

Appendix 1 - Review of FACS - Responses of comparator authorities

Authority	Before making the final decision to change the FACS bandings, what methods did you feed into the review process (eg. consultation? with whom?)?
<p>Hartlepool</p> <p>Rated - 3 star Excellent</p> <p>Bands – Critical/Substantial</p>	<p>Extensive consultation took place over the three months prior to the decision. Methods included:</p> <ul style="list-style-type: none"> • Surveying all clients in the community and relevant organisations via letter (including leaflet, examples, summary of proposals) • Open public meetings/focus groups/stakeholder meetings • Consultees included – Hartlepool Carers, vol sector, contracted providers, resident associations, PPI forums, groups with specific needs, voluntary development agency. • Dedicated helpline <p>Consultation questions asked whether they were in favour of the principle of raising criteria and re-investing some of the savings in community services open to all. People were also asked what type of community based services should be supported.</p> <p>400 attended consultation meetings, and the survey received a response rate of 38% (743 people). Of the survey respondents, 45% were in favour, with 31% unsure. However a considerable number of 'free format' comments were received with objections (although it was not possible to determine which band they came from). The top 3 suggestions for the community based services that should be supported were: help getting to an appointment, transport, and prescription collection.</p> <p>[Detailed breakdown of consultation responses is available on request from Scrutiny Team]</p>
<p>Middlesbrough</p> <p>Rated - 3 star Excellent</p> <p>Bands – Critical/Substantial</p>	<p>Middlesbrough has reviewed its FACS bandings on two occasions. The first time around, this included a comprehensive consultation, involving:</p> <ul style="list-style-type: none"> • Surveys of users, roadshows and day centre visits • Meetings with representatives of the VCS • Posters • Helpline • Staff and public newsletters <p>Within months of this process, during 2003-04, the social care department was faced with an overspend of £3m and the need to restrict FACS bandings further was identified. This led to a repeat of the consultation process. Following this consultation, the decision was made to only provide care to those in the Critical and Substantial bands.</p>

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	Response rate to the postal surveys was c. 35%.
<p>Wakefield</p> <p>Rated – 3 star Excellent</p> <p>Bands – Critical/Substantial</p> <p>Statistical nearest neighbour group</p>	<p>We had a network of voluntary groups at the time of original consultation which were used. Much of this has changed and if we were to do it again we would probably use our partnership boards and local Older peoples and Disability forums.</p>
<p>Telford and Wrekin</p> <p>Rated – 3 star Excellent</p> <p>Bands – Critical/Substantial</p> <p>Statistical nearest neighbour group</p>	<p>Since FACS was introduced we have always set the threshold at Substantial and above.</p>
<p>Lancashire</p> <p>Rated – 3 star Excellent</p> <p>Bands – Critical/Substantial/ Moderate</p>	<p>We actively considered three years ago shifting from moderate to substantial but a better settlement than anticipated changed our minds. All the work was done bar the final stroke of the cabinet member's pen.</p> <p>Considerable consultation, mail outs consultations with groups across our geographical area, discussions with providers and VCFS and community groups, [it was a] very organised process.</p>

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	If a decision has been made to restrict the number of bands provided for, what, if any, significant savings occurred as a result?										
Hartlepool	<p>We budgeted a saving of £135k which went towards the demand pressures for high level needs. On the ground it's a bit more muddy. The savings were expected via revision of current packages over a year, and in fewer new cases over a period of years. While the number of low/moderate cases did drop, some may have been retained on caseload for preventative reasons, or even re-classified as substantial. We believe there was a dip in core assessments and caseloads. We also believe there was a reduction in new home care and day care, though the effect was masked by demographic increase in demand. In summary I believe that the change helped us weather demand pressures, but between other factors and our switch to Total Transformation In Control it's hard to be precise on the impact.</p> <p>[An estimate at the time of the decision suggested that c. £300k pa. could eventually be saved building over a number of years, and depending on the drop in demand for day care - Cabinet report of Feb 07]</p>										
Middlesbrough	<p>In terms of domiciliary care 160 service users no longer qualified for a service resulting in a saving of £420k in purchased provision from the independent sector (actual saving £300k taking account loss of income from charges)</p> <p>In terms of in house home care 30 service users would lose there service at a estimated saving of 55K. This would not be immediate as the number of employed home care staff would have to be reduced to effect these savings.</p> <p>In terms of day care the following numbers of people would no longer meet the eligibility criteria</p> <table data-bbox="443 959 770 1123"> <tr> <td>Elderly</td> <td>20</td> </tr> <tr> <td>Learning disability</td> <td>8</td> </tr> <tr> <td>Physical disability</td> <td>30</td> </tr> <tr> <td>Mental Health</td> <td>2</td> </tr> <tr> <td>Total</td> <td>60</td> </tr> </table> <p>Savings in respect of day care would only be realised following reconfiguration of existing services.</p> <p>Total savings for 2004/2005 = 350k with an estimated further saving of 50k from day care provision following reconfiguration.</p> <p><u>In actual fact</u> because of the introduction of the new charging regime a number of service users cancelled there existing services resulting in a saving of 250k rather than the projected saving of 350k. It was expected that these would be year</p>	Elderly	20	Learning disability	8	Physical disability	30	Mental Health	2	Total	60
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	<p>on year savings with a similar number of service users not qualifying for domiciliary care services funded by the local authority.</p> <p>The above estimates and projections does not include people who no longer qualified for a service were a significant financial saving was not involved.</p>
Wakefield	There were very little immediate savings as the band changes were only applied to new cases. These changes were part of our overall preventative strategy where we invested in some local third sector services to provide support people who may be deemed as vulnerable.
Telford and Wrekin	N/A
Lancashire	It was anticipated we could save £4m – out of a total spend of about £130m.
	Could you please provide an assessment of the proportion of the number of clients in each band before and after the changes?
Hartlepool	<p>Prior to the restriction of bandings, approximately 50-60 new clients a year had been assessed as 'moderate' and in receipt of care services, and on top of this there were a number of people being assessed as moderate but receiving one-off provision of aids/adaptations only.</p> <p>Prior to the change, c.1000 clients were in the moderate band and receiving some form of support to stay at home. It was estimated that c.400 people with moderate needs would be reviewed against the new threshold over the first 12 months following the change (those in receipt of aids/adaptations only would not be re-assessed).</p> <p>Following the change, many people were either re-assessed as 'substantial' or services were continued for preventative purposes. Only a 'handful' of those in the moderate band had their services removed following re-assessment.</p>
Middlesbrough	<p>c.250 clients were affected by the change (see above).</p> <p>Assessments were checked for consistency, using a sample of cases in all bands. This was to ensure that the correct bandings were being applied under the new policy.</p>
Wakefield	Sorry no longer have that data.
Telford and	N/A

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Wrekin	
Lancashire	No, we had the figures but I cannot find them. All service users were reviewed and there was a huge shift out of moderate to substantial i.e social workers 'took people with them'. It was in the region of a shift of moderate being, say 40% of the total, to moderate consisting of around 20% - the review process shifted that many people 'upwards'.
	Where re-assessments were carried out on existing clients did you await the scheduled review or bring them forward?
Hartlepool	These were not brought forward, but completed on their annual review. NB. Those assessed as being in the moderate band but received minor aids/adaptations only did not have their equipment removed (the department would not traditionally have reviewed the service received anyway). A twelve week period was put in place before clients were to have services withdrawn.
Middlesbrough	<p>Re-assessments were not brought forward due to a lack of resources. Those who had services withdrawn could go through a 3-stage appeal process. This was, in turn, made up of a re-assessment, a manager-led review, and then an 'independent' social worker. Following this, a Councillor panel was set up.</p> <p>An eight week 'grace' period was in place following the notification of the withdrawal of services. Although there had been no follow up consultation, there was no obvious pattern of cases showing that those who had had services withdrawn suffered from a serious deterioration.</p>
Wakefield	As stated we did not take away any services from existing service users although at reviews staff looked at the alternatives that were developing in the 3 rd sector.
Telford and Wrekin	N/A
Lancashire	Brought it forward
	If reviews were brought forward what was the impact of this extra work on your ability to maintain timely assessment services?
Hartlepool	N/A
Middlesbrough	N/A
Wakefield	N/A
Telford and Wrekin	N/A
Lancashire	A review team was created to do the work.

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	What impact did changing bands have on performance? What was done in order to maintain or improve CSCI ratings?
Hartlepool	The 'Adults Supported at Home' performance indicator suffered a little, but we countered this by better low level support. Our CSCI rating continued to improve, and we achieved 3 stars [excellent] last time around. In terms of services it may have been a factor in closure of some day care, but there were other reasons too, including user and provider choice.
Middlesbrough	-
Wakefield	Over a period of time the number of intense home-care service users have risen whilst initially the overall number of people supported at home dropped slightly until definition changed to include numbers of people supported by 3 rd sector through grant aid/contract.
Telford and Wrekin	N/A
Lancashire	In the end we didn't shift.
	What provision has been put in place to advise/help those who have needs that fall outside of the bands that you now provide care for (if applicable)?
Hartlepool	Those with moderate needs have been advised of the other sources of support available. Many have been supported to access luncheon clubs and voluntary groups. To date no individuals are known to have suffered any harm as a result of the change. Two individuals have appealed, however the original findings were upheld.
Middlesbrough	Additional support was put in place for carers. This included the establishment of a Carer's Centre (funded through carers grant – not savings), an increase in the advocacy provision (through a doubling of funding to the CAB), and highlighting of the support and assessments available to carers. [also see below]
Wakefield	Our front door service (Social Care Direct) is staffed by qualified social worker who may complete a contact assessment and give an initial FACS Assessment and signpost appropriate people to services in third sector.
Telford and Wrekin	Have not had to do this because of change in criteria threshold. But we do fund a range of services for people whose needs may fall below our threshold on a preventative basis. These include Community Meals, aids to daily living, support via voluntary organisations that we fund (e.g Age Concern support a network of low level Day Centres run by volunteers, supported by paid staff).
Lancashire	n/a

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	What advice is given to clients who are not supplied with aids/adaptations and who wish to/ need to purchase their own?
Hartlepool	-
Middlesbrough	Development of an Independent Living Centre. This could be attended by anyone and provided a 'free' assessment of the types of equipment that would be appropriate. [nb. Stockton has one in place.]
Wakefield	Social care Direct has a qualified OT on hand to give advice on aids and equipment and we have a centre where these aids can be demonstrated and further specialist advice given.
Telford and Wrekin	We provide funding to a local Independent Living Centre who will sell equipment direct to the public and do have a number of private retail suppliers locally.
Lancashire	We had started moving to a retail model anyway then and advice was given.
	Has extra funding been channelled into the local voluntary sector in order to fund such provision? Please provide details. Were any savings re-invested to provide for this?
Hartlepool	See below. Some services were already provided through contracts with the council or supported by council grants (although many were independently funded). The focus has been on developing a low level support services strategy, in order to co-ordinate what already existed in the Borough.
Middlesbrough	With respect to the voluntary sector in particular, targeted help was provided to those organisations providing relevant services. MBC provided assistance to organisations when they made bids for European and Government money.
Wakefield	Yes this was part of our long term prevention strategy and badged as such. Over the period of past 4 years we have moved £4 million from direct services to prevention.
Telford and Wrekin	Not specifically. Though we have consciously tried to maintain levels of funding on preventative services and funding to Voluntary Organisations
Lancashire	The windfall £4m was ALL put into a prevention service.
	Was third sector/private infrastructure already in place, or has this needed significant capacity building?
Hartlepool	Basically the low level voluntary services were out there and we just needed better co-ordination and signposting. Low level support services refer to a range of practical services such as daily living, leisure, emotional support, practical tasks. A strategy has been developed that covers: the setting up of information and advice about the range of services out there, ensuring that services are high quality and people trust through a set of quality standards, developing a trades register, establish a brokerage and development service to develop a comprehensive range of affordable and trusted services.

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	<p>One development is our Hartlepool Now website, intended to address this gap, and continuing support to GP referral schemes, Supporting People contracts, and carers low level support.</p> <p>The private sector was also briefed on the changes and on the new opportunities.</p>
Middlesbrough	<p>A directory of services was developed and this is available online. It brings together all relevant services in the local area including private and voluntary provision, under appropriate categories.</p> <p>Independent Living for Older People (ILOP) was established. This is a partnership of 3 voluntary bodies (Age Concern, Salvation Army and WRVS) working together to provide services for all, with no need of an assessment. Services are low level and preventative, eg. befriending service, assistance with shopping. There is also a service whereby 'clients' receive a regular phone call to check on whether they are okay.</p> <p>ILOP services were developed largely through funding from New Deal for Communities, and the 5-6 wards not in NDC areas were not eligible for ILOP services.</p>
Wakefield	<p>Some of the services had been developed others were developing. Befriending schemes and home from hospital type services were in place and some local areas were developing lunch club/meals type services. Shopping and other services were available in some areas of the District.</p>
Telford and Wrekin	<p>To some extent. One problem was that when we were part of Shropshire (pre-Unitary status), a lot of the Vol org infrastructure was based in the County town. We did have to ensure that continued funding of such organisations was dependent on delivering a local service in T&W.</p> <p>More development is needed, particularly around user led organisations, which is underway.</p>
Lancashire	<p>Needed considerable capacity building.</p>
	<p>Can you provide information on how adult social care / aids and adaptations are funded in your local authority, especially in terms of what is received from external sources?</p>
Hartlepool	<p>-</p>
Middlesbrough	<p>Equipment is provided through the established Tees-wide procurement system. Care homes and nursing homes (residential homes are all independent in Middlesbrough, and there is an overcapacity in such provision) must now provide their own equipment. There is a protocol in place to determine whether health or social care will pay in each case.</p>

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Wakefield	We have a joint(with PCT)equipment service with a pooled fund under Health Act Flexibilities. Other items are funded from the Assistive technology Grant.
Telford and Wrekin	<p>We have had a good working relationship with our local co-terminous PCT for many years. The PCT run a Joint Loans Store which manages the purchase and distribution of equipment. We agree with the PCT what equipment should be funded by the NHS, some equipment that should be joint funded and some equipment that should be funded by the LA. Assessments for the equipment are accepted from assessors in the NHS or LA (mainly OTs). Historically this arrangement has worked very well with no waiting lists for assessments, no major budget pressures and good delivery times for equipment. However this year for the first time for several years some budget pressures are emerging</p> <p>In terms of adaptations, within our Portfolio we are responsible for both the OT Team which carries out assessments and a Home Improvement Agency which allocates Disabled Facilities Grant funding and supports the adaptations projects.</p> <p>More information could be provided from our OT Team Manager and Home Improvement Manager if required.</p>
Lancashire	[not provided]
	Are there any additional learning and points to note that Stockton should take on board as we goes through the process?
Hartlepool	In terms of other advice I'm sure you will now be looking at the DH consultation paper on eligibility.
Middlesbrough	<p>One legal challenge was received in relation to the criteria, and this was because one word was out of place/needed changing.</p> <p>There has been no major rise in complaints. During the consultation every response was logged, with all queries being answered.</p> <p>As part of the wider modernisation programme, Dial a Ride merged with Social Care's own transport division, to achieve further savings.</p>
Wakefield	Don't expect to see immediate results. You need to ensure staff are well trained and are able to be disciplined in their assessments and not simply inflating the needs of people to get a service/meet eligibility.
Telford and Wrekin	As we have not revised our criteria it is difficult to offer advice.
Lancashire	Do it slowly and carefully and engage everyone possible, so the criticism comes out in a long low moan and not as an explosion. However is it worth doing? If you review people, the staff who review service users will take a huge proportion of people with them up to the higher banding and you save much, much less than you originally anticipated.

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Neil Revely, Executive Director of Health, Housing and Social Care

Sunderland City Council

Rating - 3 star Excellent

Bands – Critical/Substantial/Moderate/Low

Sunderland maintains the provision of care to those eligible across all 4 FACS bands, and have not used FACS bandings as a method of controlling costs. Sunderland as a council has committed itself to maintaining a strong emphasis on the prevention agenda at the same time as reviewing the way care services were provided.

A decision was taken to move away from the previous, paternalistic model of care in which need was closely linked to the provision of specific types of traditional services. There was a movement towards an approach based on using FACS as an assessment of risk and the client's ability to cope. It is now the case that services provided for clients within a particular FACS band can vary depending on their specific circumstances.

In terms of service changes, Sunderland no longer has any residential care homes, and has a smaller in-house home care service. In terms of the amount of savings generated, the numbers of people entering care in Sunderland was too high originally, and therefore the scope for, and effect of, the initial work was greater than it may be in other authorities.

As part of the prevention agenda, there has been investment in appropriate services. In effect there was a need for a 'double investment' at the beginning of the process. This required the council to commit to staying on course during periods of budget pressure, as it took time for the changes to have an impact. Some sources of funding for initial investment are available to all councils, although the amounts may vary. Services are provided within the context of the Council having a 4 star rating for use of resources, and a relatively low council tax.

Examples of investment in prevention include Telecare which has seen significant investment. Sunderland currently has 23,000 Telecare users. The service is offered free of charge to all those eligible for care across the FACS bands, and is offered to all other residents at a cost of £3.50 per week. This is backed up by the provision of a 'responder service', with staff jointly trained by the PCT. A befriending service is in place in order to provide the social contact that Telecare cannot provide. This is provided through a voluntary provider but paid for by the council.

There has been investment in advice services, including through provision of one stop shop centres that brought together health, housing and social care services (an approach assisted by the structure of the department). Services have been structured around 5 geographical areas. In order to create economies of scale and

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have a meaningful range of services, advice and information services are combined with other services at each centre.

Information provided by the centres needs to be robust. Alongside formal city council information centres, advice and information services are partly supported by the voluntary sector, although there has been an insistence on a common approach, in order to ensure uniform outcomes (whilst having flexibility regarding access). Information on services is updated centrally. The ideal scenario is when residents are able to access information before they reach crisis point (not just in terms of social care, eg. could be housing issues), and that the information provided is consistently relevant and up to date.

This approach will mean that a number of people will be in some way 'helped' by the council to access a form of support but may not be recorded in statistics. Such advice services are an example of 'universal' services that are available to all, whether in receipt of a formal care package or not. The preventative approach is also demonstrated by the new city swimming pool. Within the pool building are teams of health and social care staff. Clients know that they will be available to help if necessary, even though they may not form part of a specific care package.

It can be demonstrated that as spending on preventative services increased, the spending on residential care decreased. At the same time the change away from traditional methods of service delivery was not without problems, however the efficiencies gained have allowed for re-investment. Savings generated by the prevention programme/ re-configuration were retained within the social services department; over time they represent several millions.

Approximately £1m is provided to the voluntary sector to provide services. Such funding is on a grant basis, but is subject to formal monitoring with appropriate feedback mechanisms in place. The voluntary sector has also been supported by the Council in order to help it gain funding that the Council itself was not able to access.

Equipment is provided on the basis of a pooled budget with the PCT, with the Council running the service.

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**Sukhdev Dosanjh, Assistant Director Performance and Change Management,
Adult and Community Services**

North Yorkshire County Council

Rating - 3 star Excellent

Bands – Critical/Substantial/Moderate/Aim to meet Low needs where the risk to long term independence maybe significant.

Following a projection that costs associated with adult social care would rise to £43m by 2020, the Council embarked on a 15 year commissioning plan that aimed to ensure that services would remain sustainable and affordable. A similar approach was taken to that of Sunderland in that low level prevention services were seen as the key.

The approach to controlling costs did not include restricting FACS bandings. It was the view of the council that this was a blunt method of cost control and in the long term counter productive, a view endorsed by a senior representative of the Department of Health (John Bolton- Director of Strategic Finance, Social Care, Local Government and Care Partnerships). In fact, the bands were relaxed on two occasions. In 2007 the bands were relaxed to include Substantial from critical , and in 2008 they were relaxed further to include the Moderate band.

In restricting the criteria, there is a risk that a council would focus on the assessment process itself, whereas the focus should shift towards outcomes for the people involved. Should the FACS criteria be restricted, councils should also be aware of the potential for social workers in practice to assess clients as having substantial needs despite the fact that their needs would have been classed as moderate under the previous policy.

Services are provided in the context of North Yorkshire having the lowest spend of all county council's in the country for its adult social care services. North Yorks faces the particular challenge with the need to provide services across the geographical area it serves.

In an attempt to avoid intensive social care intervention and prevent hospital admissions, a range of low level preventative services have been put in place in partnership with Age Concern.

It was estimated that around £1m had been saved through investment in prevention services such as telecare. There were now 12,000 telecare users in the County, but the need to have a 'responder service' was key. It was noted that often the response times to incidents picked up by telecare were faster than could be achieved in residential homes.

Significant funding has been channelled into the voluntary sector (approx £1m), and the council is moving towards a more contract based approach where the focus was that of delivering outcomes for service users. Within the current

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financial climate, voluntary sector providers have been asked to identify solutions to the budgetary constraints and future reductions in public sector funding.

Age Concern is the umbrella organisation for a range of schemes in the county, including low level services. During consultation on the Joint Strategic Needs Assessment, it was clear that support for everyday tasks was important to many people.

As the area is two-tier, there is a need to ensure that residents do not fall between the various authorities when seeking a service. To prevent this, there is a 'no wrong door' policy in place that aims to ensure that queries can be made at any council access point and still be directed to the relevant service, whether district or county.

Library services have hosted advice and information services, such as roadshows for residents who were over 50 years old and services to combat hardship they may face, especially in response to the recession and the "credit crunch" climate. These included providing advice on care issues particularly for those people who fund their own care.

A database has been set up in libraries of appropriate services is in place, with the responsibility of updating the information being with the organisation concerned. The challenge for North Yorkshire CC is to ensure that information is provided in a consistent manner across the county.

It was noted that major adaptations are provided by the district councils within the two tier structure within North Yorkshire.