

## Equality Socio Economic Impact Assessment

### Section 1: About the proposal

<b>Title of Proposal</b>
Review of High-Cost Care Package (Older People; Learning Disability; Physical Health; Mental Health)
<b>Intended outcome of proposal</b>
<p>This proposal proposes to deliver a minimum saving of £250,000 during 2025/26 from high-cost care packages through robust reviewing processes. The process will commence during the year and further savings are expected in future years, as a contribution to the longer-term financial challenge.</p> <p>The proposal requires prompt review of delivered care and notes a 65% achievement rate with a target reduction of 15% on the most significant packages. Not all reviewed packages will be able to sustain a reduction in care. Therefore, professional judgement will be applied.</p> <p>It is intended to ensure that individuals are supported appropriately, maximising independence of service users and supporting them to live fulfilling lives in their own homes, for as long as possible in line with current policy and ensuring that reviews are undertaken regularly, as care needs change (both in terms of positive and negative changes).</p> <p>The programme of work also seeks to support the ongoing development of assessment and care coordination frameworks and safe practice guidelines to ensure that care is not unduly overprescribed and that unmet need figures are reduced/care is delivered in line with available resource. Positive impacts on reduced agency spending need and reduced delayed discharge are expected.</p> <p>It is usual and good practice to review delivered care, however, because of operational pressures, this has not been completed with rigour. Individual service users and families may therefore find this process challenging.</p> <p>Impact: policy and future operational.</p>

<b>Description of proposal</b>
<p>The saving proposed is across all Adult care groups, however, a prudent estimate is 65% made in respect of known likely changes to high-cost packages across both Health and Social Care packages, taking into consideration that some of the anticipated changes may not be deliverable due to users' individual circumstances or worsening of their condition.</p> <p>Social Work teams will be supplemented by additional reviewing officers to review existing high-cost care packages, as part of the assessment and review process, to ensure that individuals receive the correct level of support, maximising independence for service users and supporting them to live fulfilling lives in their own homes, for as long as possible. Given the</p>

finite resources available to undertake reviews, and the existing operational pressures across all areas and directorates, the process of allocating reviews will be guided by a multi-disciplinary team-based allocation and oversight group.

A primary function of said Group will be to utilise all available existing evidence/intelligence in order to guide the reviewing resource to cases where there is the highest likelihood of reduction/change in level of need.

The review process will continue to ensure that individuals receive the correct level of support. Judgements on this will continue to be made on a needs assessment basis and will not be driven by the proposal to reduce costs. As part of this process of review, the totality of care needs will be reviewed and due consideration will be given to all current sources of care/input for each individual, with a view to maximising the impact of all resources and reducing duplication. Guidelines on eligibility will continue to be applied for funding allocations for each case will be appropriate to individual circumstances and risk assessments.

It should be noted this is a continuation of ongoing work from 2024/25 and should be seen in context as being part of an overall strategy to review assessment, care management, and commissioning function, more effectively. This includes an organisation re-design of the commissioning function. However, it is acknowledged that practice and care commissioning requires to change to ensure that the HSCP can deliver care to those requiring it, when they require it, and within the workforce and financial resource available.

#### **HSCP Strategic Priorities to which the proposal contributes**

1. Efficiently and effectively manage all resources to deliver best value and within workforce
2. Maximise independence of service users and support them to live fulfilling lives in their own homes, for as long as possible
3. People in Argyll and Bute will live longer, healthier, independent lives
4. 25/26 Finance Recovery Planning
5. Reduce unmet need, reduce delayed discharge and increase our scope to avoid admission for reasons of care breakdown/escalation in social care needs by being better able to respond to crisis

#### **Lead officer details**

Name of lead officer (s)	<b>Karl McLeish/Simon Deveney</b>
Job title	<b>Senior Managers-Interim Health and Community Care/Resources</b>
Department	<b>Argyll and Bute HSCP</b>

#### **Appropriate officer details**

Name of appropriate officer	<b>Nicola Gillespie</b>
Job title	<b>Interim Head of Adult Services Learning Disability. Mental Health and Addiction Services.</b>
Department	<b>Argyll and Bute HSCP</b>

Sign-off of EIA	Nicola Gillespie/Caroline Cherry/Donald Watt (Adult HOS)
Date of sign-off	<b>20.3.25</b>

#### **Who will deliver the proposal?**

Social Work teams, health teams working with care at home and care providers.

### **Section 2: Evidence used in the course of carrying out EIA**

#### **Consultation / engagement**

Engagement with all care providers utilising existing processes including provider forums.

Service User/Guardian consultation/engagement will take place, as part of the review process. Relevant stakeholders will be informed both unpaid carers and community stakeholders on process. Pending agreement, a letter template will be prepared and used for supported individuals and carers, and it has been considered best practice to do early engagement with Elected Members, etc. to mitigate the risk of complaint etc.

#### Data

Financial Data– Carefirst Finance/Social Work Finance Team/NHS Finance Team/  
Service User– SW/Health Assessment & Care Management Teams, Eclipse

#### Other information

N/A

#### Gaps in evidence

Any potential for increased impact for remote Mainland and Island communities with less local infrastructure, however, Island community resilience may have a positive effect – this will be monitored.

### Section 3: Impact of proposal

#### Impact on service users:

	Negative	No impact	Positive	Don't know
<b>Protected characteristics:</b>				
Age	X			
Disability	X		X	
Ethnicity		X		
Sex	X			
Gender reassignment		X		
Marriage and Civil Partnership		X		
Pregnancy and Maternity		X		
Religion		X		
Sexual Orientation		x		
<b>Fairer Scotland Duty:</b>				
Mainland rural population		X		
Island populations				X
Low income	X			
Low wealth		x		
Material deprivation		X		
Area deprivation	X			
Socio-economic background	X			
Communities of place		X		
Communities of interest		x		

#### If you have identified any negative impacts on service users, give more detail here:

The proposal notes for the most part a positive experience rather than negative impact to maximise independence of service users with a learning disability/physical disability and/or complex mental health and support them to live fulfilling lives in their own homes, for as long as possible. However, it will affect people of all ages, disabilities and statistically, and it will affect more women than men, those service users in different socio- economic backgrounds, and also recognised areas of social deprivation could be potentially affected.

There is a risk to increased distress and increased support seeking/consultation behaviour if care is assessed and established support is reduced or stopped, as a result. This risk factor will be given due consideration, as part of the review process and every effort will be made to

support any impacted individual and their unpaid carers. The Oversight Group will provide professional support and guidance

**If any 'don't knows' have been identified, when will impacts on these groups be clear?**  
 Protected characteristics could be impacted, but this will continue to be monitored and updated, as required through reporting.

**How has 'due regard' been given to any negative impacts that have been identified?**  
 Due regard is given noting that impacts will be individualised based on the presenting need and noting the potential for only 65% achievement of the proposed target saving. The HSCP notes that there will be scope to 'right size' some care packages and that the withdrawal of some level of care may be socially difficult due to the challenging remote and rural infrastructure. However, the longer term application of this care may not have been appropriate due to the lack of regular review.

**Impact on service deliverers (including employees, volunteers etc.):**

	Negative	No impact	Positive	Don't know
<b>Protected characteristics:</b>				
Age		X		
Disability		X		
Ethnicity		X		
Sex	x			
Gender reassignment		X		
Marriage and Civil Partnership		X		
Pregnancy and Maternity		X		
Religion		X		
Sexual Orientation		X		
<b>Fairer Scotland Duty:</b>				
Mainland rural population		X		
Island populations				x
Low income	x			
Low wealth		X		
Material deprivation		X		
Area deprivation		X		
Socio-economic background		X		
Communities of place		X		
Communities of interest		X		

**If you have identified any negative impacts on service deliverers, give more detail here:**  
 N/A

**If any 'don't knows' have been identified, when will impacts on these groups be clear?**  
 Unknown impacts on equity pertaining to support available within Island-based communities due to available care skills.

**How has 'due regard' been given to any negative impacts that have been identified?**  
 Due regard has been noted, and this is an ongoing scoped impact that would be present without the proposed change.

**Section 4: Interdependencies**

**Is this proposal likely to have any knock-on effects for any other activities carried out by** | Yes

or on behalf of the HSCP?	
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**Details of knock-on effects identified**

Proposal will enable the HSCP to ensure appropriate use of resources across the region, which currently faces ongoing staff recruitment and retention issues within the Social Care Sector - ensuring that staff are utilised in place of highest need with increased review and reablement.

Fulfilment of this saving proposal, alongside a reduction in overall budget of Learning Disability and Mental Services may have an adverse effect on the overall LD/MH budget position. By declaring these changes to care packages, as savings, the overall financial resource availability within this budget will be reduced and may present a challenge for any new or increased demand coming through for these services. This may, in turn, impact those in transition from Child Services.

There is potential of an increase in admission to hospital if there is unpaid carer breakdown.

In the case of physical disability, the intended changes seek to reduce unmet need percentage overall (the percentage of those individual who are assessed as requiring care but cannot be given access to care due to unavailability of care hours within existing resources). By reducing unmet need hours overall, we expect to bring service demand and available capacity into closer alignment and in so doing would anticipate a positive impact on reduced admission, reduced care breakdown, reduced delayed discharge, and reduced cost related to the need for additional staffing and resource.

**Section 5: Monitoring and review****Monitoring and review**

6 monthly Care Reviews for all service users involved, as part of assessment and care management process.

Project will be monitored through a reviewing oversight group as indicated above.