

Integrated Impact Assessment (IIA)

Informing our approach to fairness

Proposal: Adult Social Care – Being well in communities (Phase 1)

Date of assessment: October 2021

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Section A: Current service

What does the service, function or policy do?

In 2019-20, we consulted on an ambitious proposal to recommission general home care services, also known as domiciliary care. This type of service provides care and support to enable people to lead independent, fulfilling lives in their own home for as long as possible and can include, but is not limited to:

- The provision of basic activities of daily living, for example, personal hygiene, dressing and preparing food).
- Social, practical and emotional support to meet the identified assessed needs of people using the service.

That work continues and we remain committed to moving away from a traditional time and task model to one that provides greater flexibility for the person and their provider to shape and improve outcomes together.

The COVID-19 pandemic has provided an opportunity for reflection and conversation within our local communities, our Collaborative Newcastle partners, providers and others as to how we might work differently across Adult Social Care and Integrated Services to ensure our services remain well planned, innovative and evolve to meet the needs of those communities we serve.

This 'Being well in communities (Phase 1)' proposal builds upon our ongoing work towards new commissioning models that enable providers and communities to work together to deliver more flexible approaches.

The first model we will co-design is home care. This will enable the person to work with their home care provider to design a support package that is flexible, supports them to be an active participant in their community and maintain their local connections. Through this new way of working, we will seek to address inequalities across the health and social care system whilst recognising the strengths, assets and capabilities within our communities to deliver their own solutions.

Who do we deliver this service, function or policy for?

Everyone who is assessed as having eligible social care needs, who uses support in their own home.

As of October 2021, we provide support to approximately 3,600 people who have an eligible social care need, of which 1,800 use home care services.

These figures do not include the people we support who have a learning disability, autism or both as these services are considered in our separate IIA titled 'Adult Social Care – Continuing to promote independence for people with a learning disability, autism or both'.

Why do we deliver this service, function or policy?

The Care Act 2014 outlines the majority of the statutory responsibilities for services provided for residents who are eligible for care and support according to national rules called the National Minimum Eligibility Threshold.

The Care Act gives Adult Social Care responsibility for:

- Preventing, reducing, and delaying need.
- Promoting wellbeing.
- Carrying out social care assessments for people who have an appearance of need for care and support and or their carers,
- Support planning and arranging services for those people who have assessed eligible needs.
- Social care reviews.
- Safeguarding to protect people from abuse, harm or neglect.
- 'Market shaping', which means facilitating a diverse, sustainable high-quality market for everyone who might need care and support.

How much do we currently spend on this service, function or policy?

Gross expenditure: £79.209 million

Gross income: £43.530 million

Net budget: £35.678 million

Comments: This is the budgeted expenditure, income and net budget for all externally commissioned Older Persons, Physical Disability and Mental Health Services in 2021-2022.

How many people do we employ to deliver this service, function or policy?

Number of posts: Not applicable

Number of full-time equivalent officers: Not applicable

Comments: This proposal will have no impact on the staff we employ. Where services are commissioned specific to this proposal, these are commissioned via the independent, third sector provider market.

Section B: Proposal for future service

How do we propose to change the service, function or policy?

We have always known about the strength of our communities and this has been brought into sharp focus during the past 18 months as a result of the pandemic. It is in recognising and nurturing those capabilities within our communities, that this proposal seeks to acknowledge the need to commission services differently.

During 2022-23, we will work alongside our communities, commissioned providers and health and social care partners to ensure that when we re-commission services, they focus on building better connections between people and their communities whilst ensuring statutory services are responsive and deliver the right care, at the right time and in the right place.

Through this proposal we will:

- Recommence re-commissioning and procurement activity for our care and support services, ensuring that recovery and social value are at the heart of our activity. By social value, we mean the value that accrues in local communities through what we buy. This is built into the way we buy services when we seek to make sure those services are: green and sustainable, locally based, community focused, and ethical.

- Complete the re-commissioning of our home care offer for adults who have eligible care and support needs in the city, moving away from traditional time and task delivery (for example four 30-minute calls per day), to a model that supports our 'being well in communities' work and provides flexibility for home care providers to work alongside people to achieve outcomes that are important to them.
- Focus on prevention and delaying the onset of long-term care, working with partners as enablers to ensure people have the right levels of support, balancing statutory support alongside an individual's own support networks. This will involve better use of data to reach people at an early stage, working together as services to develop models that ensure services are embedded and part of a community
- Continue to work through our Collaborative Newcastle partnership to identify, develop and deliver integrated services and responses, developing local approaches with partners across the NHS, local government, private companies, voluntary and community sector organisations and communities themselves,
- Support community capacity building programmes with local partners, nurturing connections between individuals, organisations and their communities. Through this work we will seek out and build on the strengths of people and their communities to achieve the outcomes that matter to them, while also seeking to prevent or delay the need for more formal support services.

During 2022-23, this work will result in an overall reduction of £1,500,000 within our commissioned home care budget as we work collaboratively with home care providers to develop an alternative commissioning model. The new model will include a focus on working in geographic areas across the city, supporting providers to minimise travel and wait time, enabling flexibility for people and providers to design support that both meets eligible care and support needs and ensures the person can achieve their desired outcomes.

This proposal also supports the avoidance of future costs. We estimate that a further £500,000 can be saved in 2022-23 by developing our new commissioning models.

We will continue to focus on strengthening our communities as part of Phase 2 of this proposal in which we will implement a 'strength-based' assessment approach to care and remodel our social work services. We will bring forward detailed proposals on this in advance of 2023-24

What evidence have we used to inform this proposal?

[Build Forward Better: our medium-term plan for 2021-22 and 2022-23 | Newcastle City Council](#) – Our response to the continuing financial challenges facing local government, setting out our plans for the 2021-22 and 2022-23.

[Shaping our Future Together - Update 2020-2021 | Newcastle City Council](#) – Our response to the continuing financial challenges facing local government, setting out our plans for 2020-21.

[The TAPPI Inquiry Report: Technology for our Ageing Population: Panel for Innovation – Phase One](#) – Housing report into technology for our aging population.

[Managing the Home Care Circus: Voices of Experience: Thinking ahead about care at home](#) – A report by the Elders Council November 2020.

[Integrated care systems explained | The King's Fund \(kingsfund.org.uk\)](#)

Key premise of Integrated Care Services policy with an emphasis on collaborating over smaller geographies and through teams delivering services working together on even smaller footprints, usually referred to as neighbourhoods.

[Asset Based Community Development+Nesta+report.pdf \(squarespace.com\)](#)

Describes a new way of working for local authorities through the lens of ‘asset-based community development’ (ABCD). Strength-based focus on people’s assets and that of their communities and how we might amplify community capacity building to better support individual outcomes and solutions.

[Strengths-based social care in Leeds City Council low res.pdf \(ndti.org.uk\)](#)

Work by Leeds City Council and partners demonstrate a need to:

- Work with individuals and their community’s strengths.
- Focus on a ‘strength-based’ and ‘person-centred’ approach, rather than eligibility and assessment.
- Move towards more facilitative conversations with the people of Newcastle to determine what they have already tried and how we can support them to meet their goals.
- Divide conversations into three categories: connecting people, responding at a time of crisis and planning for the longer-term.
- Use a rapid response service which does not hold cases long term.
- Introduce peer reviews which allows a team approach to support provided.

[Collaborative Newcastle | Health, Wealth & Wellbeing](#)

Our innovative partnership which aims to improve the health, wealth and wellbeing of everyone in Newcastle. It has a focus on health and care, looking to change or improve how people in Newcastle receive or access care, advice, support and treatment in the future.

[Age-friendly Communities | Centre for Ageing Better \(ageing-better.org.uk\)](#)

Supporting local areas to take a strategic approach in becoming age-friendly so that people of all backgrounds can actively participate, regardless of age, and be part of shaping the place they live.

Feedback through previous consultations has also informed the development of this proposal – more information is set out below.

What will be the financial impact of this proposal?

This proposal will reduce spend on commissioned services by £2,000,000 in 2022-23.

What will be the impact upon our employees of this proposal?

Number of FTE: Not applicable

% of workforce: Not applicable

Comments: This proposal has no impact staff we employ. Where services are commissioned specific to this proposal, namely home care services, these are commissioned via the independent, third sector home care provider market.

Section C: Consultation

Who did we engage with to develop this proposal?

Who: Service users, home care providers and representatives of the voluntary and community sectors specific to the home care remodel.

When and how: Between December 2019 and March 2020, we undertook a series of consultation exercises as part consultation on our previous proposals as set out in IIA proposal 'Being well in Newcastle – Reshaping home care'.

This included online and paper questionnaires, to which we received 618 responses, and direct engagement with home care providers and other stakeholders.

Themes of this engagement included 'what does good home care look like', 'recruitment and retention' and 'flexible funding models'.

Main issues raised: Those people responding via the online and paper questionnaire reported the importance of being able to choose the time they received their service, how it was used, the benefits of home care providers knowing what was happening within their local neighbourhood and consistency in the carers supporting them. Overridingly, living in one's own home and continuing to be independent was commented upon as the primary focus for people receiving home care.

Home care providers were asked what made home care a good experience. Comments included offering flexibility within the role, time 'choice' when organising and delivering the care task, enabling people to take ownership for developing the best response to meet outcomes and the 'confidence' and sense of 'achievement' that comes from this. There was an acknowledgement that greater flexibility enables carers to have different conversations with people who draw on care and support which can lead to new ways of working.

Some providers noted concern around the practicalities of delivery more flexibly, including how rotas would be managed, financial structuring, capacity, managing people's expectations and role responsibility with Social Work teams in developing and delivering outcomes-based care and support.

A highlighted issue for all home care providers was the wider sector challenges around recruitment and retention with providers commenting that they would like to see more joined up working between providers, the council and other key partners in areas of recruitment, training and staff development.

Who: General and citywide home care providers.

When and how: August 2021 through an online engagement session specific to the home care remodel and wider 'Being well in communities' proposal.

Main issues raised: Positive comments were received on services that support people to become involved within their community and have greater control over their daily choices leading to a better quality of life.

There was acknowledgment this will require a supportive infrastructure and a requirement to ensure providers have up to date information regarding community activities.

Providers said that greater control for people using home care in managing their time and hours could support carer relief for family or informal carers.

Some providers noted the way hours are commissioned will need to change to blocks to enable providers to support service users to access the community.

There was acknowledgement from some providers that a move away from the current delivery model would lead to greater job satisfaction for carers providing a service that service users want rather than traditional time and task.

Some providers noted it would be extremely challenging to coordinate packages of care that alter on a weekly basis for each service user and managing staff who have guaranteed hours would become difficult if service users' hours were to be banked one week and used the next.

Some providers raised concerns that weekly fluctuating hours for carers could potentially lead to staff leavers where people prefer to work in a role where hours are more static.

Who: Elders Council

When and how: August and September 2021 via online feedback and at an open event at the City Library

Main issues raised: The Elders Council said that they would like to see reference to the Social Care Future's vision: We all want to live in a place we call home, with the people and things that we love, in communities where we look out for one another, doing things that matter to us.

They noted it was a very clear, simple vision which covers the aspirations in the presentation, and asked whether we would consider adopting this as their vision going forward.

The Elders Council supported a model of home care that enables people to engage in their neighbourhoods but highlight this also requires investment in the local neighbourhood infrastructure.

Other comments included:

- In recognising the value of the voluntary sector, there is a requirement to ensure resources are available, so the sector has the capacity to deliver what's needed
- People need to be fully engaged in on-going conversations about their care and support options and that this will be a staged journey with people requiring different levels of support over time. Regular reviews as vital particularly for those people without family support.
- Knowing who to contact and having good sources of information such as InformationNOW and Independent Age.

Who do we want and need to engage with during consultation?

Who: We want to engage with the following people and groups through this consultation:

- Care and support providers,
- Voluntary and community sector groups and organisations, including: Healthwatch, Newcastle Disability Forum, Newcastle Carers, and the Elders Council of Newcastle,
- People who use our services or who might use our services in future,
- Families and carers of people who use our services.

When and how: Consultation and engagement will begin in November 2021. We will hold specific consultation events covering the scope of the people and groups identified.

Who provided feedback during the consultation process?

Who: To be completed in January 2022 following consultation

When and how: To be completed in January 2022 following consultation

Main issues raised: To be completed in January 2022 following consultation

Section D: Impact assessment

The section sets out actual or potential disadvantages or benefits that may arise from implementing this proposal. This assessment is set out for people with characteristics protected by the Equality Act 2010 and other broader areas of potential impact.

People with protected characteristics

Age

Type of impact: Potential benefit

Detail of impact: Our proposal seeks to strengthen connections between people and their neighbourhoods for all adults of all ages. The majority of people who use the home care services that we will re-commission as part of this proposal are aged over 65. It is anticipated they will benefit from the move away from a traditional time and task delivery model to one that gives them and their providers greater flexibility.

How will this be addressed or mitigated? Not applicable

Type of impact: Potential disadvantage

Detail of impact: Change can bring about anxiety and may translate into worsening perceptions of the care and support provided.

How will this be addressed or mitigated? We will support people to understand the benefits of our new care models, co-designing with the people that use them. We will provide assurance that we will continue to meet eligible care needs whilst also seeking to maximise a person's opportunities, identifying their own local support networks to highlight the strengths, capacity and knowledge of all involved to better meet individual outcomes.

Disability

Type of impact: Potential benefit

Detail of impact: Our proposal seeks to strengthen those connections between adults of all abilities and their neighbourhoods. By identifying the strong assets in a person's life and in their community, we will build upon and develop 'community-centred' approaches that connect all people, including those with disabilities, to the centre of a personalised care offer and where practicable, provide alternatives to statutory services. Re-commissioning our home care offer for people with a disability

we will move away from a traditional time and task delivery model to one providing flexibility for our home care providers to work alongside people to achieve outcomes that are important to them

How will this be addressed or mitigated? Not applicable

Type of impact: Potential disadvantage

Detail of impact: Change can bring about anxiety and may translate into worsening perceptions of the care and support provided.

How will this be addressed or mitigated? We will support people to understand the benefits of our new care models, co-designing with the people that use them. We will provide assurance that we will continue to meet eligible care needs whilst also seeking to maximise a person's opportunities, identifying their own local support networks to highlight the strengths, capacity and knowledge of all involved to better meet individual outcomes.

Gender reassignment

This proposal will not have an actual or potential impact or benefit on people because of their gender identity.

Sex

This proposal will not have an actual or potential impact or benefit on people because of their sex.

Marriage and civil partnership

This proposal will not have an actual or potential impact or benefit on people because of their marital or civil partnership status.

Pregnancy and maternity

This proposal will not have an actual or potential impact or benefit on women who are pregnant or those on maternity including women, fathers, and adopters.

Race and ethnicity

This proposal will not have an actual or potential impact or benefit on people because of their race or ethnicity.

Religion and belief

This proposal will not have an actual or potential impact or benefit on people because of their religion or beliefs.

Sexual orientation

This proposal will not have an actual or potential impact or benefit on people because of their sexual orientation.

Other potential impacts

People vulnerable to socio-economic impacts

Type of impact: Potential benefit

Detail of impact: Our proposal seeks to strengthen connections between people and their neighbourhoods, identifying what's strong in a person's life, how they might better connect to their communities, combine efforts, knowledge and resources in new and innovative ways. By working together in this way, our aim is to reduce inequality and mitigate against negative socio-economic impacts.

How will this be addressed or mitigated? Not applicable

Businesses

Type of impact: Potential benefit

Detail of impact: Our proposal seeks to strengthen connections between people and their neighbourhoods, combining efforts, knowledge and resources in new and innovative ways. A key sector challenge faced by providers of home care continues to be the recruitment and retention of staff. With key partners, we have introduced a 'Being Well Social Care Academy' which supports recruitment and training for those interested in a career in home care. Our aim is to provide a training package, shadowing opportunities and interview skills leading to interview with a home care provider.

We will continue to explore ways to strengthen and support people, organisations and associations within our communities being an active partner within our collaborative partnerships to support people's opportunities within the local economy.

How will this be addressed or mitigated? Not applicable

Geography

Type of impact: Potential benefit

Detail of impact: Our proposal seeks to strengthen connections between people and their neighbourhoods, delivering services that will better support people within their own neighbourhood geography and provide creative and flexible solutions to their health and wellbeing.

How will this be addressed or mitigated? Not applicable

Community cohesion

Type of impact: Potential benefit

Detail of impact: Our proposal seeks to strengthen connections between people and their neighbourhoods, combining efforts, knowledge and resources in new and innovative ways. It will seek

to build community capacity and support and strengthen people's own networks and wider links and networks within their local communities.

How will this be addressed or mitigated? Not applicable

Community safety

This proposal will not have an actual or potential impact or benefit on community safety.

Public Health

Type of impact: Potential benefit

Detail of impact: Our proposal will adopt an approach which seeks to strengthen connections between people and their neighbourhoods, delivering services that will better support people within their own neighbourhood and provide creative and flexible solutions in support of their health and wellbeing. We will address with our communities some of those wider determinants of ill health, such as loneliness and social isolation, with the aim for people to be less reliant on formal care.

How will this be addressed or mitigated? Not applicable

Climate

Type of impact: Potential benefit

Detail of impact: Our proposal seeks to emphasise local neighbourhood working where practicable within our working practices. As a result, it should remove unnecessary travel and associated mileage and fuel by social care and partner employees.

How will this be addressed or mitigated? Not applicable