

Appendix 1

Review of Fair Access to Care Services

Summary of evidence

This paper concentrates on the evidence received prior to the consultation process that was undertaken during June – August 2010.

The updated finance and data information is included at Appendix 2.

The consultation results summary is included at Appendix 3.

Revised eligibility criteria guidance

1. The NHS Community Care Act 1990 sets out the need to ensure that people live safely in the community. It identifies that Councils with Social Care responsibilities should assess the needs of people and arrange the provision of social care services to meet these needs.
2. Fair Access to Care Services (FACS) is a national government framework for local authorities to determine the eligibility for adult social care based on assessed needs. National Guidance was produced in 2002 on how LAs may use, review and revise their eligibility criteria.
3. During the period of the review, the Department of Health's guidance was revised. The new guidance increases the emphasis on prevention and universal services, and states that eligibility criteria must be used within the wider personalisation agenda.
4. For detail on the implications, and the processes in relation to any withdrawal of services, please see Appendix 4. The full guidance is available on request and has also previously been provided to Members.

Main issues identified

5. The Committee received information from an IDeA research report, and comparator authorities that were rated excellent for adult social care, and provided care at Substantial and above (or had considered it).
6. In addition the Committee received evidence from North Yorkshire and Sunderland. These authorities provide care at the Low (when long term risks significant) to Critical bands, and Low to Critical, respectively.
7. In relation to any proposed change to any proposal to restrict eligibility, themes from this evidence included:
 - a) The IDeA identified that

- The most effective way to achieve savings would be to consider in detail what is happening now before action is taken to restrict eligibility
 - It is especially important to consider existing cost and provision at the moderate band before taking any decisions
 - Need to ensure services are flexible, to avoid rigid eligibility criteria or lists of services that are funded/provided.
- b) Therefore there is a need to ensure the way services are provided are examined, as well as the eligibility criteria. [NB other EIT reviews are ensuring that the full range of services are being examined in addition to the FACS policy]
- c) Savings could be expected over the medium to long term. The IDeA noted that some authorities that had raised their criteria had not experienced notable savings in the short term, and that overall spend was closely linked to levels of deprivation and the numbers of older people, rather than simply the level of band provided for, according to Audit Commission research.
- d) The expected level of savings from the removal of the Moderate band would need to be moderated by factors including: a number of people currently in Moderate band may be found to be in Substantial upon re-assessment, assessment processes are down to individual professional judgements and interpretation, and levels of re-investment in community services.
- e) Where authorities had made the decision to raise the bandings, re-assessments were not generally brought forward, but were completed at the scheduled annual review
- f) Middlesbrough initiated a three stage appeal process followed by a Member panel, for those who wanted to appeal banding decisions. Those whose services were withdrawn in Hartlepool or Middlesbrough had a 12 or 8 week grace period respectively.
- g) Staff need to be well trained and consistent in implementing any changes. Monitoring of assessments should be considered.
8. There are a number of factors that impact on a Council's ability to provide services at a certain level. These include:
- Demographics, in particular the ageing population and the numbers of people living with long term conditions. For example, in Stockton, the numbers of people with Dementia is projected to increase by 66% between 2008-2025.
 - Cost. The increased number of people, and increased cost of some care packages is having an impact. Between 2002-3 and 2010-11, net expenditure in adult social care increased by 60%.
 - A focus on those most in need. Stockton Council is one of three in the North East providing care at Moderate and above.

Darlington and Sunderland also do this. Northumberland provides care at Critical level only. In 2007-8, 72% of councils did not offer care at the Moderate level.

9. Resources and services can be broken down in broad terms into three categories:
 - Universal services open to all (eg. advice, community involvement, social participation and education)
 - Targeted Interventions (eg. advice in using equipment, assistive technology (eg. telecare), predictive tools, falls clinics)
 - Care and support for those with eligible needs
10. The Committee's survey of other authorities identified investment in a range of universal and targeted services including: advice regarding use of equipment at first contact stage and Independent Living Centres, carer support, signposting to voluntary and luncheon clubs, directories of services/trades, befriending services, co-location of relevant council and health services in public venues (including libraries and leisure venues).
11. Hartlepool developed a low level support strategy to better co-ordinate what already existed in the Borough, including the Hartlepool Now website. A consistent theme in relation to advice and information was the need to make it up to date and accessible.
12. Examples of commissioned services from the VCS include:
 - Independent Living for Older People (ILOP) was established in Middlesbrough. This was a partnership of three 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. NB. ILOP was funded through NDC money and only applied to NDC wards.
 - North Yorkshire entered into partnership with Age Concern in order to provide a range of low level services across the County.
13. Sunderland and North Yorkshire both invested in Telecare to a significant degree. In Sunderland it is offered to any resident at the rate of £3.50 a week, with 23,000 users in total.
14. It was recognised that Sunderland and North Yorkshire were able to invest in preventative services at the same time as maintaining services for 4 bands/expanding bands; it was noted that each authority works from a different baseline in terms of resources available to them.
15. A number of existing community services have been identified in the Borough. These include the VCS, but also partners such as the Fire Brigade who undertake home safety checks. More targeted interventions include: the Independent Living Centre at Tithebarn, the Home Improvement Agency

provided by Broadacres, falls clinics, and the telecare service. However, there are recognised capacity issues in relation to some of these services.

16. SBC continues to develop its overall preventative approach.
17. During 14 December 2009, the Committee were invited to a Dept. of Health-run Preventative Workshop. Another similar session has been organised for 17 November and the Committee have again been invited. Priorities identified from the 2009 workshop could be summarised as:
 - Develop strategic plan with support to promote enablement.
 - Pooling budgets/joint commissioning.
 - Develop systems to provide universal information.
18. The wider influences on 'social care' were recognised, particularly in relation to housing provision. Productivity and efficiency opportunities linked to move towards a greater preventative approach were identified.
19. It was reported that the pilot POPP¹ projects had identified that effective interventions included (NB. the session also covered the close links with health services):
 - Age proof mainstream services
 - Information and Advice for all – 'Universal Offer'
 - Building community capacity
 - Predictive risk case finding and case co-ordination
 - Telecare
 - Re-ablement and Intermediate care
 - Joint health and social care community support for LTC/complex needs
 - Pathway out of hospital
 - Out of hours / crisis response services
 - Housing options
20. The FACS review also has close links with other EIT reviews including: Adult Operational Services, Community Transport, and Advice and Information. In addition, other programmes of work within the Council and with partners aim to provide support for the voluntary and community sector.

¹ Partnerships for Older People Projects