

Adult Social Care – Budget Proposals (2015-16)

Questions from CVS feedback session 2nd December 2014

EIA 1

1. Proposal is not clear so difficult to work out the impacts. That said EIA 1 is better than the rest in terms of understanding.
2. Feel needs some quantification of numbers of people affected. The numbers are important as people with learning disabilities have often complex needs and there will be specialist requirements as move from residential to community based.
3. Please can you be clear in terms of statements that this change in terms of savings is not 'perceived' rather actual. To say that this is not a cut in service is being dishonest. How does the approach of LA show evidence of better care in relation to other authorities?
4. How does this proposal fit with the Care Act? This shows a reduction in service provision rather than an increased support approach. If people are moving into the city what are the impacts on local day services, personalisation, carer support which are all being shown as community services? Given that there does not seem to be a market development approach highlighted will there be a cumulative impact for these services.
5. Seems that the EIA does not feature any risks/impacts for families i.e. increase in stress/impact of pressure on families as a result of changes. What will happen in relation to families who may lose employment as they have increased responsibilities? Might there be issues such as DV to be factored in?
6. Under Section 6, bullet point 4 - The number of care assessments will increase. Has this been taken into account since LA already struggles to keep up with assessments? Is this not a risk that needs to be mitigated against? How will joint assessment be undertaken to ensure spate assessment for all parties?
7. Feel that some response within EIA should refer to the role of advocacy. There will be an increased need for this as residency outside of area may not require this but if community based will require increased services.
8. Need to look at the multiple disabilities within learning disabilities so that the EIA highlights the pan-disability issues. What will be the impact for those with autism?
9. What are the impacts on housing stock and levels of support requested? There needs to be an EIA analysis across Housing Support and Specialist services required for this user group?

EIA 2

1. Within the area of personalisation we need people to understand the choices on offer. However with LD the payment and process is not always based on informed choice for the person as market development is not extensive enough and there isn't the support available to help people in the choice making. The EIA needs to show what the implications /risks are and the impact on different groups in making choice
2. How within this proposal are you going to increase the choices for service users? Needs an explanation please. Obviously choice is only there if activities are accessible and in reach of the users
3. The EIA requires some further work on accessibility for service users that want to purchase services given their situation.
4. Section 5. Again there is statement about this being seen as a 'perceived' cut in service, it is - but also as this provision will take people away from other people with LD there may be an adverse effect of isolation, and reduction in support 24-7. Therefore what is the impact of fragmentation on the different protected characteristics? Significant risks that need to be mitigated against are loneliness/possible neglect (and bad day time TV - addiction to TV programmes such as Jeremy Kyle ☹). Can the risk of isolation be highlighted and how to mitigate against such situation?
5. Section 4 - What is the EIA impact re: the review of high cost placements and 3rd party spend? If this is included with the main Home Care contract review, what is the impact as the view of this group is that this contract is already cut to the bone? Does this contradict these developments?
6. Need an analysis of the impacts for the different types of Learning Disabilities. The EIA does not seem to identify the cross cutting issues of mental health, etc.
7. What is the mechanism for support planning for the LD person and/or carer?
8. What is the impact for carer support re assessment process and post assessment? This does not seem to be taken into account in process.
9. The cumulative impact is not at all addressed. There are going to be impacts on health and wellbeing. Also an increased knock-on to VCS organisations/community services also more local use of health services. Where does this proposal sit with the Health and Wellbeing strand of the Carers' Act?
10. Section 6 Key actions to reduce negative impacts: "Effective and focused" statement is totally correct but as the service is 'paternalistic' and provides 'sheltered' support, service users will be getting less support in the new system, so how will you mitigate against this?

11. There was a request within the context of this work for an honest dialogue with ASC before any and process of procurement to look at the impacts and how by working together the VCS and statutory sector might find some solutions. It may take a new approach?
12. Assessments: How will the assessment change and what is process? Is there an impact on the user/on the social worker undertaking the assessment? What impact is there for the case management of the service user post assessment? How will the proposal mitigate for increased requests? What risks are there for support brokers in this proposal? How best to ensure the process is fair across protected characteristics?

EIA 3

1. Consider impact on individuals given the situation of moving from nursing to community including health and wellbeing, including potentially very serious adverse effects on people.
2. 90% of homecare is provided by private companies.
3. Look at the risks of continuity of care re dementia/other areas. It is wrongly assumed that people with dementia don't need continuity of care. How mitigate against the use of multiple carers for these people given the intensity of care needed?
4. More community care means more carers – where are they coming from? How will they live in the city with high housing costs when they are paid minimum wage? What is the risk in not finding appropriate carers? How will you mitigate against this?
5. What is the risk re the costs of carers? Is there a way to guard against zero hours contracts/below minimum wage/living wage? A concern was highlighted that carers are subsidising this work with sex work? What risks are there for this area? A large number of sex workers are also carers.
6. What is the impact for live-in carers? This has financial costs and housing implications?
7. Does there need to be some work on the working night's framework within these contracts? Are they legal? Will there be more risks with this proposal?
8. Consider the impact on carers. More resources into quality care assessment – will support be available for carer's i.e. housing, financial advice. Joint assessment with carer and cared for – should be assessed individually to be meaningful. Are more funds to be put into quality care assessment? How will support be given to the carer taking on responsibilities so that the informal career is not adversely affected? What are the time and resource implications to ensure that joint assessments are effective and fair? What time will be given to separate assessments?

9. Summary of Impacts – If budget changes do not take into account added support needs both of the individual and the carer then the proposals will not promote support of older people in terms of independence.
10. Does this proposal require more quality assessors and what are the funding implications? – Not telephone assessments

EIA 4

1. Explanation is vague and needs more clarification – how will it happen, number of beds affected etc. Not clear on proposals for how this will help.
2. How do you mitigate against those people who are housebound? Will this add new layers?
3. Take up in mental health services is not high with direct payments. Need to look at the take up re adults with mental health of alternative services. Will this work?
4. Summary of impact doesn't actually identify impacts, other than the fourth bullet point. Needs to look at difficulties / negative issues for the adults with mental health. It doesn't refer to mental health i.e. increase in suicide, hospital admissions, impact on A&E
5. What is the risk for community services? Increase in usage by this user group. Will need more advocacy for carers/ people may need to give up work.
6. People with mental health issues struggling at home – possible impacts on carers include increased stress, dependency on drugs/alcohol, have to give up paid work
7. Will service be responsive to fluctuations in mental health conditions? Mental health can often mean a person has ups and downs.
8. What assessment has been made of the impact of those adults with mental health coming out of residential care who as a result of the changes in the benefits system are denied benefits? Many people with mental health issues face threats of withdrawal of benefits.
9. The risk is that there are no appropriate community services to support these proposals. What mitigating actions are to be taken?
10. Does this proposal disproportionately affect women, mental health within BME communities, mental health, learning disabilities, carers, and older people? If so what are the mitigating actions?
11. Learning disabilities – searching for work 16 hours per week – no support, therefore no benefits.

EIA 5

1. This proposal needs more clarity as it is very general. Is it about immediate care? Will it reduce independent living? What is the meaning of 'limiting inflationary increases?' Is it about a reduction in fees?
2. Need further details about statutory requirement so as to make sense of the proposal.
3. What's the impact on the hospital – do they know about this proposal? Impact on carers – if a service user is sent home from hospital before fully able to live on their own and no immediate care is available.
4. What is the risk of framework contracts? And need to look at and investigate the market.
5. What is the risk of having the market drive down costs and what are the implications for the staffing of this area of work so that quality services are delivered?
6. 'More Market development' - Needs more in depth discussions with providers on the effect of inflationary increases as need to look in more details at the different type of support needed for differing circumstance e.g. care needs will be higher for end of life situations
7. Key actions:
8. Bullet point one – 'Where fees are not uplifted' – needs more clarity and impacts identified.
9. Bullet point three – 'the proposed fees increase' needs clarity
10. Bullet point seven – not clear if this is an assessment for the carer as an individual
11. Section 7 Cumulative impact seems more like an aspiration - needs more work to give indication of cumulative impact – cleaning, shopping, cooking etc. Example was given by CVS rep of service user who is given 15 mins a week for housework.
12. More detail needed: 'summary of impacts' is too general. Risk management – clients will be a greater risk
13. If case is 'substantial and critical' what will be the cumulative impact on health and wellbeing across protected characteristics?
14. This EIA does not include impacts on BME people, especially given the high rates of mental health issues in BME communities. Should this not be an area of disproportionate impact?

EIA 6

1. What impact on these people as they may go to residential if no intermediate care?
2. BME service users – why are there fewer services provided?
3. The fifth bullet point: what happens to transient and BME families? Are fewer services delivered to them because some of them are possibly not aware of options and services and/or less articulate?
4. Conflicts with other EIAs stating residential homes are being reduced in proposals - Feels like different officers in ASC are writing proposals without talking to each other about how one affects the other
5. Also this impact says more choice and control for people but Housing etc. saying reducing supported living. Conflicts with Housing EIA – less services in the community
6. Effects on spouse?
7. Key action bullet point 4 – a carer's assessment isn't going to reduce the impact!
8. Summary of impacts. This EIA doesn't properly explain the effect on people and the knock on effect. Can the EIA explain how the different groups are affected and what is the impact on the individuals and what will be mitigating effects be?
9. What is the analysis of the costs implications on this?
10. How will carers' needs be met? What happens to carer if carer is not able to meet needs?
11. Renablement & Rehabilitation – has there been analysis done on the impact?
12. Cumulative Impact – SOME women will see an impact. not 'may'

EIA 8: Home Care

1. Confusion over what the service is and needs more clarity – is this the in-house service? Is the proposal to commission out rather than provide in-house? Is the proposal to commission all 6 services or part of services? Is this the crisis service?
2. What is the impact of the change on the users as you go through the process of change?
3. More details needed to understand the type of services and the impacts seems that the impacts are cut and pasted from previous EIA. Specific impacts need qualifying re numbers of people

4. Summary of impacts – bullet point five – this is a fact not an impact. Why are services not provided to transient or BME communities? What is the definition of ‘transient’ – homeless, travellers etc.?
5. Independence is good – what about the infrastructure to support?
6. Key actions – mentions women – doesn’t mention BME service users. How will the service address BME and transient communities? If not applicable where and what is the provision for them?
7. Process takes so long to commission the right services – that’s if the services are available to commission in the first place

EIA 11

1. Proposal is not clear – Need clarification on the process - is all commissioning focusing on statutory functions – needs clarifying? Explain what the statutory services will be
2. What is the impact of the loss of local people in doing assessments? Is the CQC too arm’s length? Does the CQC have the resources to do this work and to carry out the full function?
3. Are you sure that there will be no impact on the statutory functions/provision with this approach?
4. If contracts do not carry out monitoring this could have serious implications. Council works in partnership with providers in a relationship of trust and providing training etc., this can compromise on quality – local authority interpretation of guidance can be flawed. Independent monitoring a ‘must’ to identify themes etc. There would seem to be a risk that if the local monitoring officers aren't used who keeps a check in LA interpretation of legislation and CQC?
5. Must speak to users – involvement brings better feedback
6. Summary of impacts, last bullet point – No impact on statutory provision – is this a fact?

Missing EIA?

1. Integrated Community Equipment Services (ICES): Has the criteria changed at all for people accessing the equipment? If yes, needs an EIA?

ASC Summary

1. More clarity needed on all the proposed budget changes as they are not clear. Also require clarity on who is affected and in what ways they will be impacted and this also needs to be quantified.

2. The EIAS in this directorate seem to negate each other. Have council officers been talking to one another about proposals and assessing effects?
3. Cumulative impacts need to be addressed across many of the EIAs in this area as they haven't been completed. Also highlight how these impacts can be mitigated against?
4. Seems BME people are missing in all the proposals, especially in relation to the new proposals as this is about independent living. What are the impacts and risks for BME people – there may be a disproportionate impact.
5. Carers' impacts – are their individual needs going to be assessed?
6. 'Choice and control' is used as a mitigating factor in some of the proposals but what is the risk to users if there is not sufficient market development to address the carers'/users' needs across protected characteristics?

Public Health

EIA55

1. Needs clarity - What is meant by re-commissioning? What is the detail behind this? Who is impacted?
2. Substance Misuse retendering process has already happened so, given the proposed changes in the Communities Against Drugs (CAD) team and the slightly different approaches of the two services, does this need a further EIA, if the proposal is accepted, to check impacts on this new combined service?
3. Who will make the decision on priorities? Such changes will require an EIA.
4. PREVENT officer post – is this not ring fenced money in PREVENT agenda? Is this not an essential post in the fight against terrorism, hate crime? Could the post removal of the prevent engagement officer disproportionately impact the BME community?
5. In relation to hate crime team potential increase of hate crime at neighbourhood level re all areas?
6. Re changing the criteria on high risk and also vulnerable groups what will be the impact on voluntary sector? Needs an EIA when changes are made
7. The budget proposals do not show the impact of new working e.g. child sexual exploitation or renewed work on the prevent agenda.
8. More prevention – how many people, how will work be prioritised, has criteria changed?

9. Summary of impact needs more work re significant impact on race/ethnicity/faith.
10. The Community Safety proposal does not highlight BME women as a risk in relation to VAWG
11. Also DV is cumulative & disproportionate BME etc.