

## Options Appraisal methodology and results

A comprehensive options appraisal methodology was carried out to identify the most appropriate delivery vehicle for the new model. This has been outlined below.

1.1 The process began by carrying out both qualitative data analysis, benchmarking with other boroughs with similar models to the recommended model, and qualitative research. This uncovered issues with the current provision, and enabled aspirations to be developed for the new service.

1.2 Criteria for an Options Appraisal were then drawn up, with the different model options scored for how well they met the overall aspirations for the carers' service. The resulting scores are shown below:

Criteria	Option 1- as is score	Option 2 – enhanced in house provision	option 3- external provider for the carers' service to include assessments, maintaining the carers' register, and support planning	Options 4- external provider for carers' and other assessments score
Flexibility and scalability	1	2	2	2
Financial savings	1	2	4	2
Quality and delivery of performance	1	3	4	4
Prevention and effects on wider social care and health care systems	1	3	4	4
Innovation	1	1	3	1
Customer perception	1	3	4	4
Workforce Implications	2	2	2	2
Legal and financial compliance	1	1	1	1
Safeguarding transfer	1	1	1	1
	10	18	25	21

### **1.3 Option 1- 'as-is' model**

- 1.3.1 The 'do nothing' option was considered, and had the lower score within the options appraisal.
- 1.3.2 The as-is option currently consists of a carers' service where there is poor follow up of carers' assessments, no clear process to follow up with carers, and a discrepancy in waiting times to be assessed or reviewed.
- 1.3.3 Additionally, the current carers' service budget is overspent through an increasing number of direct payments, for which no spending patterns or outcomes are tracked, and where alternative forms of support may be more effective at helping carers.

### **1.4 Option 2- enhanced in house provision.**

- 1.4.1 Under this option carers' assessments would be carried out by a dedicated person, who would allocate assessments to Assessment and Care Management staff. There would be a dedicated admin resource to make sure the register is maintained, and who would be able to answer carer's queries and have a pathway for progress chasing about later assessments. Direct payments would not be automatically allocated as the sole form of support. Instead, the assessment and support planning would suggest activities a carer might be able to do. The carer would then be referred to an external provider who can help them to achieve that outcome. The assessment, staffing and support planning provided would stay within the Council.
- 1.4.2 The primary drawback of this option is that even with an added resource who would have management oversight of carers' assessments, there is limited Assessment and Care Management staff capacity to carry out assessments. Internal data shows that up to 30% of new service referrals into social services had to wait one month or more for an initial assessment in 2014-2015. It is unlikely that even with this added resource, carers would be seen any sooner. It is also likely that the extra staffing cost associated with this option would reduce the overall budget available to support carers.

### **1.5 Option 3- Contract for carers' service to include carers' assessment, maintaining the carers' register, and providing support planning, via an external provider.**

- 1.5.1 Carers' assessments would be carried out by an external provider, who would take on the existing carer's contract, and also then have additional responsibility for carrying out the carers' assessments and support planning. This service would then support the carer to get in touch with other community services that could support them, or use their own expertise to efficiently support carers. The service would be expected to promote self assessment, and have an asset based approach to support planning (i.e. helping the care to make the most of their own resources, community

resources, and networks).

- 1.5.2 Direct payments which were historically used to support the carer to take a break would not be automatically allocated as the only form of support. Instead, the assessment and support planning would suggest activities a carer might be able to do to help them meet their desired outcomes and stay well for longer.
- 1.5.3 This model would allow the Directorate to free up capacity to carry out other reviews and assessments, while ensuring carers' assessments are still done.
- 1.5.4 Research from other councils has shown a number of cases where contracting carers' assessments out to an external provider has worked positively. Research from Wiltshire and Hillingdon councils for example, has shown that there are a number of intangible benefits to delivering carers' assessments and support planning through a service which is experienced in working with carers. Additionally, this kind of model puts carers in touch with a carers' service straightway, so even carers who may not wish to get an assessment will be put in touch with a service that would be able to do basic signposting upon initial contact.

**1.6 *Option 4- contracting an external provider to carry out carers' assessments, alongside other assessments and reviews.***

- 1.6.1 This option was the second highest scoring option within the options appraisal carried out by the Council. Carers assessments would be carried out by an external provider, who would have responsibility for carrying out the carers' assessments and do support planning. The provider might also be contracted to support with reviews and assessments in general, adding extra capacity across Adult social services to provide social work support. There would be one point of contact and an officer who was responsible for ensuring that all assessments that had been commissioned were being carried out.
- 1.6.2 Direct payments would not be automatically allocated as the only form of support. Instead, the assessment and support planning would suggest activities a carer might be able to do. The carer would then be referred to an external provider who can help them to achieve that outcome.
- 1.6.3 As with option 3 this model would allow the Directorate to tackle the pressures on Assessment and Care management staff capacity, caused in part by the large number of assessments and reviews. This would allow the Council to fulfil it's obligations under the Care Act, and the Council's policies to carry out yearly reviews.
- 1.6.4 This option did not score as highly as Option 3 however, as under this option, the intangible benefits to delivering carers' assessments and support planning through a service which is experienced in working with carers would not be realised. For example, this model would not as directly put carers in

touch with a carers' service on the same premises straightway, or necessarily have providers with expert knowledge on carers carrying out the assessments.