essential living costs. The rationale of the Government to encourage 'workless families' back into work would not apply as carers would not be able to find full time work without cutting back on their caring responsibilities; which would also mean that there would be a substantial cost of providing alternative care.

Prior to the implementation of the Care Act 2014, Newcastle City Council did not apply any eligibility (for support) criteria to Carers. As part of the assessment process, social workers would discuss with and determine the level of support a carer was giving to the adult with care needs and from there a Carer Support Allocation in the form of a direct payment was given to the carer to support them in their caring role.

The Care Act introduced a national eligibility criteria in terms of determining Carers needs and subsequent support from a local authority. In considering whether a carer has eligible needs, local authorities must consider whether:

- the needs arise as a consequence of providing necessary care for an adult
- the effect of the carer's needs is that any of the circumstances specified in the Eligibility Regulations apply to the carer
- as a consequence of that fact there is, or there is likely to be, a significant impact on the carer's wellbeing

A carer's needs are only eligible where they meet all three of these conditions.

If a carer is identified as having eligible needs following either a carer's assessment or combined assessment, their needs may be met by a personal budget, but could equally be met through the provision of information and advice and support from carer specific services.

The proposal in the IIA for 2017/18 sought to prioritise financial resources to carers where the impact in terms of intensity and severity of their caring role is greatest and there is greater risk to their own health and wellbeing.

This would be achieved by replacing the Carers 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, including the provision of information and advice, universal care and support, Newcastle Carers support, Carer's Wellbeing Fund, permanent replacement care and carer break for temporary replacement care.

Carers assessed as having eligible needs but the intensity and severity of their caring role is lower with less risk to their own health and wellbeing would not receive a carer's personal budget but would be directed to the Carers Wellbeing Fund where they could receive a smaller financial grant to support them in their caring role.

This would result in savings of £150 000.

Post Consultation Update
Responses from carers and carer support organisations to the consultation not only highlights the ongoing financial implications for carers but more importantly the perception that the role of a carer within family situations is continually being devalued with comparisons being made to the costs to the local authority should they have to meet the costs of providing care and support to adults with needs.

In addition, responses also highlighted the negative impact that caring can have on a carers health, This would concur with the Office for National Statistics (2011) self-reported measures for health and disease – bad or very bad health amongst carer being higher than the national average.

The government has allowed councils which provide social care to adults to increase their share of council tax by up to an extra 3% in comparison to last year's council tax. This additional council tax charge is called the adult social care precept.

The additional adult social care precept and additional adult social care grant means that we have new funding available to respond to a number of concerns raised during the budget consultation process.

With this in mind, the proposed changes to the Carer Support Allocation will be mitigated for the two years of the adult social care precept additional monies.

In addition to this we will bolster the (NHS) Carers Wellbeing Fund by providing additional funding for the next two years to support and enable carers who may not be in receipt of a Carer Support Allocation.

Alongside this, we will be working to ensure that new systems to support carers in their caring role are developed and implemented within the timescales given.

Money Management Service

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.

Post Consultation Update

The additional monies made available in the Adult Social Care grant and the Social Care precept in 2017/18 means that we have new funding which allow us to respond to the concerns raised in the budget consultation funding the Money Management Service in 2017/18 and mitigating the proposals.

Continue delivery of Chain Reaction

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. Chain Reaction is an alternative to traditional building based day care and the savings will come from the overall older person's day care budget. 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	£24.059m	£11.431m	£12.628m	

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

	Gross Saving	Implementation Cost	Net Saving
2017/18	£0.521m	£0	£0.521m

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**
31/12/2016	Alzheimer's Society	Response by stakeholder organisation	Integration with health: We welcome an integrated approach to assessment with health. Alzheimer's Society has long campaigned for better integration between health and social care as people with dementia and their families are forced to navigate a fragmented and complex web of services within the health and care system. On a related note, we welcome efforts to reduce hospital admissions working with health, given that the overwhelming majority of people living with dementia prefer to remain in their home throughout their condition. Bed based support: We understand that Newcastle City Council must make tough financial decisions about the provision of care for vulnerable residents and we support efforts to improve community services; however we would urge the council to retain specialist bed-based support for people with dementia at Byker Lodge. In respect of last year's budget proposals and the subsequent funding from the CCG, we would welcome clarity on the long term future of this facility. We believe that closure of Byker Lodge would result in more hospital and residential care admissions and increased requirement for crisis services. Community reablement: We support increased training for reablement staff, implementing reablement services for less than six weeks, where this is appropriate, and intensifying support before people have been discharged from hospital. Reviewing the criteria for accessing reablement and reviewing the eligibility for 'social' equipment and minor adaptations, however, may adversely impact on people with complex needs and undermine efforts to help people remain mobile in the community for longer. To reiterate our earlier point, however, we do support

			further integration via a joint OT service between health and adult social care. <u>Carers:</u> We are concerned about the removal of the Carers Support Allocations (CSA) and though alternative support for carers is proposed, we note the impact assessment states that carers will be disadvantaged. Any proposal which reduces support for family carers, therefore, needs to carefully consider the impact on carers' own health and wellbeing. Failure to sufficiently support carers is likely to increase and hasten reliance on formal care, either domiciliary or residential, potentially at cost to the council. In light of the cost pressures facing local councils in relation to the care sector, (such as the requirement to pay the National Living Wage) accompanied by the desire to reduce residential care admissions, support for carers would therefore seem vital to the council and NHS' wider agenda of achieving a transformational shift towards preventative services, avoiding more costly interventions when individuals' needs have escalated.
15/11/2016	Carers	12	The length of time taken for contact for assessment or reassessment is an issue. Have lost a key number of social workers which has left a gap in the system and as such we cannot and are not so responsive as we've been previously At the moment Carers Support Allocations can be used for short breaks - could the the newly proposed 'allocation' be used to take the cared for person on holiday or a short break with the carer if they are unable to find suitable replacement care?
31/12/2016	Carers Centre	Response by stakeholder organisation	Replacement of the Carer Support Allocation (CSA) • Taking away the CSA devalues carers –it's something else being removed "I'm 70 now, I need more not less" • How can carers actually take a break e.g. a few days away, when they can't afford it? The CSA is what enables many carers to take a break.

			• It's difficult coping with social workers being reactive rather than proactive. We need to ensure that carers are involved in planning care packages and have some choice • The short length of time to adapt to changes in the CSA is a concern • It's difficult to plan when there is no guarantee • As a suggestion, could carers use any underspend there may be in the cared for person's care package as a replacement for the CSA? "I'm providing care on a weekend when the care agency don't" • Carers are not clear what is happening. Some people received a letter last year saying it would be the last year they would receive CSA and some people didn't • "The cost to the Local Authority would be far higher than £1,000 Carer Support Allocation if I couldn't look after my son. CSA is good value." • The CSA shows that Newcastle is a caring council – taking away the CSA devalues us • It's difficult to find replacement care to take a break – you need to build up trust and confidence in other people to provide replacement care. Some people need "specialist" carers e.g. to cope with severe epilepsy • Carers are very worried about reviews now and the risk of a reduction in support – it's stressful • Carers are very concerned especially in the climate of benefit reductions as well. These changes are affecting people who are already on a very low

			income and dependent on benefits • In the past money for a break has been quite flexible – for example some people take a break with the person they care for because it is the only way they can take a break – will the new scheme be flexible? This is really important. There is confusion over what is in the care package for care/respite (as part of the cared for person's package) and what there will be for the carer. • It's not always clear to a carer when a carer's assessment is being done – in some carer's experience combined assessments do not always include questions to the carer about their own health, stress etc • It feels like things are going backwards • Losing the CSA will affect even those carers who don't care 24/7 "No matter how much support you provide, you still need support as a carer" • It doesn't feel like the Local Authority are doing what the Care Act says because they are basing what support you get on what support you give • They (Adult Social Care) need to take into account the stress and look at the carer's health. Carers have "to struggle and fight and bang your head against a brick wall again and again" • Residential care costs a lot more than supporting carers! • For some people, being able to use the CSA for a break has been "an absolute godsend" – taking this away may have a huge effect. " "Cases should be looked at individually rather than as a whole" National Minimum Eligibility Threshold

			• We understand this needs to be done but we're not sure about the ethics of this – people potentially with the same needs get a different service based on if you're already receiving a service • Having a national threshold can be reassuring that there won't suddenly be a cut to a package • Assessments need to include a really good Carers Assessment • Concern that some decisions are made by managers about support packages, and then carers feel they are dependent on the skills of the social worker to get the information across Digital Prevention • There must always be an equal choice to talk to someone and do an assessment/get advice that way • Not everyone is confident with IT/internet and would need help with this It needs to be very clear whether items or services available could be paid for by the local authority or the NHS – it should be clear what people need to do if they can't afford an item • Would it be possible to have an on-line calculator to help people to know at what point they may get financial help with care/equipment? • This is a good idea and will save money, but concern that people will lose their jobs Occupational health • Sensible suggestion – this will reduce confusion and stress It's good – it 'll be clear how to access this and from where

31/12/2016	Carers (staff) Newcastle	Response by staff at Newcastle Carers Newcastle	Intermediate Care Review We suggest that a proactive approach to reviewing the support e.g. training to carers during reablement and looking at their outcomes should go alongside the reviews proposed. Newcastle Carers will welcome the opportunity to support this review process. Carers We have managed the Carers Opportunities Fund on behalf of the NHS for several years and know small grants can make a difference. The proposed changes need to be carefully monitored and evaluated going forward to ensure those with most need continue to get the breaks they need to maintain their own health and sustain their caring role. We welcome the IIA identifying the need for a joint approach with health to make necessary changes and know there is already extensive development in this area. It is clear the Care Act is beginning to have a positive impact in the consideration of the needs of carers in Newcastle. As the Newcastle network partner of Carers Trust we support the recommendations in "Care Act for carers one year on", and should work towards meeting the six identified litmus tests by 2018.
31/12/2016	CCG and Primary Care	Response by stakeholder organisation	The proposed reduction in demand through a developed self-service offer is generally welcomed, however without safeguards or monitoring, we would be concerned that some needs may be missed, resulting more expensive interventions or vulnerable clients being at unnecessary risk. We were encouraged to read that where adult social care services will be required that working with health, this will be delivered to achieve efficiencies and there will be a focus on short term interventions including intermediate care services to prevent prolonged hospital stays or admissions to residential care.

31/12/2016	Elders Council	Response by stakeholder organisation	We welcome the investment in key, up to date information resources such as Information NOW which provide quality information for older people, their families and the staff who work with them. We firmly believe in helping people early on to access the information and support they need and targeting help to those in most need. We know that a significant amount of the help and support provided to older people is and can be developed through joint working between social care, housing and health. We would like to see further progress on the development of a more integrated system which includes the voluntary sector as key strategic and delivery partners. We appreciate that there is a need for new models of working which delay and reduce the demand for long term services, and which also require a culture change in people's expectations of services and of themselves. We also know the caring burden which many older people carry, and are concerned that more and more is being asked of them, without easy access to the information, guidance and the helping hand they need. The system is complex to navigate and we hope that the current work on the Information and Advice Strategy will help people to be better informed and therefore better able to manage. We would also like to see further exploration of different models of providing care, such as care co-operatives. We note the changes to the lunch club model and would be interested in information about how the new model is being delivered and the impact on older people. We are also interested in understanding more about the overall impact of new models of working (e.g. social prescribing; Chain Reaction) and the extent to which it is possible at this early stage to make judgements about the value of these 'linkworker' services and an indication as to whether there is a commitment to long term joint investment in these models by the Council and health partners. We urge the Council and its health partners to continue to prioritise intermediate care services. We regularly receive feedback from older people on how much

			these high quality, short term interventions are valued in helping people to get back on their feet. We appreciate the efforts made by the Council last year to retain Byker Lodge, which is just one example of an invaluable service.
31/12/2016	Let's Talk Newcastle	Online	A point was made about harm to vulnerable people not getting the care and assistance they need. This makes life harder for carers who will have to negotiate more complex systems and fight harder for limited care and resources for themselves. Greater financial disadvantage for those on benefits who will now have to pay for financial management from their limited resources. Digital services are not ideal for older adults if this is how to access support some people will not be able to access it. Early support is likely to improve long term outcomes, but there is a need to ensure there is a real human being for people to talk to. If you really can make savings and improve things by working with health services that would be great. If not, making cuts to these services will have massive negative impact. Lots of care is provided by businesses that make huge profits. Savings could surely be made by providing this care directly from the public sector.
31/12/2016	NCVS	Response by stakeholder organisation	There is minimal information about the outcome of last year's budget reductions, and what happened as a result of key changes. We understand the reasons behind the shift to digital, but remain concerned about demand management and that people might be 'falling through the net'. Have there been any noticeable changes in Safeguarding alerts? Our information from carers and voluntary organisations is as the resources are decreased, fewer

			people have access to services. We noted the Executive Director's comments that until five years ago about 10,000 people had access to care, this is now 4,000 people; and at a time when the needs are growing. So what is happening to these 6,000 (plus) people – either their (unpaid) carer or a community / voluntary organisation provides support or care doesn't happen. This is not meant to be critical of the Council, but of the system that allows this to happen. A number of positive comments were made about the Reablement Service and that it enabled people to live with dignity and respect in their local community. We remain frustrated by the integration with the NHS. People are not concerned which organisation (NHS or social care) supports them and there still seem to be huge amounts of money tied up in acute hospitals. In the long term it would the overall system money, if the NHS invested in community-based social care and they should find the mechanism to do this. We note the proposal to extend the dynamic review process to this group of people. Once again we would ask for the outcomes of the dynamic review proves, which appears to be a large team of assessors, people being regularly assessed, and providers finding it difficult to cope with fluctuating workforce. Carers organisations would like further discussions on the replacement of Carer's Support Allocations We note a reduction in service of £66,000 for Chain Reaction, which is delivered by the voluntary sector. Both lunch clubs and Chain Reaction supports older people who are isolated and the cuts in these services could result in longer term health and social care needs and demands, and impacts on their carers.We are aware that lunch clubs were recommissioned with a different provider, but we do not know about the numbers and outcomes for the new service. The savings identified are to £670,000 with the loss of two Council WTE jobs; so the majority of the cuts are to external providers and individual budgets.

As we develop and implement our proposals we will continue to consult with clients and carers as well as other key partners, including:

- Internal services – Adult Safeguarding Unit, Children's Services, Commissioning and Procurement, Fairer Housing Unit and our workforce; and
- External partners and organisations – DeafLink, Gateshead Council, Healthwatch, Newcastle Society for the Blind, NTW, NUTH and Community Health, provider organisations, the voluntary sector and your Homes Newcastle

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 could have been disadvantaged by these proposals, with direct support	The decision to use the Social Care Precept and grant funding has provided us with new funding to enable us to mitigate the

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?**
			provided through different means.	proposed reduction in services for carers
	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	

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 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 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 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	Potential disadvantage	In most circumstances we will be unable to assist with the needs these people have in	Part of this proposal is to focus on the development of preventative and self-service

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?**
	as low levels of educational attainment		relation to barriers to employment	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				

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?**
	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		