

Integrated Impact Assessment (IIA)

Informing our approach to fairness

Name of proposal	Continuing Care and Support for Adults - Complex or Multiple Needs
Date of original assessment	September 2016
Lead officer	Al McDowell
Assessment team	Claire Alder, Jonathan Jamison, Doreen Andrews, Angela Jamson, Jamie Feather and Sean Cocking.
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Version control

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Replaces version	1

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.

Section A: Current service

1. What does the service do?

The budget associated with this review (approx. £100 million gross expenditure) is considerably larger than that of the partner adult social care review 'Early Intervention and Prevention' (£25 million gross expenditure).

The scale of this review is vast and will involve a significant transformational change. The budgets that have been grouped into this review area are used to purchase:

- Residential and nursing care for older people, people with physical disabilities, people with learning disabilities and people with mental health problems. This includes short-stay breaks for people with learning disabilities at Castle Dene;
- Day services, both in house and commissioned from independent sector for same
- Home care support for people with physical disabilities, learning disabilities, autism and mental health problems (not older persons). This includes Independent Supported Living and Shared Lives supported accommodation models;
- Direct payments for community-based services, including personal assistants for people with physical disabilities, learning disabilities, autism and mental health problems (not older persons);
- Recovery and support for people with mental health problems;
- Social work and social care assessment officer time and functions, including assessment, support planning, review, adult safeguarding and risk management;
- Adult safeguarding and functions under the Mental Capacity Act 2005 to meet duties under the Deprivation of Liberty Safeguards;
- Assessment functions and duties under from the Mental Health Act 1983; and
- Advocacy and voluntary sector support for adults and carers.

Outcomes:

- Adults and carers with eligible needs will be as safe as possible;
- Care and support to meet eligible needs will be provided in a cost-effective and consistent manner both across different groupings (for example older persons and learning disabled and autistic people) and within groupings so that there is universal clarity and fairness;
- The Council will remain compliant with legal duties towards children and adults with physical and/or cognitive impairments and the carers of same;
- Rapid assessment and where necessary support planning processes that minimise bureaucracy and as far as possible adhere to the standards set out in the Care Act Statutory Guidance 2016;
- Dynamic and proportionate reviews that are carried out at minimum annually with an emphasis on risk identification and management;
- Decisions on when negotiated bespoke support is required to meet exceptional needs are made according to a lawful, transparent policy endorsed at corporate level; this would apply when there are demonstrably high risks to health and well-being in individual cases; and
- Affordable personal budget planning amounts are available that enable people to make choices within a menu of service options but also allows them to take a personal budget and create their own model of support.

2. Who do you deliver this service for?

The people that this review concerns therefore have long-term conditions that result in enduring needs. This includes:

- Adults with dementia and their carers
- Adults with learning disabilities and autism, and their carers / family members
- Adults with long term conditions, particularly those with neurological disabilities.
- Disabled children, young people, and their parents

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.

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 Practitioners (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 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? (see Appendix for all budget lines in scope)

Gross expenditure	Gross income	Net budget	Capital projects
£101,064,263	£39,928,227	£61,136,036	

5. What workforce delivers this service?

Posts	FTEs	Comments
N/A		

Section B: Change proposal

1. What is the proposal to change the service?

Summary

We have identified four key areas of spend where we will look to make efficiencies over the next three years:

- Alternative options for providing day opportunities;
- Alternative options for Residential Care;
- Applying the principles of 'Dynamic Reviews' to the way that we plan for care and support needs based on eligibility under the National Minimum Eligibility Threshold; and
- Developing a new continuum of support for adults with complex needs.

Newcastle already has a wide ranging offer of housing with support options available to people with a Learning Disability and/or Autism. Alongside traditional home care services, Independent Supported Living (either in purpose built accommodation or supporting people to maintain their

own tenancies), and Residential services, we have invested in recent years in new Concierge Plus schemes and Community Clusters.

These developments have supported people to live more independently in the community.

Our current Independent Supported Living provision provides high quality support for people with an incredibly broad range of needs. We believe we can build on our successful investment in new types of housing with support to provide more focussed and flexible services to people in this group. We are looking at our whole continuum of support for people with long term and complex needs and within this we propose to co-produce two new types of service:

- An enhanced Concierge Plus scheme, based on our existing Concierge Plus scheme, for people with less complex needs; and
- A virtual cluster scheme, where support is delivered by a single provider to a small number of people living independently within walking distance of each other, for people with high levels of complex need. This type of scheme is based on our existing successful community cluster scheme, where support is provided to people living in a single purpose built building.

These are the areas that present realistic possibilities for living within the budget available between now and 2020. We will focus on these areas because:

- They all align to a vision of how we will provide care and support for people with enduring eligible needs; and
- They follow existing and evolving work to modernise the way we assess, plan, review and provide support.

Our proposals

Some of these proposals will cover more than one year, and some will not be delivered until later in a three year programme. We recognise that these proposals are challenging and that we cannot deliver these changes in isolation. We will work closely with the people we support, organisations and staff that provide paid support, families and informal carers, and our health partners to design the services within each of these proposals.

Alternative options for Day Opportunities

We have made considerable progress in previous years to modernise the way in which adults with eligible needs can be supported to have a community presence and develop positive networks. We will:

- Develop a new service within one of our own Day Care centres which is run by well trained and experienced staff, to provide support within the City for people with Autism as an alternative to high cost provision outside of the City. Providing a service closer to where people live will have the added advantage of enabling them to be supported to make stronger connections with their community; and
- Consider alternatives to building based day services for other people with needs that do not require the highly structured environment of a day centre

For 2017/2018 we estimate that this work will result in savings of £140,000.

Alternative options for Residential Care

Diversion from residential care is an aspiration when working with older people and people with mental health problems, including dementia. Conversely, some people living in Independent Supported Living schemes may have their needs met more effectively and in a better

environment if high quality, small scale residential care could be designed with a person-centred focus. The aspiration to minimise admissions for older people is challenging and one way of trying to achieve this is to invest in nascent plans to develop extra care housing that works for people with dementia, providing a safe and stimulating environment with targeted care and support.

In order to meet these challenges, we will:

- Explore options for different ways of supporting people who are eligible for social care support as a result of being vulnerable or as a result of a chaotic lifestyle. This will enable us to explore alternatives to residential care or other forms of support including the development of a 'Step Up/Step Down' service to support people back to their communities.
- Continue to deliver existing plans (agreed in previous years as part of **existing budget proposals**) to develop:
 - a new purpose built residential care service for people with a Learning Disability and/or autism, in West Denton, as an alternative to high cost out of area provision
 - two new Extra Care facilities (one in Dinnington and one in Throckley) that focus on people with dementia to deliver an alternative to residential care that provides a safe and stimulating environment with targeted care and support
- Continue to manage demand for residential care placements by focussing on providing support to people in the community for as long as possible, where it is safe and appropriate to do so

For 2017/2018 we estimate that this work will, in combination, result in savings of £1,000,000.

Applying Dynamic Review principles

Last year we consulted on a proposal to apply a new approach to providing support for people with a learning disability and/or autism. Central to this proposal was the principle that we should create flexible plans for care and support that meet a person's eligible needs at their best times whilst also including a contingency plan for the worst times.

Post Consultation Update

We are already seeing success with this approach and will continue with our plans to undertake a dynamic review with all people with a learning disability and/or Autism over the next two years.

In addition, we will seek to extend this principle to a broader group of people with multiple and complex needs. We believe there is scope to apply this approach for people with high physical needs and/or neurological conditions. We recognise that working with different groups of people with different types of need will present a new set of challenges, and will leverage the collaborative approach of dynamic reviews to ensure that we continue to provide safe and effective support in the most flexible way possible.

For 2017/2018 we estimate that this work will result in savings of £1,570,000.

Continuum of Support for adults with complex needs

We already have a wide ranging offer of housing with support options available to people with a Learning Disability and/or Autism. Alongside traditional home care services, Independent Supported Living (either in purpose built accommodation or supporting people to maintain their

own tenancies), and Residential services, we have invested in recent years in new Concierge Plus schemes and Community Clusters.

However we believe we can go further to provide support that is able to meet the very wide ranging needs that people in this group have. We want to work alongside the people who will benefit most from this to develop an enhanced continuum of support for adults with complex needs. This is a long term proposal that will require extensive consultation and work with Service Users and their families, as well as a requirement to build new sites to house the services.

Our aim here is to ensure that people are able to live independently within their community for as long as possible. This proposal is complementary to the residential care development outlined above, which would represent an appropriate option for people with needs at the highest end of this continuum.

We believe there is scope to create new alternatives and remain open minded about how we can achieve these. Our current thinking is that these new alternatives could include:

- Building on the success of our existing Concierge Plus schemes to develop an enhanced service for people whose needs don't require the traditionally high cost Independent Supported Living service, but would benefit from access to on-site support;
- Developing 'virtual' clusters, extending the model within our community clusters so that support is provided to small groups of people who live within a short distance of one another; and
- Undertaking a fundamental review of the way we provide overnight support. We believe that the appropriate use of on-call services and assistive technology could reduce the need to provide a physical presence in a person's home overnight.

Developing this new continuum is a complex proposition and will require careful thought, thorough consultation, and detailed planning. That's why we think we can deliver these new services in 2019/20. We will engage with everyone with an interest in this area over the course of the first year of this programme. This includes people who we currently support but also young people who will need support from Adult Social Care in the next two to three years, families and informal carers, as well as providers of care and support, and commissioning colleagues from health.

We intend to develop a defined proposition during 2017/18 that we can start to test and make real during the second year of the programme, with a view to commence delivery within this new continuum of support at the start of the financial year 2019/20.

We recognise that any programme that requires capital development requires careful management of timescale in order to minimise the risk of delay. We are in the early stages of developing a detailed phasing plan, within which we would seek to prioritise developments critical to the delivery of the new continuum of support.

2. What evidence has informed this proposal?

Information source	What has this told you?
Increasing demographics, including ageing and more complex population	Demand for services is increasing as is the complexity of the needs presented. This

	requires a different approach in how we deliver this.
National Living Wage increases and inflationary uplifts.	The cost of providing care is rising. This is partly because the level of funding needed for is increasing due to the National Minimum Wage for staff delivering care, as well as ensuring our contracts remain competitive. We need to acknowledge the impact that this has on the rest of care.
Residential Care Deep Dive	<p>Deep dive analysis of our 2014/15 outturn shows 65+ admissions decreased by 3.8%. The total number of people aged 65+ living permanently in care has also reduced by 3.7%</p> <p>Since 2012, numbers have reduced by 17.7%, particularly challenging when the population of people aged 85+ has risen by 3.7% over the same period. The average length of stay was 847 days, 87 fewer than in 2013/14 and 252 fewer than 2012/13.</p> <p>A continued increase as seen broadly since 2007 of the average age of admission increasing upwards.</p> <p>Although we are currently unable to calculate the average length of stay more frequently than annually, historical data shows average length of stay had reduced by 252 days compared to 2012/13</p>
Learning from Dynamic Reviews	<p>Investing in Social Work to give them time to carry out a detailed review of service users looking back over a number of years. 20 hours of review time compared to approx. 3hr for current review.</p> <p>Care previously commissioned from providers to cover worst case scenario</p> <p>Team supporting Social Workers made up of analysts and commissioners working closer with providers</p> <p>Using Individual Service Funds to pay providers in a different way to give more flexibility and creativity to work with service users.</p> <p>E.g. Provider could work with service user to travel independently to a club. ISF allows flexibility to invest allows service user more independence and reduces cost longer term.</p>

Learning from Just Checking	<p>Just Checking is a system that detects movement giving an overview of what is happening in a person's home at any given time.</p> <p>Newcastle were part of a National Pilot and installed Just Checking into 24 ISL services.</p> <p>The pilot lasted about 12 months and Newcastle made savings of over £150k in just 7 of the services.</p> <p>We have rolled it out into other services for the next 3 years and some equipment being used in the Social Finance work.</p>
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3. How much will you spend on this service?

	Gross expenditure	Gross income	Net budget	Capital projects
2017/18	£97,054,263	£39,928,227	£57,126,036	

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

	Gross Saving	Implementation Cost	Net Saving
2017/18	£2,710,000	-	£2,710,000

5. What impact will this have on the workforce?

	No. FTEs	% workforce	
2017/18	0	0	

6. Who have you engaged with about this proposal?			
Date	Who	No. of people	Main issues raised
15/11/16	Newcastle Carers	12	<p><i>(This is a summary of the notes provided by Newcastle Carers)</i></p> <p>Dynamic reviews Care and support needs to be flexible according to needs, and ensure flexibility doesn't negatively impact on carers or the people they care for Good to hear that there will be something specific for people with head injury</p> <p>Alternative options for Day Care Positive, provided that staff are well trained and experienced</p> <p>Continuum of support for adults with complex needs Positive - but there needs to be security that people will be able to stay in suitable support long term once it is set up Need to involve carers and the people who may need this in the future, need to be given good information about what is available and how to access it There needs to be a more combined approach from health and adult social care for people with physical disabilities and mental health issues Concerns about availability of gender/culturally appropriate carers</p> <p>Alternative options for residential care Need to ensure that carers are involved in the planning of this Where in the city will the new build be for people with learning disabilities?</p> <p>Build on developing ISF model for dementia care Concerns about risk and ensuring needs continue to be met Questions about the model (gender of carers, space for overnight visitors, overnight staffing, type of support provided, cost effectiveness) * Are homes specifically for people with dementia more cost effective?</p> <p>General comments Concerns about availability of social workers, delays in the process and duplication Concern about a "cliff" between Children's and Adult's Services Concerns about the amount of change in the system and potential impact on carers</p>

31/12/16	The Newcastle Upon Tyne Hospitals Foundation Trust	-	Notes the transformational approach within the proposals, value joint working to deliver the proposals.
31/12/16	Newcastle Council for Voluntary Service	-	<p>A number of voluntary sector representatives indicated frustration and not being properly involved. They seemed only to have their views asked as providers rather than advocates of people with learning disabilities, people with the dementia, their carers and others. If different living models are being proposed, then there needs to be a full and open discussion about this, and proper consultation with independent advocacy.</p> <p>Providers at the meetings recognised the importance of a range of living options based on choice and need, but were concerned about an underlying shift to residential care, on the basis of costs. Clearly residential care was an appropriate and preferred option for some people at some stages of their lives, however clearly not in all cases.</p> <p>It wasn't clear from the proposals what choices would be given to people of moving to the 'new purpose built residential care service'. If it is was complementary/ supplementary- this was supported; if it was a no-option alternative, that was another matter.</p> <p>Support was given to the two new extra care facilities for people with dementia, but it wasn't clear how / where Byker Lodge fitted into these proposals.</p> <p>If these two new services (for people with a learning disability/ autism and dementia facilities) are aiming to save £1million, where does that actually come from?</p> <p>There is no information on how the 'dynamic reviews' are working in practice and how this regular reassessment will save £1,570,000. Providers say this is hard to manage from workforce perspectives, and people are "always reassessed to need less support not more, but our experience is that as many people are getting older they need more support".</p>

	Newcastle Gateshead Clinical Commissioning Group	-	Concern over the phasing of capital developments and the potential that these do not materialise or slip thereby creating a significant cost pressure for one or both parties. It is crucial that the impact of reduced resources is mitigated by service transformation rather than giving rise to unmet need or further cost/service pressures on one or both parties.
	Alzheimer's Society	-	Potential benefits of the dynamic review approach for people living with fluctuating conditions, which could include people with dementia. Potential to reduce packages of care and choice for people, therefore it is important that needs continue to be met in a tailored manner, fully involving and communicating with those subject to review and their families/advocates.

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	Disadvantages: <ul style="list-style-type: none"> • Reduction on amount spent on care may translate in to less support provided or a change in the support provided. • Less choice for the Service User around setting for support arising from clearer/firmer policy on where need should be met 	<ul style="list-style-type: none"> • We will continue to conduct a robust and comprehensive assessment to ensure that eligible needs are met in the most appropriate manner. • More flexible options – more likely to find support that fits (Dynamic Reviews/Individual Service Fund model; Dementia Focused Extra Care) • Increasing independence (or at least reducing dependency) resulting from new options for overnight support, different day opportunities, Individual

				Service Funds within Dynamic Review model
	Disabled people	Potential disadvantage	As above	
	Carers	Potential disadvantage	<ul style="list-style-type: none"> Change to the services offered to the person they care for may place increased pressure on carer which especially when considered alongside the proposal to reduce support to carers could present a disadvantage to carers. 	<ul style="list-style-type: none"> The decision to use the Social Care Precept and grant funding has provided us with new funding to enable us to mitigate the proposed reduction in services for carers outlined in the “Care and Support for Adults – early Intervention and Prevention IIA” 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. We will also provide Information, Advice, and Guidance. More flexible options for support/independence for the person they care for.
	People who are married or in civil partnerships	No impact arising specifically from a person’s marital or civil partnership status		
	Sex or gender (including transgender, pregnancy and maternity)	No impact arising specifically from a person’s particular sex or gender		

	People's sexual orientation	No impact arising specifically from a person's particular sexual orientation		
	People of different races	No impact arising specifically from a person's particular ethnic background		
	People who have different religions or beliefs	No impact arising specifically from a person's particular religion beliefs		
People vulnerable to socio-economic disadvantage				
	People living in deprived areas	No impact arising specifically from where a person lives.		
	People in low paid employment or in households with low incomes	No impact arising specifically from a person's income.		
	People facing barriers to gaining employment, such as low levels of educational attainment	No impact arising specifically from a person's employment or education.		
	Looked after children	Beneficial outcome for those people eligible for social care support	Impact here could be positive: Step Up/Step Down for vulnerable/chaotic adults would provide a safe temporary space for young people – improvement on current support available.	
	People facing multiple deprivation, through a combination of factors such as poor health or poor housing / homelessness	Beneficial outcome for those people eligible for social care support	As with LAC – the options for vulnerable/chaotic adults could provide a positive impact, especially for the people with	

			<p>poor housing/homelessness issues.</p> <p>Positive impact for people with poor health (who are also eligible) as we will ensure appropriate access to health.</p>	
Businesses				
	Businesses providing current or future jobs in the city	Both potential disadvantage and advantage.	Where providers of care are unsuccessful this may mean they lose business opportunities and the potential growth that this proposal may generate. However new and / or dynamic providers may benefit as development opportunities arise.	
Geography				
	Area, wards, neighbourhoods	No negative impacts anticipated		
Community cohesion				
	Community cohesion	No impact on community cohesion.		
Community safety				
	Community safety	No impact on community safety		
Environment				
	Environment	No impact on the environment.		

