

SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

3 JULY 2017

REPORT OF THE DIRECTOR OF SOCIAL SERVICES, HEALTH AND HOUSING – N. JARMAN

SECTION A – MATTER FOR DECISION

FUTURE DIRECTION OPTIONS FOR PERSONAL SOCIAL SERVICES

Purpose of Report

To provide Members with advice on the options for managing and delivering personal social care services over the next five to six years.

This report is concerned with provision of personal and social care to adults (i.e. people 18 years plus).

Background and Context

Adult personal social care is provided to a number of groups of people, where an individual has an assessed need. These include:-

- Frail elderly people
- People with learning disabilities
- People with physical disabilities
- People with mental health needs

It is well known that demand for services is growing, while budgets for social care are at best static.

This is mainly due to:-

- An ageing population which is living longer
- Service users with physical and/or learning difficulties who now survive beyond birth

Since the financial year 2012/13 the Social Services Directorate has been required in response to overall reductions in public expenditure to save £28m. In addition across the same period, the Social Services Directorate has cumulatively achieved over £5m of underspends.

The above has been achieved through a combination of:-

- A major programme of transformation and modernisation which has reviewed every area of adult personal social care
- Development of disciplined, effective budget control at all levels. (Historically these budgets serially overspent year on year)
- Diversion and avoidance of cost by Early Intervention & Prevention (EiP) – for instance enabling many more elderly people to remain independent at home, rather than going into residential care
- Personalisation of social care through Direct Payments (DPs)
- Rigorous management of attendance at work and eradicating the causes of grievance, disciplinary and performance actions
- Rapid, effective decision making

It is most likely that the Social Services Directorate will be required to make further substantial savings over the next 3-4 years, as part of the Council's overall £24m plus FFP savings target.

The savings which have been made and which can continue to be made in Social Services can be described in four categories:-

1. One off, non-recurring savings achieved from the Transformation Programme. Day Opportunities would be one of many examples.
2. Maintenance savings. For example: continuing to manage attendance at work effectively; continued rapid, effective decision making.
3. Increased personalisation of social care via Direct Payments.
4. Ever greater, more imaginative efforts to divert or reduce demand via Early Intervention & Prevention.

It is important to note that, to date, there have been no real 'cuts' in Social Services; and no compulsory redundancies.

The Medium Term

Over the next 5-6 years further savings will be required. This will mean the need for examination of options to achieve savings, which:-

- (a) Are effective and enable the Council to continue to meet its legal care obligations responsively and sufficiently
- (b) Do not reduce the quality of care which is available
- (c) Meet people's needs for care in ways which lead to increased user satisfaction
- (d) Are politically acceptable to Members

Ways Forward

The Social Services & Wellbeing Act 2014 places a number of requirements upon Councils. In particular:-

- A strong emphasis upon enabling people to achieve the outcomes which they themselves want
- To prevent, reduce or delay the need for care and support through earlier intervention, provision of information and advice and a range of preventative services
- To promote Direct Payments actively through alternative, community and social enterprise routes
- To actively offer Direct Payments in all situations where these are an appropriate way of meeting assessed need, enabling service users to take control over how, when and by whom they choose services to meet their own needs and outcomes.

In all of those respects this Council to date is well ahead on all of these elements of the Act. For instance, offering Direct Payments has been Council policy for almost three years – adopted before the Act came into force.

Because the large, one off savings in Adults Social Care have already been taken, it follows that further savings can only be achieved in one of two ways:-

- (a) By continuing to develop EiP and Direct Payments. This will lead to gradual, continuing, organic savings being made
- (b) By cutting the volume of services provided and reducing headcount

Option Appraisal

The attractions of (a) are clear because:-

- It will lead to greater user satisfaction without reducing the volume of service available
- Prevention is better and much less expensive than cure
- Citizens expect choice in all walks of life – social care is no exception
- Savings can be achieved gradually through a planned approach
- The Act requires us to do all these things

To some extent Direct Payments are still bedevilled by myths and misunderstanding – some of them deliberate.

Direct Payments are not a threat to jobs. On the contrary, not only do Direct Payments create employment (for Personal Assistants), they create and locate those jobs in local communities.

Direct Payments create a direct relationship between the service user and service provider. In the case of Personal Assistants they are paid in full and no element of the payment is 'creamed off' by a company.

In most instances PAs live close by their service users, so for example when it snows, it is much more likely that the locally-based PA will get to their service user.

There are some perceived snags about Direct Payments. Potential DP recipients are often fearful that if they take on a PA, they will have to exercise all the employer functions (e.g. pay, holiday, pension etc.). We like most councils offer a bureau service, which relieves DP recipients completely of all these responsibilities by undertaking all of these functions for them.

That said, in terms of Direct Payments, we have more work to do "to make it easy" for service users to opt for, and our staff to promote, Direct Payments.

In terms of (b) there are few attractions. Because:-

- Whilst it will deliver savings to whatever level required, it will mean real cuts (reductions) to the volume of services and loss of jobs
- The Council could expect an exponential rise in the number of complaints and staff time taken to deal with them
- Job losses are economically damaging to communities, the local economy and employee relations
- This is precipitate, as opposed to gradual planned strategy to make savings

Financial Impact

The Council's budget gap over the next 2 years is £24m, Social Services will be required to make a substantial contribution to this total. Detailed savings proposals will be presented to Members once there is a clear direction of travel.

Equality Impact Assessment

An Equality Impact Assessment has been undertaken to assist the Council in discharging its Public Sector Equality Duty under the Equality Act 2010. An overview of the Assessment has been included in this report in summary form only and it is essential that Members read the Equality Impact Assessment, which is attached to the report at Appendix 2, for the purposes of the meeting.

Workforce Impacts

It is not envisaged that there will be any workforce impacts on posts in the Council due to this proposal. The effects of increased Direct Payments packages are likely to be mostly felt by third party suppliers, from whom the main diversion will come.

Legal Impacts

Basic Duties

Social Services functions and duties of Local Authorities are set out in the Social Services and Well-being (Wales) Act 2014, apart from child protection matters which continue to be governed by the Children Act 1989. Regulations, Statutory Guidance, and Codes of Practice have also been issued under the 2014 Act.

Duties, in identical or broadly similar terms are owed to adults, children and carers. For the purpose of this summary reference is made to the provisions affecting adults where different sections of the Act are specific to one of these three groups.

Under S.19, where it appears to a local authority that an adult person may have needs for care and support, it must assess whether that adult does have needs for care and support and, if so, what those needs are.

Under S.32, it must consider whether any of the assessed needs meet the eligibility criteria (which are set by regulations, statutory guidance and codes of practice.)

Under S.34, it must prepare a care and support plan showing how those eligible needs are to be met.

S.35 places the legal duty to meet assessed eligible needs is laid upon local authorities. This does not mean that the local authority has to itself provide **all** of the care and support needed; it may be appropriate to refer a person to social enterprises, charities etc. in the area for some of it.

Direct Payments

A significant theme throughout the Act is that people in need of care and support should be fully involved in setting the personal outcomes to be achieved, and be able to exercise as much choice as possible between the various ways in which these might be achieved. As part of this, Local Authorities are empowered by S.50 to make direct payments with which a person buys the services/support they need and, as long as the money is used appropriately and effectively, control rests with the individual.

Under the Care and Support (Direct Payments)(Wales) Regulations 2015, that power is extended to a duty if:-

- (a) the Local Authority is satisfied that direct payments are an appropriate way of meeting need, and;
- (b) the person wishes to have payments rather than the provision or commissioning of a service by the local authority.

If direct payments are made, the Local Authority duty to meet needs under S.35 above is suspended (Reg.3)

Under Reg.4 Local Authorities must provide specified information to enable the person to make an informed choice. This includes not only information about direct payments, but also what the local authority will do to meet the person's needs if they choose not to have direct payments.

A Code of Practice, Part 4 Meeting Needs, issued under the Act deals with direct payments. Despite its title as a code, it contains mandatory provisions, including the following [all emphasis is original]:-

128. ...direct payments are an integral part of meeting people's needs through care and support planning and **must** not be seen as a separate secondary consideration.

131. ...where an individual expresses a wish to receive one, direct payments **must** be made available in all cases where they enable personal outcomes to be achieved. A local authority **must** be innovative and creative when working in partnership with individuals or their representatives to explore ways a direct payment can be used to secure the personal outcomes. Direct payments **must** only be refused where it is clear after extensive exploration that a direct payment would not secure the outcomes required.

134. In developing care and support plans which are delivered via a direct payment, a local authority **must** be satisfied that the person's requirements and their personal outcomes can and will be met through this provision.

178. Direct payment recipients may at any time voluntarily decide to terminate their direct payments. If the recipient has care and support needs which would otherwise be met by the authority it **must** make alternative arrangements for their delivery.

In summary:-

- Direct payments must be considered at the outset as part of care planning.
- They must be offered, together with enough information to enable an informed decision by the person with needs, if we assess that they can meet a person's needs.
- Part of deciding that direct payments could be appropriate includes the local availability of services/support for the person to purchase
- A plan to meet the needs if direct payments are declined must be drawn up in any event.
- People with assessed needs are free to decline direct payments, or to withdraw agreement at any time. This puts the obligation to provide care and support squarely back onto the local authority

Summary and Conclusions

- Since 2012/13 the Social Services Directorate has been required to make and has achieved savings of £28m together with £5m plus of underspends
- Savings to date have been achieved through a combination of greater efficiency and discipline, innovation and service transformation
- There have been no compulsory redundancies and in reality, no cuts to services
- The Council needs to save an additional £24m and Social Services will inevitably be required to make a substantial contribution to this total – possibly as much as £9.6m over 3-4 years
- The one off, non-recurring savings opportunities have already been taken. Future savings will therefore need to be achieved either:-
 - (i) Organically and gradually by maintenance, development of personalisation of care (including the use of DPs) and Early Intervention & Prevention; or
 - (ii) By reducing the volume of care available and reducing headcount.
- In order to plan savings in, it is essential that there is very early crystal clarity about the direction of travel. This will enable officers to propose and implement solutions, dependent upon and in line with the decisions about direction of travel made by Members
- It is essential also that finding solutions to the challenges which lie ahead is not bedevilled by constant rancour and lack of clarity about the explicit direction of travel set by the Council for Social Services

Recommendations

Having given due regard to the Equality Impact Assessment:

It is recommended that that the Director of Social Services Health and Housing is given delegated authority in consultation with the Leader, Deputy Leader and Chief Executive to make any further changes in the direction of travel for NPT Social Services, which incorporate the following:-

- (a) Maintains the gains in management and financial discipline over the past four years
- (b) Continues to develop innovative, active Early Intervention & Prevention in order to divert, reduce and minimise demand for more expensive intensive services
- (c) Continues actively to develop personalisation of social care, so that service users have much greater control and choice over how, by whom and when they receive services to meet their needs and chosen outcomes

- (d) Fulfills the Council's legal duty to offer all service users at the outset a Direct Payment to meet their assessed need for care and support where satisfied that it is an appropriate way of meeting those needs

Reasons for Recommendation

1. In order to meet the significant delivery and financial challenges which lie ahead for social care, it is essential that there is a clear direction of travel, which is clearly understood by all social care stakeholders.
2. This will enable officers to plan in a gradual, organic strategy for achieving the required savings; as opposed to precipitate approaches which have undesirable consequences for volumes of service and jobs.

Implementation of Decision

The decision is proposed for after the three day call in period.

Appendices

Appendix 1 – Paid Placements Adult Social Care
Appendix 2 - Equality Impact Assessment

Officer Contact

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Appendix 1

Paid Placements Adult Social Care

		2016/17			
		No. Service Users	FYE Cost	Average Cost	
Older Persons	Residential Care	608	13,078,053	21,510	4.27%
	Domiciliary Care - In House	169	4,450,473	26,334	
	Domiciliary Care - External	636	7,064,422	11,108	
	Direct Payments	63	507,507	8,056	
	Total	1476	25,100,455	17,006	
Younger Physically Disabled	Residential Care	18	615,382	34,188	83.33%
	Domiciliary Care	3	109,604	36,535	
	Direct Payment	105	1,059,839	10,094	
	Total	126	1784825	14,165	
Learning Disability	Residential Care	44	2,617,621	59,491	32.65%
	Supported Living	132	4,864,717	36,854	
	Adult Family Placement	20	403,160	20,158	
	Respite	3	29,713	9,904	
	Day Care	37	763,818	20,644	
	Domiciliary Care	28	670,977	23,963	
	Direct Payment	128	1,630,181	12,736	
Total	392	10,980,187	28,011		
Mental Health	Residential Care	37	1,292,997	34,946	24.24%
	Supported Living	4	61,762	15,440	
	Day Care	4	22,450	5,612	
	Domiciliary Care	5	30,525	6,105	
	Direct Payment	16	85,823	5,364	
Total	66	1,493,556	22,630		
	Total Paid Placements	2060	39,359,024	19,106	

Equality Impact Assessment (EIA) Report Form

This form should be completed for each Equality Impact Assessment on a new or existing function, a reduction or closure of service, any policy, procedure, strategy, plan or project which has been screened and found relevant to Equality and Diversity.

Please refer to the 'Equality Impact Assessment Guidance' while completing this form. If you would like further guidance please contact the Corporate Strategy Team or your directorate Heads of Service Equality Champion.

Where do you work?
Service Area: Adult Social Care
Directorate: Social Services Health and Housing

(a) This EIA is being completed for a...

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(b) Please name and describe below...

To assess a proposed way forward for personal social care in order to achieve further budget savings over the next 5-6 years.

The ongoing challenge of reducing financial budgets, along with a potential increase in demand for services over the coming years, intensifies the pressure on the Social Services department on continuing to provide a sustainable service for service users.

Two options have been identified which will assist in achieving savings but are likely to have significant impacts on current and potential service users:

- (a) to continue to develop the Early Intervention and Prevention programmes and to promote more fully the take up of Direct Payments.
- (b) to reduce the number of services provided.

(c) It was initially screened for relevance to Equality and Diversity on 8th May 2017

(d) It was found to be relevant to

Age	<input checked="" type="checkbox"/>	Race	<input checked="" type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	Religion or belief	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	Sex	<input checked="" type="checkbox"/>
Marriage & civil partnership	<input checked="" type="checkbox"/>	Sexual orientation	<input checked="" type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	Welsh language	<input checked="" type="checkbox"/>

(e) Name: Nick Jarman

Job title: Director of Social Services Health and Housing

Date: 20th June 2017

Section 1 – Aims (See guidance):

What are the aims?

The aim of the proposal is to determine the 'way forward' in relation to personal social care service provision in order to secure ongoing savings within the Adult Social Care section.

As part of the proposal, options have been identified to realise savings (required as part of the Council's £24m budget savings identified in the Forward Financial Plan) over coming years, while being mindful of the requirements of the Social Services & Wellbeing Act 2014, in particular:

- A strong emphasis upon enabling people to achieve the outcomes which they themselves want
- To prevent, reduce or delay the need for care and support through earlier intervention, provision of information and advice and a range of preventative services
- To promote Direct Payments actively through alternative, community and social enterprise routes
- To actively offer Direct Payments in all situations where these are an appropriate way of meeting assessed need, enabling service users to take control over how, when and by whom they choose services to meet their own needs and outcomes.

Who has responsibility? Director of Social Services

Who are the stakeholders?

Service Users

Potential Services Users

Families of Service and potential services users

Social care staff

Communities within Neath Port Talbot and neighbouring areas

Section 2 - Information

(a) Service Users

Please tick what information you know about your service users and provide details / evidence of how this information is collected.

Age

Disability

Gender reassignment

Marriage & civil partnership

Pregnancy and maternity

Race

Religion or belief

Sex

Sexual orientation

Welsh language

What information do you know about your service users and how is this information collected?

Information detailing protected characteristics is gathered by social workers as part of the development of the individual care plans. This information is reviewed and updated as part of the ongoing care management delivered by the Council. Currently there are 3,272 people accessing adult social care services of which:

Disability:	Marital Status:
29 Dementia	1 Civil Partnership
295 Elderly	724 Married
340 Learning Disability	537 Single
76 Mental Health	1384 Widowed
1170 Physical Disability	163 Divorced
1362 Data not recorded	39 Separated
	27 Partner
	397 Data not recorded
Gender:	Ethnicity:
1,010 no Male	2 Black Caribbean
2,262 no Female	2 Chinese
	1 Gypsy / Roma
Age ranges:	9 Other
18-64 no 711	889 Welsh
65-74 no 394	1767 Welsh British
75-84 no 940	10 White Irish
85- no 1,227	10 White Other
	1 White Scottish
First Language:	2 Asian
2,822 English	4 Black Other
76 Welsh	4 Indian
8 Other	1 Pakistani
3 BSL	570 Data not recorded
363 Data not recorded	

Between 1st January 2017 and 31st March 2017 there have been 1564 new referrals which are included in the figures illustrated above.

Disability:	Marital Status:
10 Dementia	1 Civil Partnership
45 Elderly	470 Married
18 Learning Disability	121 Single
5 Mental Health	411 Widowed
278 Physical Disability	84 Divorced
1209 Data not recorded	14 Separated
	20 Partner
	443 Data not recorded
Gender:	Ethnicity:
656 Male	1 Bangladeshi
908 Female	1 Black British
	2 Black Caribbean
Age ranges:	1 Chinese
Under 18 no 525	
18-64 no 253	

65-74 no 443	1 Gypsy/Roma
75-84 no 315	3 Other
85- no 28	407 Welsh
First Language:	611 White British
No data recorded	3 White Irish
	2 White Other
	2 White/Black
	2 Caribbean
	3 White Scottish
	527 No data recorded

The data above illustrates that we presently have more widowed female receiving a service from the authority

Any Actions Required?

Monitoring practices will be established to ensure all relevant data is collected at initial referral of and at any review of existing service users to ensure as full a picture as possible is gained for service users for future service provision.

(b) General

Information regarding those potentially impacted have been gathered from the following sources:

1. Public Health Wales- GP Cluster profiles for the AMBU health board area
2. Projected Population profiling from Daffodil for Social Care
3. Census of unpaid carers
4. Oracle reports on current service users
5. 2011 Census information

The latest population projections available are the 2011- based local authority population projections for Wales, which take into account the results of the 2011 Census and forecast the projected population from 2011 to 2036.

Age Group	2015	2016	2017	2018	2019	2020	2025	2030	2035
18-64	84,310	84,120	83,750	83,390	83,120	82,790	80,820	78,820	78,010
65-74	15,720	16,020	16,330	16,500	16,540	16,580	16,630	17,660	17,720
75-84	8,850	8,890	9,040	9,320	9,620	9,820	11,610	12,420	12,730
85 and over	3,720	3,790	3,830	3,860	3,920	4,030	4,690	5,710	7,230
Total 18+	112,600	112,820	112,950	113,070	113,200	113,220	113,750	114,610	115,690

Source Census data 2011

Population aged 18 and over predicted to have a limiting long-term illness, by age and gender, projected to 2035

Projections of population of Neath Port Talbot expected to have a limiting long term illness from 2015 to 2035

Age Group	2015	2016	2017	2018	2019	2020	2025	2030	2035
18-24	330	326	321	312	304	296	279	299	320
25-34	705	705	704	705	706	701	664	607	596
35-44	1,466	1,454	1,457	1,464	1,475	1,493	1,561	1,552	1,475
45-54	2,598	2,592	2,557	2,514	2,445	2,390	2,229	2,274	2,379

55-64	3,783	3,807	3,825	3,859	3,926	3,986	3,978	3,676	3,440
65-74	4,325	4,409	4,494	4,541	4,552	4,563	4,576	4,863	4,879
75 and over	5,651	5,695	5,780	5,911	6,079	6,215	7,308	8,131	8,947
Total 18+	18,858	18,989	19,138	19,305	19,489	19,644	20,596	21,401	22,036

Source www.daffodilcymru.org.uk version 6.0

Projection based on prevalence rates as below

Age range	Males %	Females %
16-24	3	3
25-34	4	4
35-44	8	9
45-54	13	13
55-64	20	21
65-74	27	28
75 and over	42	47
16 and over	15	17

Source www.daffodilcymru.org.uk version 6.0

The data illustrates an increase of the population projections provide estimates of the size of the future population, and are based on assumptions about births, deaths and migration. The assumptions are based on past trends. Projections only indicate what may happen should the recent trends continue.

Any Actions Required?

Ongoing analysis of data to determine future service provision

Section 3 – Impact











(a) Impact on Protected Characteristics

There are two potential options which are likely to have different impacts on people with protected characteristics;

To continue to develop the Early Intervention and Prevention programmes and to promote more fully the take up of Direct Payments.

	Positive	Negative	Neutral	Needs further investigation
Age	➔ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	➔ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	➔ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	➔ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	➔ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	➔ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	➔ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex	➔ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	➔ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Welsh language	➔ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To reduce the number of services provided

	Positive	Negative	Neutral	Needs further investigation
Age	 <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	 <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex	 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Welsh language	 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Thinking about your answers above, please explain (in detail) why this is the case. Include details of any consultation (and/or other information) which has been undertaken to support your view.

Adult Social Care is provided to help vulnerable people develop or maintain the skills and confidence necessary to live as independently as possible. People accessing these services do so primarily on the grounds of age and disability, while other considerations of sex, Welsh language, religion, etc. also being part of the assessment process.

To continue to develop the Early Intervention and Prevention programme and to promote more fully the take up of Direct Payments

Service Users/Potential service users: this would have a positive impact on service users as more a tailored approach could be identified and implemented thereby providing relevant and appropriate support. This would provide for the service users' needs based on their presenting requirements as well as providing a holistic package taking into account cultural, language and other needs and requirements of the individual.

It is accepted that preventative services where appropriate are more effective and have a significant impact on people's wellbeing.

Direct Payments supports the principles of the Social Services and Well-being (Wales) Act 2014 by offering more choice and control to those that require support to remain independent to achieve their personal outcomes.

As direct payments can be used in any way to meet the assessed need of the individual, to purchase equipment, to employ a personal assistant, etc., this offers greater choice and control over the assistance they receive to remain independent. In turn this independence can boost people's general wellbeing.

However, where the individual is not confident or able to administer the direct payment this could have a negative impact, through worry, anxiety, etc., over the application or the administration of the payment. This could then impact on the individual's condition.

While the Council does provide a 'bureau service' which would relieve direct payment recipients of the employer function should they wish to employ a personal assistant it is possible that this would not completely negate the individual's anxiety in some circumstances.

Additionally, as it would appear personal assistants are, in most instances, locally based this can provide greater assurance for service users as contact could be maintained in even the most extreme conditions

Families of service/potential service users: again this would appear to have a positive impact, where any anxiety could be allayed by the implementation of the programme. The comfort of knowing that the individual's needs and requirements can be met or anticipated by the programme.

With the elements of control and choice in relation to services via direct payments this again can be positive for families. However, the concerns highlighted above would also be relevant for families.

Staff: The impact on staff within the social care service is likely to be mixed. Potentially there is a positive impact in relation to training for care management staff which will be

provided to ensure there is a good understanding of EiP and Direct Payments to ensure that appropriate advice and support will be given to service users and their families.

Conversely there is likely to be a negative impact on staff within our own or commissioned services due to the promotion of Direct Payments and the resulting increased number of personal assistants. As the makeup of the service is predominantly female there would be a disproportionate negative impact on this group. While alternative employment would be sought within the service/council this could entail re training, a possible reduction in pay as well as possible relocation.

Communities: Investing in the further development of EiP and Direct Payment not only has a positive impact on those in receipt of these services, but also on the wider community; the potential further involvement of external organisations and increase in numbers of personal assistants could provide more employment opportunities.

The potential savings as a result of the early intervention and prevention programme and direct payment would also allow for the service to remain sustainable and ensure the ensures equitability of access for all people with identified needs for statutory support

To reduce the number of services provided

This option is likely to impact negatively on all people accessing adult social services.

Service Users/Potential Service Users: the impact on current and potential service users would be negative as services would not be available for those who need/require them. As a result service users could be put at risk and therefore additional pressures placed on other sections of the council as well as external organisations.

A reduction in services could potentially result in risks to people levels of independence and ability to achieve their individual outcomes. This could also result in an escalation of need and make it more difficult to address local population wellbeing and health equalities.

Service users might find it difficult to adapt to change and may find change worrying and unsettling

The negative impact on service users' wellbeing, independence, and safety could in turn impact negatively on their own health, causing greater anxiety for the individual, and their families, and potentially result in more expensive intensive services.

Families of service/potential service users: it is inevitable that any reduction in the number of services would increase the anxiety as to how needs could be met. Families would be required to seek out any relevant alternative support services with limited, if any, assistance from adult social care services.

Staff: job losses would be inevitable and as the makeup of the service is predominantly female there would be a disproportionate negative impact on this group. While alternative employment would be sought within the service/council this could entail retraining, a possible reduction in pay as well as possible relocation.

It is anticipated that there will be an increase in complaints, due to lack of/wait for a service which will result in additional pressure on current complaints staff and increased delay in response times.

Communities: the impact on local communities is likely to be negative with increased unemployment due to job losses as well as decreased job opportunities.

Actions:

Early Intervention and Prevention/Direct Payments: If this is the preferred option, further work will be required to assess and identify services which are relevant and appropriate for service users to access and which they can do so easily. Additionally, further assessment of the impact on staff will be required and mitigating actions identified.

Reduction in number of services: If this is the preferred option, further work will be required to identify further, potentially negative, impacts of any proposals as these are developed. This will include the development of a risk register and mitigation plans as part of the development process.

Officers will monitor the implementation of changes to take forward this option as it is progressed. A live risk register will be implemented to ensure that mitigation plans are effective and responsive.

(b) Impact on the Welsh Language

What is the likely impact of the policy on:

- **Opportunities for people to use Welsh**
- **The equal treatment of the Welsh and English languages**

It is acknowledged that particularly for people with dementia as well as elderly people generally conversing in a language that is familiar is not only comforting but essential. It is recognised that people with dementia who speak Welsh as a first language lose the ability to speak and understand English as the condition progresses (from a report by The Union of Welsh Independent Churches). The EIP programme would take this into account and would ensure that opportunities to use Welsh were available.

Where material is produced it will be available in both English and Welsh. Although language preference of service users will be obtained to ensure a tailored service is provided

As part of the recruitment of Personal Assistants the Council will endeavour to recruit individuals who can speak Welsh. Where we are not able to provide a workforce with linguistic ability under the Welsh Language Standards that have been applied to the Council we are bound to engage translation services and consequently costs would increase. In addition and arguably more importantly translation does not sit comfortably with the notion of providing care with dignity.

Should services be cut/ jobs lost this will reduce opportunities for service users to use Welsh

Could the policy be developed to improve positive impacts or lessen negative impacts? Please give details

Data in relation to service users' needs to be collected at the initial assessment and updated during review assessments, to ensure a tailored service is provided to meet their needs. If the service user is a Welsh speaker this will be a key factor in the identification of a care package and any intervention and prevention services that are identified. This will also be key in relation to direct payment options.

Actions (to increase positive/mitigate adverse impact).

Data to be collected on language preference and language requirements of service users in order to provide suitable and appropriate care packages and intervention/prevention services, particularly for those who are elderly or have dementia.

To analyse the current make up service users and personal assistants to ensure language requirements can be met now and in the future.

Section 4 - Other Impacts:**(a) Equalities**

Public Sector Equality Duty (PSED)

- to eliminate discrimination, harassment and victimisation;
- to advance equality of opportunity between different groups; and
- to foster good relations between different groups

Please explain any possible impact on meeting the Public Sector Equality Duty

The Council's ethos to eliminate discrimination, harassment and victimisation as well as to advance equality of opportunity between different groups permeates its plans and policies.

Over recent years the Council has looked to develop policies which transform adult social care services from traditional care to preventative and enabling services, which support people to retain and regain independence.

During the development of the Council's Connecting People and Communities policy for the whole of adult social care in 2013, people with care and support needs made it clear that placement in a care home was their least preferred care option. As a result the Council remains committed to supporting people by maximising and maintaining their independence.

The social services function supports Public Sector Equality Duties by enabling individuals to achieve their individual outcomes and regain or retain maximum levels of independence.

For example:

- Supporting people with an identified social care need to live, work and socialise within their local community helps to eliminate discrimination, harassment and victimisation
- Prevention services helps in providing equality of opportunity between different groups.
- Embedding asset based approaches results in supporting people to become active members of their local community helps to foster good relations between different groups

However, any proposed reduction of services in adult social care would fundamentally contradict the Council's position to eliminate discrimination, harassment and victimisation as well as to advance equality of opportunity between different groups. Such a move would also be contrary to the principles of the Social Services and Well-being (Wales) Act 2014.

What work have you already done to improve the above?

The principles of the Public Sector Equality Duty and the Social Services and Well-being Act (2014) are embedded within current practice and policy. Key principles within current practice, such as personalisation and outcome focused planning helps the council in meeting its Public Sector Duties.

Actions (to mitigate adverse impact or to address identified gaps in knowledge).

No action required at this present time

(b) Reduce Social Exclusion and Poverty

Please explain any possible impact.

Direct Payments create employment (for Personal Assistants), they create and locate those jobs in local communities. In most instances Personal Assistants live close by their service users, so for example when it snows, it is much more likely that the locally-based Personal Assistant will get to their service user, creating a direct relationship between the service user and service provider.

Intervention and prevention service could lead to greater social inclusion, and in turn improvements to wellbeing of service users and their families, by providing opportunities to engage with groups, individuals and other organisations.

Conversely a reduction in services could lead to services users experiencing a lack of confidence and isolation. Families needing to undertake increased caring and support activities thereby reducing their own, possibly already limited, opportunities for social inclusion.

Potential job losses could produce similar impacts amongst staff with the possibility of increasing instances of poverty and social exclusion.

Actions (to mitigate adverse impact or to address identified gaps in knowledge).

No Action required at this present time

(c) Community Cohesion

Is the initiative likely to have an impact on Community Cohesion?

It is unlikely that there will be a significant impact on Community Cohesion generally; however, it is anticipated that there could be positive impacts for individual communities and individuals through community connection with locally based personal assistants.

In this way people with disabilities and/or age related need will continue to be supported in regaining/maintaining optimum levels of independence. This will result in more people being able to continue living within their local communities.

However, there is also the possibility of increased tension within the communities as a result of any reduction in services, i.e. the loss of employment and the resulting increase in economic pressures within the communities.

Actions (to mitigate adverse impact or to address identified gaps in knowledge).

The development of EiP and the ongoing development in personalisation of social care via a direct payment will be supported with a marketing campaign promoting the benefits of the service.

Following further consideration of the proposal to reduce services mitigating actions will be identified to alleviate or remove negative impacts wherever possible. All such actions included in any future reports on the proposal

Section 5 Consultation

Consultation to inform the Council's budget setting process for 2017-2018 was undertaken during the autumn 2016. Budget savings proposals affecting a range of service areas were identified and included the following in relation to social services:

- Placement Budgets
- Community Resource Team
- Respite and Day care
- Homecare
- Complex Needs Services

Documentation was made available via the website and hard copies placed at various locations throughout the county borough during October 2016 to December 2016 for the public to respond.

As part of this consultation exercise a Partnership Event was held in October 2016 to which stakeholders, including representatives from local equality groups, were invited.

A number of internal engagement and consultation exercises were also held during the same period, including, engagement sessions with the Chief Executive, a 'post a question' facility on the intranet, as well as facilities for those without intranet access to 'post a question' via traditional methods in 8 council buildings

Further consultation will be undertaken as required once a decision on the direction of travel has been taken.

Section 6 – Post Consultation

A public consultation was undertaken during the autumn 2016 to inform the council's budget setting process for 2017-2018. A total of 632 responses were received during the public consultation period.

Respondents were asked to specify the services the Council should protect, reduce or stop altogether; social services was among the top five areas which should be protected.

A formal response received from the Neath Port Talbot Older Person's Council (OPC), raised the following:

- Protect – all services which protect or promote the health and wellbeing of all residents living in Neath Port Talbot
- Reduce – felt that services are already running on reduced capacity, so no service could be reduced further without detriment to the health and wellbeing of residents

Partnership Event: Adult social services was one of the themes discussed by stakeholders at the event, with more Early Intervention and Prevention (EIP) to try to reduce the need for expensive high end services; extend Local Area Coordination; Co-production – involving people in their care, consulting people as part of the change process, being some of the key points made.

The need for Early Intervention and Prevention was also raised during the discussion on Children and Young People Services, which while not strictly within the boundaries of this EIA/proposal is relevant when considering transition services.

As a result of the consultation, a number of suggestions identified by respondents have been explored and actioned, this proposal being one.

Section 7 - Monitoring arrangements:

Please explain the arrangements in place (or those which will be put in place) to monitor the impact of this function, service, policy, procedure, strategy, plan or project:

Monitoring arrangements:

- Complaints process – review intelligence from complaints received
- Social work reviews – ensure identified outcomes met and identify any potential negative impact of proposal
- Risk registers as part of the development of delivery plans to take forward any changes to mitigate/minimise any potential negative impacts
- Contract monitoring reports – to ensure services are delivered in line with Equality Act

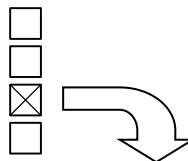
Actions:

The above monitoring arrangements to be put in place, other monitoring arrangement would be developed following decision on a way forward.

Section 8 – Outcomes:

Having completed sections 1-5, please indicate which of the outcomes listed below applies to your initiative (refer to guidance for further information on this section).

- Outcome 1: Continue the initiative...
Outcome 2: Adjust the initiative...
Outcome 3: Justify the initiative...
Outcome 4: Stop and remove the initiative...



The aim of the proposal is to seek a way forward for personal social care in order to achieve further budget savings over the coming years. The financial challenges facing the Council provide limited scope for this to be achieved at previous service delivery levels. Therefore alternative delivery proposals need to be considered.

The option to develop the **Early Intervention and Prevention** programmes, as suggested during the budget setting consultation in autumn 2016, has been considered and, along with the ongoing promotion of Direct Payments, it is regarded as a practical solution.

While acknowledging this option attracts some negative impacts (primarily amongst staff) there are greater positive impacts; potentially leading to improved health and wellbeing of current and potential service users, their families, staff and local communities as well as potential financial savings for the council.

By **reducing numbers of services** the impact on current and potential service users would be negative as services would not be available for those who need/require them. As a result service users could be put at risk and therefore additional pressures placed on other sections of the council as well as external organisations; it would likely see the loss of jobs which are economically damaging to communities, the local economy and employee relations.

Action Plan:

Objective What are we going to do and why?	Who will be responsible for seeing it is done?	When will it be done by?	Outcome How will we know we have achieved our objective?	Progress
Officers will consider current data held and update information on service users as appropriate	Andrew Jarrett and Team Managers	January 2018	Complete breakdown of data characteristics	
Establish monitoring practices in order to collect relevant data at initial referral	Andrew Jarrett and Team Managers	January 2018 and ongoing	Risk register to progress	
Ongoing data analysis of data to determine future service provision	Ian Oliver	Ongoing	Develop clear Market Position Statements for each service area to help shape the local market based on our priorities and give a clear direction of travel	
Early Intervention and Prevention programme : assess and identify services which are relevant and appropriate for service users to access and which they can do so easily	Nick Jarman / Ian Oliver To be assigned following direction of travel being agreed by Cabinet	TBC	A live risk register will be implemented to ensure that mitigation plans are effective and responsive	
Identify mitigating actions to alleviate potential job losses	Ian Oliver To be assigned following direction of travel being agreed by Cabinet	TBC	Mitigate actions are identified	
Identify further impacts and mitigation plans in relation to reducing services	Officer to be assigned following direction of travel being agreed by Cabinet	July 2017 and ongoing	Officers will monitor the implementation of changes. A live risk register will be	

options where appropriate, including the development of a risk register and mitigation plans as part of the development process			implemented to ensure that mitigation plans are effective and responsive	
Data to be collected on language preference and language requirements of service users in order to provide suitable and appropriate care packages and intervention/prevention services appropriate for service users, particularly for those who are elderly or have dementia.	Nick Jarman / Andrew Jarrett / Ian Oliver	February 2018	By analyse the current make up service users and personal assistance to ensure language requirements can be met and in the future	
Appropriate monitoring arrangements to be put in place following decision.	Rob Hopkins	TBC		
Further consultation to be undertaken as required once a decision on the direction of travel has been taken	Ian Oliver	TBC		