

Integrated Impact Assessment (IIA)

Informing our approach to fairness

Proposal: Being Well in Communities (Phase 2 and 3)

Date of assessment: October 2022

Lead Officer: Jonathan Jamison

Assessment team: Claire Alder, Daryll Alder, Laura Choake, David Forster, Karen Inglis, Gary Myerscough, Stacey Urwin

Version: 1

Planned review date: January 2023

Section A: Current service

1. What does the service / function / policy do?

This proposal builds on Being Well in Communities Phase 1 which introduced new commissioning models that enable providers and communities to work together to deliver more flexible approaches.

The first co-designed model was home care. This enabled the person drawing on home care to work with their 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 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.

Our new strength-based way of working is called “Newcastle’s 3 Conversations”. This approach will encourage social work practice to focus on:

- **Conversation 1:** Listen and connect. We will listen, understand what matters and connect people to resources and supports that helps them get on with their chosen life and independence.
- **Conversation 2:** Work intensively with people in crisis. We will discuss what needs to change urgently to help someone regain control of their life, put these changes into an emergency plan and make the most important things happen.
- **Conversation 3:** Build a good life. We will support people to build a good life by asking what resources, connections and support will enable the person to live their chosen life and how these need to be organised.

This proposal is for phases 2 and 3 of this work:

- **Phase 2:** During this phase we will embed our new strength-based way of working into social work practice
- **Phase 3:** During this phase we will embed our new strength-based way of working into reviews of existing care packages

During both phases we will consider a wide range of support options for each person. We will seek to ensure that people can draw on support embedded in their local community, that is personalised to their own assets and aspirations and promotes independence.

2. Who do we deliver this service / function / policy for?

Everyone who contacts adult social care who appears to need care and support and their carers.

We provide ongoing long-term support to approximately 4,389 people (as at Oct 2022) who have an eligible social care need. We receive requests for support, information, and advice from between 8,500 – 9,500 people each year.

3. Why do we deliver this service / function / policy?

The Care Act 2014 gives us a duty to promote wellbeing and support residents in the city who are eligible for care and support, according to national rules called the National Minimum Eligibility Threshold. The Care Act also gives us responsibility for:

- preventing, reducing, and delaying need,
- carrying out social care assessments for people who have an appearance of need for care and support, and/or their carers,
- Support planning/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 in the city who might need care and support.

4. How much do we currently spend on this service / function / policy?

Gross expenditure:	£137,869,470
Gross income:	£61,796,110
Net budget:	£76,073,360

Comments: This is the budgeted gross expenditure, income and net budget for all externally commissioned services.

5. How many people do we employ to deliver this service / function / policy?

Number of posts: N/A

Number of full-time equivalent officers: N/A

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

Section B: Proposal for future service

1. How do we propose to change the service / function / policy?

We have always known that there is great strength in our communities. This proposal seeks to recognise and nurture these capabilities, using the positive impact that better use of community connection has on individuals.

Under phase 2 we want to shift from only providing statutory support when people have told us that they want to be supported by and in their communities. To embed this systemically in social work practice, we will implement an innovative approach to the way we undertake social care assessments so that we focus on people's strengths and support them to remain active participants in their communities. In addition, we will remodel our social work services, bringing them closer to the communities where people live.

Phase 2 of the Being Well in Communities work programmes seeks to systemically embed improved approaches to considering inclusive communities:

- Newcastle 3 conversations model – a strength based and streamlined approach to social work assessment.
- Newcastle Neighbourhoods – developing community strengths and creating connection between people and the places they live.

As in phase 2, during phase 3 we will expand our new way of working for people already in receipt of social care support who require an annual review. Phase 3 is aimed at people with existing care packages who do not have an allocated social worker. We want to create Community Connections review capacity to accelerate the changes we are making through Newcastle Neighbourhoods and the 3 conversations model.

We propose to create a team that will focus on linking people into community alternatives to services and to promote independence. We will have a distinct focus on people with an existing care package but without an allocated social worker who require an annual review.

Creating this capacity will accelerate our progress towards a strength-based review process.

2. What evidence have we used to inform this proposal?

Social Care Futures: A movement of people bringing together the voices of people who have lived experience of care, and those involved in designing and delivering it, to help positively transform the way that care and support is imagined and delivered. The aim is to ensure that people can live in a place they call home, with the people and things they love, in communities where people look out for one another, doing the things that matter to them. Find out more at <https://socialcarefuture.blog>

Think Local Act Personal (TLAP): The Making it Real framework sets out some guidance on how to create good personalised care and support. This includes promising wellbeing and independence, information and advice, active and supportive communities, flexible and integrated care and support, staying in control and supporting the workforce. Find out more at <https://www.thinklocalactpersonal.org.uk/makingitreal/>

People at the Heart of Care: Adult Social Care Reform White Paper: The government's ten-year vision for adult social care. The paper includes a vision for adult social care to offer people choice and control over the care they receive, promote independence by enabling people to live well as part of a community and to recognise the contribution of unpaid carers. Find out more at <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

Asset-Based Community Development for Local Authorities: 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. Find out more at <https://www.nesta.org.uk/report/asset-based-community-development-local-authorities/>

Strengths based social care in Leeds City Council: There is a need to work with individuals and their community's strengths. There is a need to focus on a strength-based and person-centered 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. There is a use for a rapid response service which does not hold cases long term. Introduction of peer reviews has allowed a team approach to support provided. Find out more at <https://www.ndti.org.uk/assets/files/Strengths-based-social-care-in-Leeds-City-Council-low-res.pdf>

Collaborative Newcastle: Innovative partnership which aims to improve the health, wealth and wellbeing of everyone in Newcastle. 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. Find out more at <https://www.collaborativenewcastle.org/>

Age Friendly Communities: 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 where they live. Find out more at <https://ageing-better.org.uk/uk-network-age-friendly-communities>

Adult Social Care Committee: A series of sessions and calls for evidence looking at the future of adult social care, and how it impacts on people, carers, and the workforce.

Find out more at <https://committees.parliament.uk/committee/580/adult-social-care-committee/>

Integrated care systems explained: Key premise of ICS policy, emphasis on collaborating over smaller geographies and through teams delivering services working together on even smaller footprints (usually referred to as neighbourhoods). Find out more at <https://www.kingsfund.org.uk/publications/integrated-care-systems-explained>

3. What will be the financial impact of this proposal?

This proposal will reduce spending on commissioned services by £3,240,000 in 2023/24 and £457,000 in 2024/25.

4. What will be the impact on our employees of this proposal?

Number of FTE: 0 FTE

% of workforce: 0%

Comments: This proposal has no impact on Council jobs. Where services are commissioned specific to this proposal, these are commissioned via the independent, third sector provider market.

Section C: Consultation

1. Who did we engage with to develop this proposal?

Who we have engaged with to develop this proposal: service users, carers, care providers, representatives of the voluntary and community sectors, social work teams.

When and how: December 2019-March 2020. As part of Phase 1, We undertook a series of consultation exercises as part of a previous IIA proposal 'Being Well in Newcastle – Reshaping Home Care'. This included:

- online and paper questionnaires totaling 618 responses
- direct engagement with home care providers and other stakeholders

Main issues raised: Those people responding via 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.

Who we have engaged with to develop this proposal: the Elders Council

When and how: August/September 2021. Online feedback and Officer attendance 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 Newcastle City Council 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 is needed,
- People need to be fully engaged in ongoing conversations in relation to their care and support options. This will be a staged journey with people requiring different levels of support over time. They added that requiring regular reviews is vital particularly for people without family support,
- Knowing who to contact and having good sources of information such as Information NOW and Independent Age.

Who we have engaged with to develop this proposal: Adult social care colleagues were engaged in Newcastle's 3 Conversations approach.

When and how: May 2022 via colleague briefings and team meetings

Main issues raised: Colleagues broadly supported this new way of working and the potential benefits it could bring for individuals and neighbourhoods. Some raised concerns about the scale of the transformation required and how this would be achieved.

2. Who do we want or need to engage with during consultation?

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

- People who have or appear to have care and support needs including those who might seek assessment in future
- Families and carers of people who have or appear to have care and support needs
- Social care colleagues
- Voluntary and community sector groups and organisations including Healthwatch, Newcastle Disability Forum, Newcastle Carers, the Elders Council of Newcastle, and representative groups for minority backgrounds.

When and how: Consultation and engagement will begin in November 2022. We will hold specific consultation events covering the scope of the people and groups identified working alongside our Newcastle Neighbourhoods place-based networks.

3. **Who provided feedback during the consultation process?** (to be completed post-consultation)

When and how: N/A

Main issues raised: N/A

Section D: Impact assessment

The section below 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, their carers, and their neighbourhoods for all adults of all ages. It is anticipated most people, and their carers, will benefit from a shift from provision of statutory support only to one that gives them greater flexibility and inclusion in their community.

How will this be addressed or mitigated? N/A

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 ways of working. 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 and those of their carer.

Disability

Type of impact: Potential benefit

Detail of impact: Our proposal seeks to strengthen those connections between adults of all abilities, their carers, and their neighbourhoods. By identifying the strengths in a person's life and in their community (the assets) we will build upon and develop community centred approaches that connect all people, including those with disabilities, to the center of a personalised care offer and where practicable provide alternatives to statutory services.

How will this be addressed or mitigated? N/A

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 ways of working. 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

Type of impact: None

Detail of impact: Our proposal will not have an additional impact, favour, or disproportionately affect issues surrounding gender identity.

How will this be addressed or mitigated? N/A

Sex

Type of impact: None

Detail of impact: Our proposal will not have an additional impact, favour, or disproportionately effect on issues surrounding sex equality.

How will this be addressed or mitigated? N/A

Marriage and civil partnership

Type of impact: None

Detail of impact: Our proposal will not have an additional impact on people who are married or in civil partnerships.

How will this be addressed or mitigated? N/A

Pregnancy and maternity

Type of impact: None

Detail of impact: Our proposal will not have an additional impact on women who are pregnant or those on maternity including mothers, fathers and adopters.

How will this be addressed or mitigated? N/A

Race and ethnicity

Type of impact: Potential benefit

Detail of impact: Our proposal seeks to strengthen connections between people, their carers, and their neighbourhoods for all adults of all races and ethnicities. It is anticipated most people, and their carers, will benefit from a shift from provision of statutory support only to one that gives them greater flexibility and inclusion in their chosen community.

How will this be addressed or mitigated? N/A

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 ways of working in a range of formats and materials available in conjunction with representative groups to ensure use of appropriate language and terminology to promote inclusivity of the opportunity. 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 and those of their carer.

Religion and belief

Type of impact: Potential benefit

Detail of impact: Our proposal seeks to strengthen connections between people, their carers, and their neighbourhoods for all adults of all religions and beliefs. It is anticipated most people, and their carers, will benefit from a shift from provision of statutory support only to one that gives them greater flexibility and inclusion in their chosen community including those representative of their religion and belief.

How will this be addressed or mitigated? N/A

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 ways of working in a range of formats and materials available in conjunction with representative groups to ensure use of appropriate language and terminology to promote inclusivity of the opportunity. 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 and those of their carer.

Sexual orientation

Type of impact: None

Detail of impact: Our proposal will not have an additional impact, favour, or disproportionately effect on issues of sexual orientation.

How will this be addressed or mitigated? N/A

Other potential impacts

Carers

Type of impact: Potential benefit

Detail of impact: Our proposal seeks to strengthen connections between people and their neighbourhoods for all adults and by association carers of all ages. This proposal can support and enable a more personalised service that better balances statutory support that promotes the voice of the person alongside the care and support provided by (unpaid) carers, thus enabling them to maintain or access employment, social activities within or without their chosen communities.

How will this be addressed or mitigated? Not applicable

Type of impact: Potential disadvantage

Detail of impact: Change and a focus building upon and developing 'community-centred' approaches may be perceived as focusing greater reliance and responsibility on the caring role.

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.

People vulnerable to socio-economic impacts

Type of impact: Potential benefit

Detail of impact: Our proposal seeks to strengthen connections between people, their carers, and their neighbourhoods, identifying what is 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 negative socio-economic impacts.

How will this be addressed or mitigated? N/A

Businesses

Type of impact: Potential benefit

Detail of impact: Our proposal seeks to strengthen connections between people, their carers, and their neighbourhoods, combining efforts, knowledge, and resources in new and innovative ways. 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? N/A

Geography

Type of impact: Potential benefit

Detail of impact: Our proposal seeks to strengthen connections between people, their carers, and their neighbourhoods 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? N/A

Type of impact: Potential disadvantage

Detail of impact: There may be a disproportion of equality across the city which may lead to neighbourhoods not being able to offer equality of support in their area.

How will this be addressed or mitigated? We will support people and local communities to understand the benefits of our new approach to assessing support options available, 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 in a way that works in their neighbourhood.

Community cohesion

Type of impact: Potential benefit

Detail of impact: Our proposal seeks to strengthen connections between people, their carers, and their neighbourhoods, combining efforts, knowledge, and resources in new and innovative ways. It will seek to build community capacity, support, and strengthen people's own networks and wider links and networks within their local communities.

How will this be addressed or mitigated? N/A

Community safety

Type of impact: Potential benefit

Detail of impact: Our proposal seeks to strengthen connections between people, their carers, and their neighbourhoods, combining efforts, knowledge, and resources in new and innovative ways. It will seek to build community capacity, support, and strengthen people's own networks and wider links and networks within their local communities.

How will this be addressed or mitigated? N/A

Type of impact: Potential disadvantage

Detail of impact: Change and a focus building upon and developing 'community-centred' approaches may be perceived as creating vulnerability to areas with problems of Antisocial Behaviour or crime which 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 and local communities to understand the benefits of our new approach to assessing support options available, 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 in a way that works in their neighbourhood.

Public Health

Type of impact: Potential benefit

Detail of impact: Our proposal will adopt an approach which seeks to strengthen connections between people, their carers, 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. In so doing we will address with our communities some of those wider determinants of ill health, such as loneliness, social isolation, with the aim for people to be less reliant on formal care.

How will this be addressed or mitigated? N/A

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 negate unnecessary travel and associated mileage and fuel by social care and partner employees.

How will this be addressed or mitigated? N/A