

EIT Review of Fair Access to Care Services

Health Select Committee

Final Report

November 2010

DRAFT

Health Select Committee
Stockton-on-Tees Borough Council
Municipal Buildings
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Contents

	Page
Select Committee Membership and Acknowledgements	4
Foreword	5
Original Brief	6
1.0 Executive Summary	7
2.0 Introduction	10
3.0 Background	11
4.0 Evidence	14
5.0 Conclusions	29
Appendices	
Appendix 1 - Eligibility Criteria Bandings	
Appendix 2 - Detailed Consultation Results	
Appendix 3 - Comments received at consultation events and meetings	
Appendix 4 – Equality Impact Assessment (To Follow)	

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And all those who took the time to attend the consultation events, meetings and focus groups, and to respond to the FACS consultation survey.

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Foreword

Councillor Ann Cains
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DRAFT

Original Brief

1. What services are included?

The review covers the policy in relation to **Fair Access to Care**.

The national framework is based around 4 levels of need: Critical, Substantial, Moderate, Low.

People assessed as being within one of these bands are said to have 'eligible' needs and councils are required to decide which bands of need they will provide for.

SBC provides care across 3 bands (Moderate to Critical) for all adult social services, and across all 4 bands for aids/equipment. National guidance indicates that authorities should take account of their resources when setting eligibility criteria.

SBC is one of 2 NE authorities that offer care for 3 to 4 bands. This has been seen as supporting a preventative approach to care - however there are both performance and financial consequences arising from the current position. In line with the general population, the Borough is expected to experience an ageing population.

Review needs to consider: whether the current levels are sustainable, whether different models of service can be identified as alternatives to the traditional social care assessment model (see box 6).

2. The Thematic Select Committee's overall aim / objectives in doing this work is:

To identify options for future strategy / policy / service provision that will deliver efficiency savings and sustain / improve high quality outcomes for SBC residents.

1.0 Executive Summary

- 1.1 The report presents Cabinet with the outcomes of the Efficiency, Improvement and Transformation (EIT) Review of Fair Access to Care Services undertaken by the Committee during the municipal years 2009-10, and 2010-11.
- 1.2 The review formed part of a three year programme of EIT reviews covering all services provided by the Council. The programme aims to ensure that all services are reviewed in a systematic way to ensure that they are provided in the most efficient manner, provide value for money and identify opportunities for service improvements and transformation.
- 1.3 The Fair Access to Care Services (FACS) guidance that was published in 2002 provided a national framework for local authorities to use when determining eligibility for adult social care based on assessed needs. This guidance outlined how councils should use, review and if appropriate revise their eligibility criteria. Eligibility criteria are divided into four bands of need and the level of need at which care is provided is at the discretion of the relevant local authority.
- 1.4 During the period of the review the Department of Health issued revised eligibility guidance, entitled *Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care*. This guidance sought to address issues in the overall framework and there is a greater emphasis on prevention and universal services (particularly relevant for those councils looking to raise the eligibility threshold), and it makes clear that eligibility criteria must be used within the wider personalisation agenda. The four band system remains in place.
- 1.5 The Committee found that Stockton Council provides social care to those who have needs that are in the Critical, Substantial and Moderate bands. In addition, aids and adaptations ('equipment') are also provided to clients in the Low band. There is a national trend to provide care for people assessed as being in the Substantial and Critical bands only.
- 1.6 It is clear that the general pressures on funding and other factors including demography are having an increasing impact upon the ability of the Council to continue to provide the current range of services, and that the 60% increase in spending between 2002-3 and 2010-11 will become increasingly unsustainable in the future.
- 1.7 The Committee has considered the pressures on adult social care, and the results of the consultation, and considers that it would be appropriate to recommend that the eligibility criteria is raised to Substantial and Critical bands only, as this would allow the Council to focus its adult care services on those most in need. It should also be recognised that there is an opportunity to further develop preventative services, in order to ensure that some people will not need social care at all, and to delay the entry into the system of those who will.
- 1.8 In addition, the Committee agree that there should be further work undertaken in relation to the provision of equipment in order to ensure the shift to a higher eligibility threshold is properly implemented across all types of service provided. Additional monitoring of the assessment and review process should be considered to ensure consistency and a robust communications plan should be

developed prior to implementation of the recommendations. The Committee therefore recommend:

1. **that the Council amend its eligibility criteria for adult social care by removing the Moderate band and providing care to those in Critical and Substantial bands only;**
 2. **that the revised policy be implemented for all assessments and re-assessments that take place following 1 April 2011;**
 3. **that specific work be undertaken to ensure a consistent approach to the provision of aids and adaptations in line with the revised eligibility criteria that will take effect from 1 April 2011;**
 4. **that a communications plan be developed in order to clearly communicate the revised policy and its implications to clients, staff and stakeholders including Members, and that the information provided to clients should continue to include reference to the availability of advocacy and other methods of support when undergoing assessments;**
 5. **that further consideration be given to the additional operational and resource requirements of undertaking the assessment/re-assessment process during the initial 12 months operation of the revised policy;**
- 1.9 Due to uncertainty over funding and the variables involved in implementing any change, the Committee is not able to make precise recommendations about the type of community based services that should be supported. However it is clear to Members that there is a need for this and that a preventative approach should be taken, using the priorities identified during the consultation process where appropriate. It will be important to mitigate the impact of the higher eligibility threshold as far as is possible, and the Committee feel that the Council should focus its support on targeted services, including assistive technology (e.g. Telecare). Where appropriate, consideration should be given to utilising the services of the voluntary and community sector, especially in relation to community based services and to supporting its capacity to provide these.
- 1.10 It is also clear that many services already exist in the Borough, and that often what is required is better co-ordination and signposting. The Committee recommend that:
6. **that, subject to the availability of resources, investment should take place in targeted community services, using a preventative approach and the emerging priorities outlined in the report where possible, and that particular consideration should be given to investment in assistive technology (for example Telecare);**
 7. **that the wider corporate support initiatives to the voluntary and community sector be endorsed, and as part of this, consideration should be given to enabling this sector to focus on preventative, community services for Adults, on a sustainable basis where possible, utilising the range of programmes that have been**

developed e.g. the Voluntary and Community Sector Investment Fund;

- 8. that advice and information services be further developed to enable signposting to community services, and that such services should be up to date and accessible, include effective promotion of community services that already exist, and be linked to the work being undertaken as part of the implementation of the EIT Review of Advice and Information, and the Personalisation implementation programme;**

1.11 The impact of the change will need to be closely monitored and the actions within the Equality Impact Assessment (EIA) aim to achieve this. This should include a demographic analysis of the adult social care client group 12 months after the introduction of the revised criteria, and a process to monitor the progress of a sample of clients whose needs are not assessed as eligible under the revised criteria, and who would therefore be directed to community based services as appropriate. The Committee recommend that:

- 9. that the impact of the revised policy should be monitored through the implementation of the Action Plan from the Equality Impact Assessment;**

1.12 Due to the issues identified by the review in relation to the data held in relation to client bandings, the Committee believe that work should continue to ensure that the quality of data is kept to a high standard, and so recommend:

- 10. that to ensure that data quality is maintained, a process should be put in place to monitor the information held in relation to clients' eligibility bandings and to keep this under review.**

2.0 Introduction

- 2.1 The report presents Cabinet with the outcomes of the Efficiency, Improvement and Transformation (EIT) Review of Fair Access to Care Services undertaken by the Committee during the municipal years 2009-10, and 2010-11.
- 2.2 The review formed part of a three year programme of EIT reviews covering all services provided by the Council. The programme aims to ensure that all services are reviewed in a systematic way to ensure that they are provided in the most efficient manner, provide value for money and identify opportunities for service improvements and transformation.
- 2.3 The topic was identified for review by the Scrutiny Liaison Forum on 26 February 2009 and was subsequently included in the Select Committee work programme by Executive Scrutiny Committee on 24 March 2009. Due to the need to undertake public consultation, the Committee's 2010-11 work programme was also used to undertake the review.
- 2.4 The title of the review is Fair Access to Care Services. This was based on the common term for adult social care eligibility criteria that had been used following the publication of national guidance in 2002 entitled *Fair Access to Care Services: Guidance on eligibility criteria for adult social care* (Department of Health).
- 2.5 During the period of the Committee's review, the Department of Health consulted upon a revision to this guidance. The Committee had the opportunity to input into the Council's response to this consultation as part of the review. The revised guidance was published in February 2010, with the title *Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care*. The new guidance has been taken into account by the Committee during the consultation process and when compiling its report. However, for the sake of consistency and clarity, the terms Fair Access to Care or 'FACS', continued to be used for the duration of the review and as part of the branding for the consultation.
- 2.6 The Committee would like to place on record its thanks and appreciation to all those who responded to the consultation that took place during June-August 2010, and to all those who were involved in the preparation of the consultation process, including members of the Community Equality Impact Assessment Panel who helped to review the draft documents.

3.0 Background

- 3.1 The NHS Community Care Act 1990 identified that local authorities with social care responsibilities should assess the needs of adults who may be need of community care services and arrange the provision of such services to meet these needs, with the overall aim of ensuring that people live safely in the community.
- 3.2 The Fair Access to Care Services (FACS) guidance¹ that was published in 2002 provided a national framework for local authorities to use when determining eligibility for adult social care based on assessed needs. This guidance outlined how councils should use, review and if appropriate revise their eligibility criteria.
- 3.3 A person may contact the council directly to request an assessment, or alternatively they have been referred by another agency, for example a GP. The needs it is considered that the person may need help with are called 'presenting needs'. The person will then be assessed in order to determine whether the person has needs that the Council would be responsible to help with 'eligible needs'.
- 3.4 At Stockton, the First Contact Team carries out the initial assessment. Those people identified as needing a more comprehensive assessment are referred to the appropriate team. The teams comprise the four locality based Integrated Service Area (ISA) Teams, the Integrated Learning Disability Service, the Integrated Mental Health Service, the Occupational Therapy Service (part of the Specialist ISA) and the Sensory Support Team. In complex cases, assessments may be carried out by combinations of staff from these teams and also involve health professionals. Ultimately the decision regarding eligibility resides within the Local Authority's care management procedures. Assessments are carried out by qualified social workers or in less complex cases by other skilled staff (Assistant Care Coordinators, Review Officers).
- 3.6 Using the overall picture of a person's circumstances, the assessor makes a judgement as to which band the client is in and consequently their eligibility. This is based upon the risk factors associated with independence, health, safety, managing daily routines and involvement in family and community life. Assessments are based around individual circumstances and although two people may have similar medical conditions, for example, different levels of carer support and accommodation arrangements may lead to them being placed in different bands.
- 3.7 Within the criteria there are four bands of need. The risk factors described above may be placed in the following bands:
- Critical
- 3.8 If there was an immediate threat to life, health, vital involvement in work or family responsibilities or an inability to carry out vital personal care, such needs would be Critical and would receive the highest priority.

¹ LAC [2002]13 Fair access to Care Services – Guidance on Eligibility Criteria for Adult Social Care, Department of Health

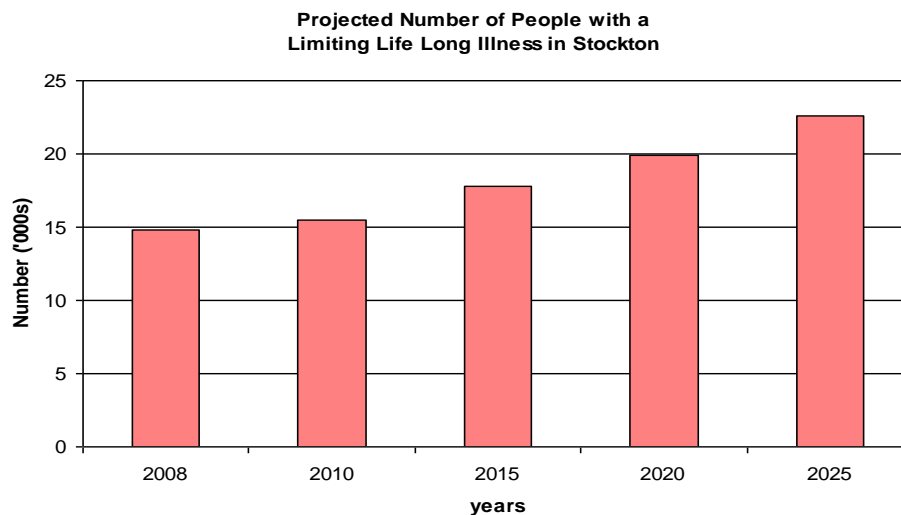
- Substantial
- 3.9 Where most aspects of choice and control, personal care needs, ability to engage in work, education, family roles etc are affected, needs would be placed in the Substantial band.
- Moderate
- 3.10 Where several of these factors were affected, needs would be in the Moderate band.
- Low
- 3.11 Where one or two aspects of life are involved and these are not a risk to health, safety or independence, these needs would fall in to the Low band.
- 3.12 The detail of each band can be seen at **Appendix 1**. Everyone has the right to request an assessment, and the right to appeal if they disagree with the banding decision. Reviews of decisions are undertaken by managers, and the client has recourse to the complaints process if they remain dissatisfied with the outcome. Carers can also have their needs assessed and this is done via a separate assessment process. If a client has eligible needs and is provided with a service, they will automatically receive an annual review, or more often if necessary. As individual circumstances change, a client's band may also change.
- 3.13 It is the decision of each council as to which bands of need they are able to provide care for. It was established in 1997 that councils are able to take into account the level of resources at their disposal when setting eligibility criteria, however subsequent case law has shown that this should not be the sole criterion and there must be cogent evidence where the emphasis is on resources.
- 3.14 Currently Stockton Council provides social care to those who have needs that are in the Critical, Substantial and Moderate bands. Aids and adaptations ('equipment') are also provided to clients in the Low band.
- 3.15 Those with eligible needs in Stockton have access to a range of services. This may include access to day services, home care, care home services and transport which are increasingly, as the Personalisation project develops, funded through personal budgets, which may be used as direct payments. Care packages are set up through a system of self-directed support. A separate financial assessment is undertaken in order to determine whether a contribution to the cost of services will be required from the client.
- 3.16 The assessment process is needs-led and a client's band will not necessarily directly relate to a particular type of service. In addition, it should not be assumed that the total cost of care packages is directly related to the band that a client is in. Relatively low level needs may require short term complex intervention, and vice versa. However some services, for example care provided in a care home, are associated with a higher level of cost, and a client is unlikely to receive such care unless they are in the Substantial, or Critical bands.

- 3.17 During the period October 2009 – September 2010, 7950 clients received an adult social care service from Stockton Council for at least part of the year. The numbers of clients in Stockton are covered in more detail in section 4.
- 3.18 In January 2008, the former Commission for Social Care Assessment (CSCI) published *Cutting the cake fairly: CSCI review of eligibility criteria for social care* in response to a request from the Government. This followed a critical report by CSCI that had identified a poor quality of life for many who were deemed ineligible for local authority-provided social care, and that there were inconsistencies in the application of the FACS criteria both within and between councils.
- 3.19 Amongst other proposals that included replacing the four band system, *Cutting the cake* made recommendations to ensure that some level of advice and assistance can be made available to all who seek care and support, and to increase the focus on the personalised approach to social care. The revised eligibility guidance, *Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care*, sought to address some of these issues.
- 3.20 The banding system and associated criteria remained the same. However, the revised guidance does address issues within the current general framework, and it aims to support 'fairer, more transparent and consistent implementation of the criteria'. There is a greater emphasis on prevention and universal services (particularly relevant for those councils looking to raise the eligibility threshold), and it makes clear that eligibility criteria must be used within the wider personalisation agenda.
- 3.21 It would be unlawful for a Council to have in place a blanket ban on any particular service it is legally able to provide. The new guidance reinforces the need for councils to plan for an individual's outcomes rather than specific services.

4.0 Evidence

Demands on adult social care

- 4.1 The Committee has noted how the situation within Stockton compares with authorities in the region and nationally.
- 4.2 Within the North East of England, only Stockton, Darlington and Sunderland Councils provide care at the level of the Moderate band and above. Northumberland Council have restricted care to those in the Critical band only. Nationally, as of 2007-8, 72% councils provided care at the Substantial level or above. This had increased from 62% in 2006-7.
- 4.3 There are a number of factors that influence the Council's ability to provide care services. Nationally, social services need to adapt to the ageing population and the changing demographic pressure that this brings. The number of 85 year olds has doubled since 1982, and is projected to double again by 2026; 1.7 million more people will be in need of care and support in 20 years time. The numbers of people with dementia is due to double over the next 30 years. It is welcome news that medical progress means that people with disabilities are living longer and healthier lives but this does impact on the numbers of people requiring care. The number of people with a learning disability and who need support is expected to increase by at least 50% by 2018.
- 4.4 The following chart shows the projected numbers of people living in Stockton with a limiting life long illness (for example, chronic obstructive pulmonary disease or diabetes). It shows a projected increase of over 50% between 2008 and 2025.



- 4.5 Other data shows a 66% increase in the number of people living with dementia over the same period, and a 62% increase in the numbers of over 75s registered blind or partially sighted.²
- 4.6 The Committee found that due to these rising numbers of people who require services, and the increased cost of some care packages, expenditure on adult

² Source: Joint Strategic Needs Assessment / POPPI Projections

social care has been increasing over recent years. In 2002-3, net expenditure was just less than £30 million; this is predicted to rise to £50 million by 2010-11.

- 4.7 The recent Comprehensive Spending Review announcement indicated that an additional £1 billion in grant funding would be available by the fourth year of the Review and a further £1 billion will be made available for adult social care through the NHS to support joint working between social care and health. This was in the context of a reduction of 7% per annum in real terms for grants to local government and details of the impact for Stockton has yet to be determined. The LGA estimate that the rise in annual cost of adult social care could be in the region of £6bn by 2014/15.
- 4.8 It is clear that the general pressures on funding and other factors including demography will continue to impact upon the range of services provided by the Council, and that the 60% increase in spending between 2002-3 and 2010-11 would become increasingly unsustainable in the future.
- 4.9 It is clear that Stockton has been able to maintain a certain level of care for longer than a considerable number of other local authorities. However, by amending eligibility criteria, this would allow the Council to be able to focus resources on those most in need. This would be in line with the national trend as outlined above.
- 4.10 In relation to the Council's performance, the Annual Performance Assessment for 2007-08 indicated that there was a perception that as Stockton Borough Council assesses so many individuals that this had a detrimental impact on performance; for example, the volume of assessment activity impacts on the length of time to complete assessments; and relatively costly assessment resources (i.e. social worker time) are committed to relatively 'low level' support solutions (for example, providing minor items of equipment).
- 4.11 However, it is important to note that changes to the eligibility criteria would not necessarily affect the number of assessments undertaken. The Council would still be required to assess adults who may be in need of community care services and it would not be known whether they met the eligibility criteria until the assessment had been carried out.

Aids and adaptations

- 4.12 The Committee found that Stockton is relatively generous in terms of the provision of equipment. Equipment is currently provided across all four bands and here is no charging policy in place for aids and adaptations, unlike other services such as day care. Equipment is a complex area.
- 4.13 Clients may receive more than one type of service, and of the data analysis that was undertaken for the period October 2009 to September 2010, three quarters of clients received an equipment service as part of their care package. The types of equipment can range from grab rails and aids in the kitchen to stair lifts.
- 4.14 The Occupational Therapy service provide the majority of aids and adaptations and until recently team members were not required to record FACS bandings

as part of their assessment and review procedures. As can be shown below this has led to issues surrounding the quality of data held by the Council.

- 4.15 Some aids are relatively simple, and could be purchased by residents through a range of high street locations. This would need improved signposting and advice services to be put in place, at the right points of contact, but could be achieved in a manner that would enable the Council to focus on those with more complex needs, and would enable residents to access appropriate equipment directly.
- 4.16 The Committee is keen to ensure that people who use equipment are able to continue to receive advice on how to use it correctly. The Committee is supportive of the services provided by the Independent Living Centre at Tithebarn but note that the Centre does not have extensive opening hours at present.

Analysis of client bandings

- 4.17 Considerable work has been undertaken by the Council's Finance and Information Management departments in order to provide the Committee with up to date information with regard to the numbers of clients in each band and the consequent costs to the authority.
- 4.18 The most recent financial analysis is summarised in the following paragraphs. Over the period October 2009 to September 2010, Carefirst shows that approximately 7,950 clients received a service for at least part of the year. Clients may have physical needs, learning disabilities, mental health needs, be vulnerable in some other way, or have a combination of these. For the purposes of identifying the numbers and costs of those in the Moderate band and below, the analysis focused on the net expenditure for those clients receiving Day Care, Home care, Transport or Direct Payment services only.
- 4.19 As noted above, nearly three quarters of all clients receive an equipment/adaptations service and nearly half of all clients receive only an equipment/adaptations service. However, it is difficult to quantify the cost of such services given both the range of equipment/adaptation provided and the difficulty in assessing the cost of maintaining equipment/adaptations that may have been installed several years ago. As such these services were disregarded in terms of trying to identify clients affected by raising the threshold for eligibility.
- 4.20 Clients have also been disregarded if they were in 24-hour permanent residential care (and any period of short-term care immediately prior to this) for the period of the year this applies along with any community based service they may also have received during those periods. This was on the basis that such clients will be classed as Substantial or Critical and not be affected by any threshold change.
- 4.21 There are also some clients for which no recent assessment or review event is recorded within Carefirst. These have also been left out of the analysis on the basis of needing to positively identify assessed clients only. That left approximately 5,800 clients receiving community based services during the year which formed the basis of this analysis.

- 4.22 For these 5800 clients, around 1850 did not have a FACS banding recorded in Carefirst. However, the vast majority of these were clients receiving equipment/adaptations services only and were disregarded as described.
- 4.23 Of the clients in the analysis 749 had a FACS banding at or below the Moderate threshold at one or more periods during the year, often the whole year, and were receiving some combination of Day Care, Homecare, Transport and Direct Payment services during those periods.
- 4.24 The estimated gross expenditure on these services for the 749 clients during the year was £1.47m and Table 1 shows the analysis over the year.

Table 1

Potentially affected clients by service with gross expenditure

	Clients	Gross Expenditure
Day Care (In-house)	140	£286,064
Day Care (External)	8	£54,502
Transport	93	£80,931
Direct Payments	84	£262,663
Ind Home care	587	£698,431
LA Home care	7	£88,898
Total of services provided to clients	919	
Total number of actual clients	*749	£1,471,489

* Note that the total of clients for each service adds up to more than the total affected clients because some clients receive more than one service.

- 4.25 It is important to note that In-House Day Care services, actual expenditure is for places in the authority-run day care centres. The above analysis is on assumed take-up of places. It should also be noted that the gross expenditure of £375k shown against In-House Homecare and Day Care services for Moderate and Low banded clients would only be achieved if an internal review of those services takes place. There are specific costs related to each of these services including employees, premises costs etc. which will continue even if the number of clients using the service reduces. Therefore any changes to the Moderate band would need to be taken account of and reflected in the implementation of the EIT review of Adult Operational Services, and any future work on adult social care provision.
- 4.26 The above service costs for the bandings below the Moderate threshold gives a total gross expenditure of c.£1.47m. However, this disregards a further £0.28m expenditure against the clients where FACS is "Not Recorded". If a simple re-apportionment of the "Not Recorded" expenditure for each service in the same proportions to the expenditure for known FACS bandings is applied then a further £0.04m might be added to the above gross expenditure saving on Moderate.

- 4.27 Activity in Carefirst for Independent Home care services is based on planned hours which are significantly higher than the actual hours provided to clients. This can be a result of hospital admissions, or clients being on holiday or in respite care, for example. The calculation of the Independent Homecare costs based on planned hours has therefore been reduced in line with the proportion of actual costs calculated from external provider utilisation sheets.
- 4.28 The potential figure of £1.47m above needs to be reduced due to loss of income from client contributions. An analysis of the potentially affected clients and their weekly contributions to services gives a figure of £0.42m which would leave £1.05m of potential reduced net expenditure.
- 4.29 In relation to equipment, previous work on this area showed that for the 6 month period of October 2008 to March 2009, c.£290k was spent on aids and adaptations across clients in all four bands, and those whose band was 'not recorded'. It is noted that further work must be undertaken on this issue, but it is clear that there is significant potential for further efficiencies to be made.
- 4.30 The Committee noted the number of clients with unrecorded bandings. This had been identified at an early stage of the review and measures were put in place to address the quality of the data held, including the required for Occupational Therapy Teams to records bandings when undertaking assessments and reviews, and for gaps to be reported by exception. The Committee was pleased to note the measures put in place to ensure that this was addressed during the period of the review. However, it is clear that there is still further work to be undertaken on the data and Members are keen to see that this is kept under review.

Implications of raising the eligibility threshold

- 4.31 The Committee considered in detail the potential option of raising Stockton Council's eligibility criteria to Critical and Substantial bands only. This would require the removal of the Moderate band from the criteria (and Moderate and Low for equipment).
- 4.32 The Committee received information from an IDeA research report, and information was gathered from comparator authorities that were rated excellent for adult social care, and that provided care at Substantial and above (or that had considered raising their threshold).
- 4.33 In addition the Committee received evidence from North Yorkshire and Sunderland. North Yorkshire provided care at the Low (when long term risks significant) to Critical bands, and Sunderland provided care for Low to Critical bands in order to provide an additional perspective.
- 4.34 The IDeA research report 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;
 - there is a need to ensure services are flexible, to avoid rigid eligibility criteria or lists of services that are funded/provided.

- 4.35 The Committee note that the full EIT programme will ensure that the operational delivery of adult services continues to be examined as part of the Adult Operational Services review, and future reviews will examine Mental Health and Learning Disability Services.
- 4.36 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. The evidence provided directly for other authorities to the Committee confirmed that savings had not always matched projections. However the Committee also found that savings could be expected over the medium to long term by amending eligibility criteria. As well as any savings and re-shaping of services that may be achieved in relation to the existing client base, an important factor in any change would be an increase in the Authority's ability to cope with the demand pressures outlined above. The Committee noted that Hartlepool Council has experienced a dip in the number of assessments and caseloads following the change.
- 4.37 The expected level of savings from raising the eligibility threshold would need to be moderated by factors including the fact that a number of people currently in Moderate band may be found to be in Substantial or critical bands upon re-assessment. It is also the case that, as noted by a number of authorities who have undertaken the change, assessment processes are down to individual professional judgements and interpretation, this could see individual clients moved from Moderate to higher banding when faced with the loss of services.
- 4.38 As the Committee had found that other Local Authorities had experienced an upward shift in the numbers of clients moving from Moderate to Substantial bands once the threshold had been raised, the implications of this possibility have been modelled in financial terms.
- 4.39 The figures below show what the potential net expenditure would be if there was a shift of 1%, 5% and 10% of clients from Moderate to Substantial on review of their FACS banding:
- 1% shift would mean the potential net reduced expenditure would amount to £1.04m;
 - 5% shift would mean the potential net reduced expenditure would amount to £0.99m;
 - 10% shift would mean the potential net reduced expenditure would amount to £0.94m.
- 4.40 This shows that it is likely that there would still be a minimum of c. £1m of reduced expenditure should the threshold be raised.
- 4.41 Legal advice to the Committee indicates that if the Moderate banding is lawfully removed, existing clients in that banding will no longer be eligible for services providing they have been reassessed and the reassessment shows their needs would still fall into the Moderate band. Services should not be withdrawn or significantly reduced without a review and reassessment.
- 4.42 In addition, the revised guidance refers to not withdrawing services unless it is safe and appropriate to do so. The reassessment should consider whether needs would significantly worsen or increase in the foreseeable future if services are withdrawn such that independence is undermined. The timing of

reassessments should 4.43 be carefully considered. Reassessments could take place at the annual review period. Therefore any savings would not be immediate even if they were achieved in full, as services would continue to be provided until existing clients have been re-assessed upon annual review.

- 4.44 As has been made clear by the evidence provided by other authorities, and has been re-emphasised by the issue of the revised national guidance, any raising of the threshold must be accompanied by the availability of high quality information and universal services to those who are not eligible for care, and also more targeted approaches to early intervention and prevention, following the approach of Putting People First.
- 4.45 In this context, universal, community-based services refer to the type of services that are accessible to all sections of the community but would be particularly relevant to people who may otherwise have entered the care system. Examples of these include advice and information, community involvement (such as luncheon clubs), holistic checks (for example home safety checks provided by the Fire Brigade), and other methods of social interaction (for example access to forms of adult education).
- 4.46 Many of these services already exist, and where appropriate, raising awareness and understanding of them would be appropriate. For example, for some people, social interaction may be as beneficial if it takes place in a leisure centre, or community group, as it would be if this occurs through day care.
- 4.47 Targeted interventions are provided to people who need additional support to prevent, or delay, any requirement for more intensive care provision. These include advice and signposting in relation to using equipment, the use of assistive technology (including telecare), predictive tools (that could prevent certain conditions from deteriorating), and Falls Clinics.
- 4.48 Within this framework it is only those who need additional support and who are eligible under a council's criteria who would receive formal care and support.
- 4.49 It is clear to the Committee that there should not be a removal of the Moderate Band from the Council's eligibility criteria without having in place such community resources, and the ability to signpost ineligible residents to them. This would be in line with best practice and the national eligibility guidance.
- 4.50 With this in mind it was agreed that a consultation should be undertaken in order to ascertain views on two main issues; to determine the level of support for raising the eligibility criteria, and the types of community services that are most valued by residents.

Consultation Process

- 4.51 The Council is required to consult widely prior to making any decision in relation to eligibility criteria. Consultation is an essential part of the process of establishing or restricting eligibility criteria under FACS. The guidance states that although final decisions remain with councils, they should consult service users, carers and appropriate local agencies and organisations about their eligibility criteria.
- 4.52 The Committee oversaw and had input into the preparation of the consultation. The draft consultation documents and the design of the process as a whole was aided by the involvement of a range of Council departments and stakeholders.

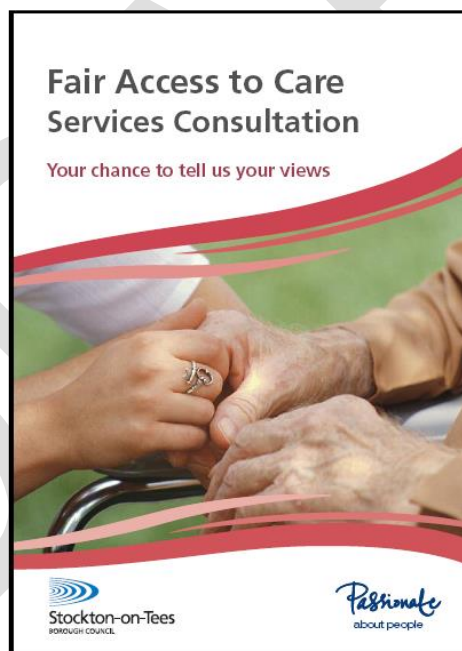
In particular, the Committee is grateful for the input of members of the Community Equality Impact Assessment Panel who had the opportunity to provide comments on the draft documents and the proposed approach.

4.53 The consultation period took place between 1 June to 27 August 2010, and the process sought to ascertain views on the following two questions:

- How strongly do you agree with the idea of changing the eligibility rules for social care services so that some of the savings can be re-invested in community services open to all?
- If the Council did make the change, what sort of community based services would you most like to see?

4.54 A survey and information booklet was sent to the 6851 clients and carers who were in receipt of Council adult social care services at the time of the creation of the mailing list in May. The survey and booklet was also made generally available to the public, including on the Council's website.

Fig 1. Design of consultation booklet



4.55 In addition to the survey over 30 engagement events and meetings were attended. This included seven dedicated public meetings, attendance at a range of existing forums, and dedicated focus groups. Additional meetings were organised in response to demand. Events were organised for particular client groups, including three Learning Disability Day Services events and a deaf community meeting. A presentation was provided at each event and this was followed by the opportunity for more in-depth discussion. All comments stated at these events were recorded and are included in this report at **Appendix 3**.

- 4.56 The process was advertised through press releases, pull-up banners in public areas, and articles in Stockton News. Information on the consultation was made available through a dedicated helpline and a dedicated website. 156 calls were made to the FACS helpline, and provision was made for clients to be able to check their FACS banding if they were not sure.
- 4.57 The consultation generated a good response and 1340 responses were received in total. Out of the 6851 that were mailed direct to clients and carers, 1276 were returned. The remaining 64 were returned from members of the public and other interested parties. The survey return rate from clients and carers is statistically valid. The detail of the results can be found at **Appendix 2**. The headline results can be found in the following box:

Headline Consultation Results

In terms of the main consultation proposal, the survey showed that 45% of respondents agreed, and 21% of respondents disagreed with the idea of changing the eligibility rules. This gives a net positive result of 24%. Discussion at focus groups also highlighted general agreement with the proposal. However it is clear that a minority of respondents feel strongly against the proposed change.

There was broad understanding of the reasons behind the proposed change (whether or not respondents agreed with it).

In terms of the type of community services that people found important, the feedback can be themed in the following way:

- Transport – this scored highly in the survey, particularly if including ‘help getting to appointments’. This issue was also frequently mentioned in the engagement process, together with specific references to ensuring transport is accessible those with disabilities and certain conditions.
- Social interaction – it is clear that respondents would value opportunities to maintain social interaction. References include day care, ‘meeting people’, access to visits and trips out.
- Household help – access to general household help, DIY services, cleaning and gardening services were mentioned across the response.
- Respite care and support for carers – support for sitting services was strong in the survey.
- Advice and information – this was a frequently mentioned issue across the consultation. Suggestions included ensuring information was accessible at the point of need, ensuring that it was kept up to date, and the development of a directory of services. In addition the issue of advocacy and personal help to navigate the information and procedures that existed was referred to in a number of responses.

It will be important to see these in the context of independent living and adopting a preventative approach to services. Many respondents referred to the importance of maintaining independence, and ensuring that services were designed in such a way as to help people to help themselves (where possible).

When discussed in detail, Care Call, Telecare, the Home Improvement Agency and the Independent Living Centre were recognised as being useful services but were not widely known (with the exception of Care Call).

Investing in community services

- 4.58 The Committee is grateful for the feedback provided by those who took the time to respond to the consultation process. Members note the broad levels of understanding and support for the proposal to raise the threshold. Within the context of these results, and the other factors outlined earlier in the report, Members feel able to recommend that the eligibility criteria for adult social care in Stockton is raised to the Substantial and Critical bands only.
- 4.59 The Committee wish to use the consultation results in order to re-invest an element of the savings in a range of community services. This would be following the approach of other authorities who have raised their threshold. 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; however it was noted that each authority works from a different baseline in terms of resources available to them.
- 4.60 As can be shown from the figures at **XXXX**, the projected saving that could be achieved by providing services at the Substantial band and above would be approximately £1.05m. Due to other factors including the effect of implementation on equipment, the gross total savings could be higher once all reviews have been completed. By taking into account the possibility of clients moving into a higher banding, this would reduce the total money saved, however this could leave a significant sum to invest in community based services, potentially in the region of £0.5m. This would be dependent on the overall level of resource available to the Council, and the type of community based services the Council chooses to invest in.
- 4.61 The need for a preventative approach was further reinforced by the Prevention Workshop that was hosted by SBC and organised by the Department of Health in December 2009, to which the Committee was invited.
- 4.62 The three main priorities identified for the area from the workshop were the need to develop systems to provide universal information, develop a strategic plan with support to promote enablement, and pooling budgets/joint commissioning. The wider influences on 'social care' were recognised, in terms of the impact of other services. Productivity and efficiency opportunities linked to move towards a greater preventative approach were identified.
- 4.63 It was reported that the pilot POPP³ projects had identified that effective interventions included age proof mainstream services, information and advice for all, building community capacity, predictive risk case finding and case co-ordination and telecare.
- 4.64 The Committee is aware of the wide range of community based services that already exist within the Borough which could help address the identified need for social interaction, through luncheon clubs or other settings. Local groups may also be well placed to provide befriending services for example.
- 4.65 The Committee has noted the support to the voluntary and community sector from the Council that is either already being provided or being proposed, and believe that this should be utilised wherever possible to support services relevant to this prevention agenda. Recent Cabinet approval has been given for the development of a Voluntary and Community Investment Fund, and the

³ Partnerships for Older People Projects

Stockton Community Fund. The Investment Fund moves away from the previous grant model of the Voluntary Sector Support Fund towards an investment model in order to help develop a viable and sustainable local third sector, with organisations that will be well placed to access future commissioning opportunities and so provide a range of services. The Community Fund will utilise dormant trust funds and will be available to organisations wishing to bid for small grants of up to £500.

- 4.66 In relation to more targeted services, the consultation highlighted the need for assistance with what could be termed general household help. The Borough has a Home Improvement Agency (HIA) provided by Broadacres, however this was not widely recognised by those who participated in consultation meetings.
- 4.67 The HIA provides a Handyperson Service to undertake small scale tasks. This service is free and is currently available to those over 60, disabled persons of any age, and the vulnerable. The service incorporates the provision of general advice. The Agency also provides technical advice and support for more substantial household work, including adaptations. Consideration may be given to enabling the HIA to increase its capacity in order to deal with any increased demand.
- 4.68 Consideration should be given to widening access to the Independent Living Centre. This will be especially important in the context of raising the eligibility threshold for aids and adaptations, and needs to be linked to effective signposting to alternative sources of appropriate equipment.
- 4.69 The Committee also believes that support for carers should be kept under review. The Council's carers' strategy is currently under review.
- 4.70 The Committee believes that particular consideration should be given to using available resources to support the further development of assistive technology.
- 4.71 Currently Stockton has 376 active users of Telecare. Telecare can provide a range of aids within the home, with the aim of keeping people in their own home and living safe independent lives for as long as possible. Examples include pendants, gas-shut off valves, falls sensors, temperature sensors, property exit sensors and bed sensors. Each of these can potentially prevent individual serious incidents, and taken together they help to reduce reliance on expensive residential care. NHS Stockton-on-Tees has decided to cease funding for Telecare and to concentrate on Telehealth provision, and Council provision is being currently being maintained through the Supporting People under spend. Commissioners are looking at the options to develop a funding arrangement on an individual client basis for people supported through NHS continuing healthcare.
- 4.72 Sunderland and North Yorkshire both invested in Telecare to a significant degree and it is an integrated part of their commissioning strategy. In Sunderland it is offered at the basic level to any resident at the rate of £3.50 a week, with 23,000 users in total. The Committee believes that work should be undertaken to explore methods of widening access to the service wherever possible.
- 4.73 With any services that are supported, the Committee believes that it will be important to take account of specific needs. The consultation outlined concerns relating to the importance of making sure that providers of community services are aware of these needs. These comments are outlined at **Appendix 2**, and

include raising awareness of learning disabilities, specialist conditions including young onset dementia, and cultural sensitivities in relation to sections of the BME community.

- 4.74 The Committee found that better promotion is needed of services that already exist.
- 4.75 It will be important to link the implementation of the recommendations from this review, if approved, to other work that is ongoing. The EIT Review of Advice and Information Services is developing methods of improving the provision of information within the authority, information provided to clients, and the locations at which information is provided.
- 4.76 Work is ongoing as part of the Personalisation project to develop an online directory of services in order to support those who will assume responsibility for organising their own care needs. This will also be highly relevant to those who will be ineligible for formal support but would still wish to access similar community services.
- 4.77 Access to the directory in face to face and telephone contact situations will be promoted through Customer Services, libraries and social care staff. The directory will be kept up to date by the Families Information Service (FIS), and will also be promoted by the FIS Team. Consultation on the development of the directory at the Are You Being Served 2010 event led to positive feedback.
- 4.78 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 during the review in relation to advice and information was the need to ensure that it remains up to date and above all accessible.
- 4.79 The Committee consider that due to the pressures on funding, it will be more appropriate for the Council to focus investment on targeted services and advice and information services, while support for other universal approaches to be channelled primarily through the voluntary and community sector.

Implementation

- 4.80 The Committee is acutely aware of the uncertainty that will be felt by those currently in receipt of adult social care in terms of what the change may mean for them. The guidance emphasises that councils should exercise considerable caution and sensitivity when considering the withdrawal of services, and Councils should also check any commitments they gave to service users at the outset about the longevity of service receipt.
- 4.81 Individuals not, or no longer, eligible for services should be provided with information and advice about other sources of support and made aware of complaints procedures and informed that if circumstances change they can request reassessment. Assistance should be given to help the individual find the right person in the relevant agency or organisation if other services are needed.
- 4.82 As part of this the Committee considers that there will need to be a comprehensive communications plan in order to explain the process, in particular to existing clients, but also to staff and stakeholders including Members.

- 4.83 The Committee considers that re-assessments of existing clients should not be brought forward but should take place upon annual review. This would be in line with the approach taken by other Councils.
- 4.84 An implementation date of 1 April 2011 will allow for communication and other preparations to be completed.
- 4.85 Based on the experience of other local authorities, the Committee agrees that training for staff is essential and that it would be appropriate to undertake enhanced managerial supervision of assessments, in order to ensure that these are implemented in a consistent manner. The Committee believes that consideration should be given to providing an additional resource in order for this to be achieved during the first year of implementation.
- 4.86 The Council needs to be aware of its legal duties in relation to avoiding discrimination. Eligibility criteria must not unlawfully discriminate. In determining eligibility criteria councils must have due regard to racial, gender and disability equality duties.
- 4.87 The Equality Act 2010 replaces existing anti discrimination laws and extends the areas where discrimination will be unlawful to include age, sexual orientation, religion or belief, pregnancy and maternity and gender reassignment. Most of the Equality Act 2010 is now in force, however, it creates a new public sector Equality Duty which is not expected to be in force until April 2011. The Government is currently consulting on how this should be implemented. Until then the local authority must continue to have due regard to existing equality duties and these are outlined as follows.
- 4.88 They include: Sex Discrimination Act 1975, the Disability Discrimination Act 1995, the Human Rights Act 1998, the Race Relations (Amendment) Act 2000 and age discrimination outlined in the NSF for Older People.
- 4.89 The statutory duties are:

Sex Discrimination Act 1975 - S.76A - a general duty to have due regard to the need to eliminate unlawful discrimination and harassment (including for transsexual people) and the need to promote equality of opportunity between men and women.

Human Rights Act 1998 generally makes it unlawful for a public authority to act in a way which is incompatible with rights under the European Convention on Human Rights, and requires legislation to be interpreted so as to give effect to Convention rights.

Race Relations Act 1976 (amended by Race Relations (Amendment) Act 2000 - S71 - provides a duty, when exercising functions, to eliminate unlawful discrimination and to promote equality of opportunity and good relations between persons of different racial groups and S19B makes discrimination by a public authority unlawful.

Disability Equality Duty

S. 49A Disability Discrimination Act 1995 provides:

Every public authority shall in carrying out its functions have due regard to:

- a) the need to eliminate discrimination that is unlawful under this Act;
- b) the need to eliminate harassment of disabled persons that is related to their disabilities;
- c) the need to promote equality of opportunity between disabled persons and other persons;
- d) the need to take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons;
- e) the need to promote positive attitudes towards disabled persons, and
- f) the need to encourage participation by disabled persons in public life.

4.90 The Disability Rights Commission (since replaced by the Equality and Human Rights Commission) has produced a statutory Code of Practice "The Duty to Promote Disability Equality" which must be taken into account by public authorities and the courts but does not have the force of law.

- Para 1.10 of the Code emphasises that equality for disabled people may mean treating them more favourably
- Para 1.113 requires public authorities to adopt a proactive approach
- Para 2.34 considers "due regard" and its meaning that requires public authorities to do more than simply give consideration to disability equality.

The Code encourages a full impact assessment.

4.91 An Equality Impact Assessment is required for all new or revised Council policies and an EIA has been completed as part of this work. The Community EIA Panel was also involved in this process and Members would like to state their appreciation for their work.

4.92 The EIA is attached at **Appendix 4**.

4.93 The proposal to revise the eligibility criteria has been scored as having a **XXXXX** impact.

4.94 The EIA includes an action plan that will meet the Committee's desire to see that the implementation of revised criteria will be properly monitored. This should include a demographic analysis of the adult social care client group 12 months after the introduction of revised criteria, and a process to monitor the progress of a sample of clients whose needs are not assessed as eligible under the revised criteria, and who would therefore be directed to community based services as appropriate.

5.0 Conclusion

- 5.1 The Committee has undertaken a detailed review of the issues facing adult social care, and this has included overseeing a major consultation within the Borough. Members are very grateful to all those who took the time to respond with their views.
- 5.2 The Committee has considered the pressures on adult social care, and the results of the consultation, and considers that it would be appropriate to recommend that the eligibility criteria is raised to Substantial and Critical bands only, as this would allow the Council to focus its adult care services on those most in need.
- 5.3 In order to secure a successful implementation of the revised policy, a robust communications plan should be developed, consideration should be given to measures that will ensure a consistent application of the new criteria, and the impact of the change will need to be closely monitored, using the actions outlined in the EIA aim to achieve this.
- 5.4 In addition, the Committee agrees that there should be further work undertaken in relation to the provision of equipment in order to ensure that client bandings are correctly recorded and a shift to a higher eligibility threshold is properly implemented across all types of service provided. Work should continue to ensure that the quality of data in relation to client bandings is kept to a high standard.
- 5.5 Due to uncertainty over funding and the variables involved in implementing any change, the Committee is not able to make precise recommendations about the type of community based services that should be supported. However it is clear to Members that there is a need for this and that a preventative approach should be taken, using the priorities resulting from the consultation process where appropriate.
- 5.6 It is clear that many services already exist in the Borough, and that often what is required is better co-ordination and signposting. Consideration may be given to increasing the capacity of commissioned services such as the Home Improvement Agency, and in particular Telecare.
- 5.7 It is with some regret that the Committee has reached its conclusions, and it is clear that in an ideal world Members would prefer not to be making recommendations to restrict the scope of adult social care.
- 5.8 However the pressures facing social care are inescapable and the demands will only increase over time. It should also be recognised that there is an opportunity to further develop preventative services, in order to ensure that some people will not need social care at all, and to delay the entry into the system for those that will.

Appendices

Appendix 1

Description of Bandings within Eligibility Criteria

Critical - this is when:

- Life is, or will be, threatened; and/or
- Significant health problems have developed or will develop; and/or
- There is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or
- Serious abuse or neglect has occurred or will occur; and/or
- There is or will be, an inability to carry out vital personal care or domestic routines; and/or
- Vital involvement in work, education or learning cannot or will not be sustained; and/or
- Vital social support systems and relationships cannot or will not be sustained; and/or
- Vital family and other social roles and responsibilities cannot or will not be undertaken.

Substantial - this is when:

- There is, or will be, only partial choice and control over the immediate environment; and/or
- Abuse or neglect has occurred or will occur; and/or there is, or will be, an inability to carry out the majority of personal care or domestic routines
- Involvement in many aspects of work, education or learning cannot or will not be sustained and/or
- The majority of social support system and relationships cannot or will not be sustained; and/or
- The majority of family and other social roles and responsibilities cannot or will not be undertaken.

Moderate - this is when:

- There is, or will be, an inability to carry out several personal care or domestic routines; and/or
- Involvement in several aspects of work, education or learning cannot or will not be sustained; and/or
- Several social support systems and relationships cannot or will not be sustained; and/or
- Several family and other social roles and responsibilities cannot or will not be undertaken

Low - this is when:

- There is, or will be, an inability to carry out one or two personal care or domestic routines; and/or
- Involvement in one or two aspects of work, education or learning can not or will not be sustained; and/or
- One or two social support systems and relationships cannot or will not be sustained; and/or
- One or two family and other social roles and responsibilities cannot or will not be undertaken.

DRAFT

Appendix 2

Consultation Results

1340 responses were received in total. Out of the 6851 that were mailed direct to clients and carers, 1276 were returned. Out of these the minimum needed for a statistically valid response was 1100. The remaining 64 were returned from members of the public and other interested parties.

Respondent		
Client	893	67%
Carer	184	14%
Both (Joint response in some cases)	14	1%
Other	163	12%
Not stated	86	6%

When analysing the results it became clear that many of the people who stated that they were 'other' could be classed as clients or carers.

In addition, one respondent was a member of an Area Partnership, one was the Secretary of Stockton-on-Tees and District Trades Union Council (please also see the response as part of the Engagement Schedule responses). The remainder were relatives, members of the public, or their status was not stated.

The following tables provide the demographic breakdown of respondents:

Gender		
Male	417	31%
Female	763	57%
Not stated	156	12%
Other (Joint response in some cases)	4	0.3%

Age		
Under 18	4	0.3%
18-29	29	2%
30-39	45	3%
40-49	105	8%
50-59	171	13%
60-69	230	17%
70-79	307	23%
80+	394	29%
Prefer not to say	26	2%
Not stated	29	2%

Ethnicity		% (rounded to 2 dec. point)
White British	1259	93.96%
White Irish	15	1.12%
Any other white	10	0.75%
White/Black Caribbean	3	0.22%
White/Black African	3	0.22%
White/Asian	-	-
Any other mixed	1	0.07%

Indian	12	0.9%
Pakistani	2	0.15%
Bangladeshi	-	
Any other Asian	-	
Caribbean	-	
African	-	
Any other black	-	
Chinese	-	
Other ethnic	1 (Kurdish)	0.07%
Not stated	34	2.54%

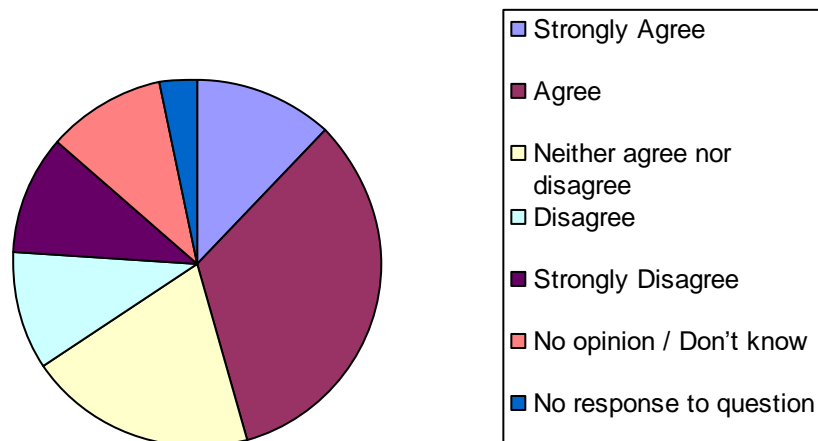
White: 95.83%
Non-White: 1.63%
Not stated: 2.54%

The survey consisted of two main questions and each included the opportunity to provide additional comments. The answers to the first question were as follows:

Q1. How strongly do you agree with the idea of changing the eligibility rules for social care services so that some of the savings can be re-invested in community services that are available for all?

Strongly Agree	162	12%
Agree	448	33%
Neither agree nor disagree	267	20%
Disagree	144	11%
Strongly Disagree	138	10%
No opinion / Don't know	140	10%
No response to question	41	3%

Q1. How strongly do you agree with the idea of changing the eligibility rules for social care services so that some of the savings can be re-invested in community services that are available for all?



Overall, 45% of respondents supported the proposal to some degree, 20% did not agree nor disagree, 21% did not support the proposals to some degree, and 10% had no opinion or did not know. This gives a net positive result of +24%⁴.

Out of the 1279 that were returned from the mailout of 6851, 581, or 46%, of responses 'agreed' or 'strongly agreed' with the proposal. This gives a confidence interval of +/- 2.46% (at 95%). This is a good level of confidence. This means that if the exercise was repeated there would be a 95% chance of getting between 48.46 – 43.54% of respondents agreeing to the proposal to some extent.

As part of question 1, there was a prompt requesting respondents to 'Please tell us why you feel this way below'. Comments received in this section can be broken down into those from people who supported the proposal (by ticking either 'Strongly Agree' or 'Agree'), from those who did not support the proposal (by ticking either 'Disagree' or 'Strongly Disagree'), and from those who either did not express a preference or had no opinion/didn't know.

The comments have been coded in order to show the type, range and frequency of comments that have been received. The full list of the type of comments that were received is at **Appendix 2.a)**. The most frequent comments for each group are shown below (number 1 being the most frequent):

Comments from those in support of the proposal

1. General comment in support
2. Personal comment/reaction
3. Support should be given to those most in need
4. Services should be available to all those who need help
5. People are abusing the system/stop those who receive more than they need

Comments from those who disagreed with the proposal

1. Things are fine as they are – should be no change
2. Personal comment/reaction
3. Should be supporting everyone
4. Those in lower bands will not receive the care that they need
5. Not happy with the proposed reduction in care

Comments from those who expressed no strong opinion or did not know

1. Personal comment/reaction
2. Need more information
3. Did not understand the form/question
4. Current service acceptable
5. No opinion on the proposal

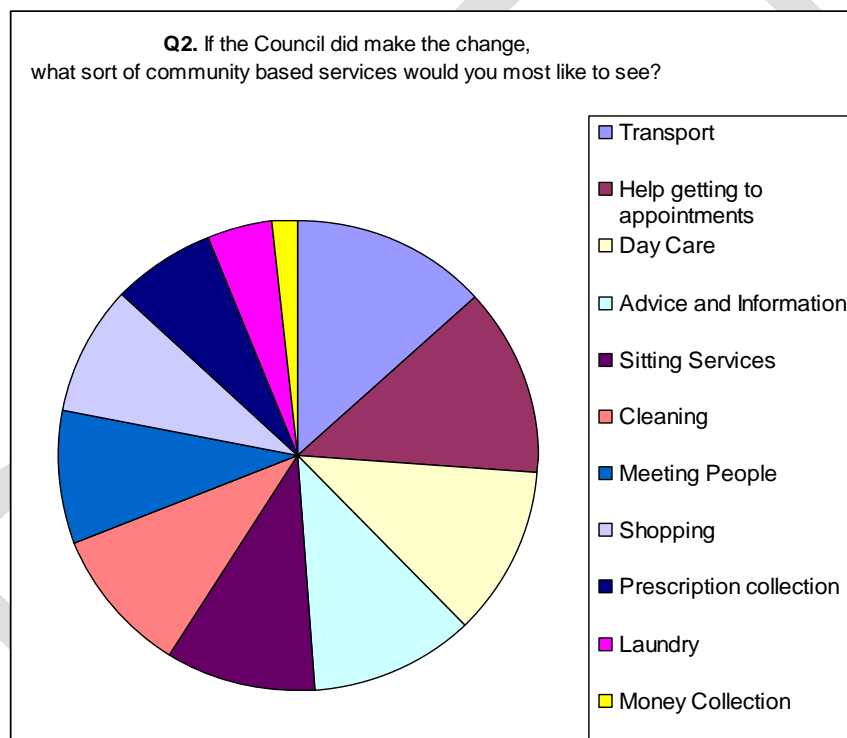
It should be noted that a minority of people would appear not to have fully understood the consultation process and/or proposal. However the numbers compared to the overall response were low. For example, 18 people stated that they did not understand the form/question.

⁴ Net agreement is the difference between total % of people who agreed minus the total % who disagreed. A positive figure shows that in total, more people agreed than disagreed with a proposal. A negative figure shows that in total, more people disagreed than agreed.

Question 2 was designed to gain views on the range of community based services that could be available. The results are as follows:

Q2. If the Council did make the change, what sort of community based services would you most like to see? (tick up to 5)

Transport	Chosen 632 times
Help getting to appointments	595
Day Care	550
Advice and Information	526
Sitting Services	470
Cleaning	462
Meeting People	443
Shopping	409
Prescription collection	331
Laundry	213
Money Collection	73



As part of Question 2, respondents were asked to suggest any other services that would be important to them, in addition to what was on the list provided. This space was also used by some respondents to explain the choices that they had made from the above list. It should be noted that although the number of supplementary comments were fewer in number compared to the results above, they were 'unprompted' and therefore give some further indication as to what is important to residents.

These comments have also been coded, and the list of the full range of comments that were mentioned is at **Appendix 2.b)**. The most frequent types of comments were as follows (1 being the most frequent):

1. Personal experience / comment (often including reference to family support) (73 mentions)
2. Gardening (27)
3. Home DIY / General household help (23)
4. Respite Care (19)
5. Advocacy and personal advice (eg help with forms) (16)

In addition, other comments, although coded separately, were related to each other and highlighted a number of issues when taken together. 'Transport' was again raised several times, and a similar number of respondents were more specific with comments in relation to 'improved dial a ride/ disability transport'. 'Advocacy and personal advice' is listed above, and this could also be taken together with the need to provide 'access to up to date information' (12 mentions).

Taken together, 'day care', 'trips and visits out', and 'social interaction and improved social life' were mentioned 35 times in total.

It should also be noted that some people either declined to choose options due to their belief that all the services were important, or they did choose options but stated that it was hard to do so.

The full set of comments made and submissions received as part the engagement events and meetings can be seen at **Appendix 3**.

As can be seen, many of the comments that were expressed during the engagement process were in the form of queries in relation to the consultation process, the current arrangements for assessment, and social care in general. It was often stated that there was not enough clarity in terms of the criteria for each band, that people were unaware of which band they were in, and unsure as to the processes surrounding assessment.

Where appropriate, answers have been provided to specific queries that were raised. The answers are in bold and italic type.

General comments in relation to the proposal included:

- There was broad understanding of the reasons behind the need to make the proposal, and broad support for the consultation proposal when the question was directly asked (eg. the focus groups), however sometimes this view came with a caveat (eg. 'savings must be ring-fenced')
- There were some queries as to the timing of the consultation, and the links between Government proposals, the Budget and the general financial situation;
- Comments on whether the savings would be ring fenced;
- Concern about removing services that could be seen as preventative in their own right;
- Potential for the move to be counter-productive and/or not save as much as was projected;
- Queries as to what effect if any on personalisation;
- Concern over whether community services would be in place in time, whether they would fully replace services currently provided for those in the Moderate band, and the capacity of the voluntary sector to provide services.

In relation to community services that people felt were important, improved advice and information systems (including advocacy services) the need for accessible modes of transport, social interaction, respite care and help with household tasks were often mentioned.

In terms of existing services, Care Call, Telecare, the Independent Living Centre, and the Home Improvement Agency were considered to be good services. However these services were not always recognised at first and frequently had to be explained. Of these, Care Call was the most widely recognised. At both sets of focus groups, the home safety checks offered by the Fire Brigade were well known.

Comments were made in relation to the following specific groups and issues:

- The need for community services to be aware and sensitive to individuals with complex needs;
- The need for specialist knowledge of certain conditions (eg. young onset dementia);
- Consideration should be given to the needs of young people in the process of transition between children's and adult services, including the impact on carers, parents and increased awareness of what adult services are available;
- The specific needs of the deaf community, including access to specialist equipment;
- Reference to the type of services for those with learning disabilities including support in using transport, and access to skills and employment opportunities;
- Awareness of specific issues in relation to the BME community, including recognition that some in the community tend to look after their own, the need to ensure future services are culturally sensitive (eg. with regard to washing routines), and the opportunity for input into the design of services.

Stockton Local Involvement Network has provided a submission to the consultation and this is included in **Appendix 3**. Comments include: reference to the ability of the voluntary and community sector to be able to provide services, client/public awareness of the assessment/re-assessment process, the potential for removal of the Moderate band to be counter-productive and lead to quicker deterioration, and the impact on those whose conditions fluctuate and may need more frequent re-assessment.

Appendix 2.a)

Range of comments made in response to Question 1

Comments made by those who 'Agreed' or 'Strongly Agreed' with the proposal

- Services currently too hard / top process to access
- Support should be given to those most in need
- Personal comment - personal reaction
- Self help boosts self esteem - people who can should help themselves
- Fair system means equal access
- General support comment
- Could charge for equipment on a refund on return basis e.g. sticks
- Care for the elderly is most important and they should get all the care that is available to them.
- Unaware of help currently available
- People are abusing the system/stop those who receive more than they need
- More money needed in the community
- Services should be available to all those who need help
- Help people remain in their own homes
- Some people need more help than they are receiving
- Young Adult centre needed
- People need round the clock care
- Staff should call in on people
- Not happy with the situation
- Dependent on what is cut back
- Keep things as they are
- All Authorities should provide the same
- Agree - as long as vulnerable people are not going to suffer hardship or indignity/lose support.
- I don't want to lose anything available for disabled people.
- Carers should receive 'money' direct
- Savings to be reinvested into services
- rules do not always appear to be fair for everyone
- Those with severe physical or mental handicap should be given priority
- Some inequality in social care services
- Those with learning difficulties should not be penalised
- Worry this may affect the decision as to which category the person falls
- Continual assessment essential
- Current service not fit for purpose
- Will make the system easier to understand and cut down on paperwork
- Update care homes and increase wages for staff
- Individual needs assessment and access to care essential

Comments made by those who 'Disagreed', or 'Strongly disagreed'

- Policy will be counter productive
- Fine as things are - no change
- Only those who are critical will get help
- Many rely on the current services to live independent life
- Should be supporting everyone
- Cut spending on luxury e.g. festival, fireworks
- Not FAIR

- Most in need lose out as they can't do forms etc.
- Moderate should still be provided for
- Not happy with reduction in care
- Extra strain of voluntary sector
- Concerns with assessment of quality of care
- Can not access Social Worker
- Departments should work together
- Personal comment - personal reaction
- Some people need carers if they have nobody else to look after them
- Services are limited enough
- Those in lower bands will not receive the care that they need
- More care services needed
- Some people can't help themselves and need help
- Changes are difficult for people/make things worse
- Savings should be made in other ways e.g. cut back managers/executives pay
- Don't want to be taken out of their own home to receive care/cheaper to receive care at home
- People with most need, need more help
- Elderly paid into system throughout their lives and should receive care/should not be penalised
- Service should be based on client need not cost
- Criteria for critical and substantial too narrow
- Dial a Ride
- Assessment should be based on medical need
- Involving more services in care leads to a lack of communications
- Concerned reduction in care will affect health and will end up in care
- Should not take from one department to be used in another.
- No savings as money is short
- Cost cutting exercise
- Have to fight for help
- Early intervention/care services stops situation deteriorating
- Affect the anxiety if a moderate person is reassessed into a higher band
- If you are not well you can not go to community services, because of the effort required.
- Those who need services should pay minimal costs
- Removing present services may lead to people being isolated and have a negative impact on their mental health
- People who need help might not get it/those who need help should not suffer because of this
- Not sure who would benefit
- People tend to not want to use community services and could miss out on the care they need
- Concern about assessment/wrongly assessed
- It will channel funds away from older people who need looking after/services for older people should be a priority
- Should work with community interest companies
- Hinder People getting help
- People in care homes need 24 hour attention
- More services needed to encourage young adults to live independently
- Will have little to show for it after the review
- Services are vital
- Will have negative impact on family/carers
- Voluntary sector not qualified to deal with severely mentally ill

- Need more community services than is proposed
- All savings made should be reinvested into care services

Comments from those who ticked either 'Neither agree nor disagree' or 'Don't know/ no opinion'

- Need more information
- Will cause unnecessary confusion
- Didn't understand the form / question
- Current service acceptable
- Older people don't like change
- Personal comment - personal reaction
- No opinion
- Decision should be based on client need not cost
- Depends on people
- Good idea as long as those who do need help don't lose it/it helps people who need care
- Services should not fall to the voluntary sector
- What guarantee is there that the 'savings' will be 're-invested' in the community services which are in need and not absorbed into the extortionate bureaucratic cost.
- Clients in need are penalised by those not in need but receiving services
- Critical Care and Community Services should be protected
- More services for 20 - 30 year olds needed
- All older people should be given the same advice
- Some people abuse the system
- Decision already been made
- Need to look at firms who provide carers
- Changes in eligibility criteria may mean people don't get a fair assessment
- Don't receive care
- Disagree with moving money from care services into the community
- Those assessed as moderate need to be reassessed to ensure any changes are monitored
- Don't understand the current system
- Some services should be means tested
- Nursing care homes should be free for everyone
- Difficult to assess low risk people
- Depends if people benefit from it/where money goes
- If charge for services people at risk may not be able to afford to pay for them
- Those who need help may not get enough support
- Care should be available for all those who need it
- Most older people want to remain in their own home and remain independent
- Not sure who would be excluded/impact
- Moderate will still need some level of support/transport to access community services

Appendix 2.b)

Range of comments made in response to Question 2 (additional comments and community services suggestions)

- More services doesn't mean more help
- Consider using vol org
- 3 personal experience / comment (includes frequent of references to family support)
- No help needed / nothing extra
- Respite care for carers
- More care services/investment in current services is needed
- Care homes are the vfm answer
- All services should be provided by SBC - not sub contracted
- More home visits
- Medical drop in clinic / easy access to medical care
- can't choose - all important
- More mental health support
- More time in home when there / on time
- These services already exist (mainly prescription collection)
- All staff providing services need to be well trained / trustworthy
- Difficult to choose between options (but have chosen) / everyone has different needs
- Not happy with reduction in care / should stay the same
- Disagree that people will live longer if current trends in alcohol and drug use continue
- Trips and visits out
- Ensure people kept warm
- Gardening
- Pet care
- Hair dressing
- Home diy - general household help
- Meals
- More attention given to patients on hospital appointments
- Transport (including at short notice)
- Social interaction opportunities specifically for clients with mental health needs
- Personal care - bathing
- Personal care
- Consultation comment
- Have selected options but do not condone proposed change
- Disagree with money collection
- Disability college places / employment opportunities - opportunity to gain skills
- Access to up to date information
- General help for wheelchair users and low mobility e.g. dropped kerbs, more wheelchairs
- Advocacy and personal advice (e.g. help with forms)
- Security door system / help with security
- Improved dial a ride / disability transport
- Day Centres / Care
- Social interaction and improved social life
- Help with shopping

- Prescription collection improved
- One point of contact / co-ordination for those in care
- Check up phone calls
- Maintain access to equipment to keep independence
- Age appropriate activities
- Services are scattered geographically
- Libraries
- Support for carers / family (in addition to respite)
- Cut drug support services
- Speech Therapy
- Culturally diverse mix of activities
- Accommodation / housing (keeping families together)
- Telecare / care call
- Nursing
- Index linked benefits
- Healthy Living advice
- Counselling, advice and support to cope with relevant conditions and enable independence
- Mobile services eg. benefit assessors
- Ability to choose carers
- Street Cleaning
- Use existing buildings
- Taxi tokens (e.g. in Rochdale)
- Exercise and sport (in home or nearby)
- Day Care specific for Autism
- Community Safety initiatives
- Increased money to spend personally

Appendix 3 - FACS Consultation – Responses from Engagement Meetings and Events

	Open Comments
<p>Member of Public</p>	<p>Thank you for your letter regarding the consultation, I will ensure our Stockton funded Members are aware of the process.</p> <p>I supported service users that attended a day centre in Middlesbrough when they went through the same process a number of years ago and wanted to share my personal view and experience with you.</p> <p>The process is costly and results in service users feeling anxious about the future regardless of how well the consultation is done. The net result in Middlesbrough was that very few people lost their service as Social Workers re-assessed almost all users as Substantial or Moderate in order that they could continue to receive a service.</p> <p>The justification of this was around the potential negative effect on users mental health and well being as a result of isolation due to lack of social interaction and the breaking up of long standing relationships with staff and other users. Offering alternative services such as voluntary or friendship groups does not provide the hours per day or the security that a good day service provides.</p> <p>Users threatened legal action too if the suggestion of withdrawing services was mooted.</p> <p>The net effect was a costly and painful exercise that ultimately did not make savings or free up places, in other words it felt far from 'fair' to those that were involved.</p> <p>I wish you luck but feel that resources would be better placed to ensure that alternatives to day care are put in place to ensure school leavers are supported into a whole range of services before becoming reliant on the day service for support and social interaction. I hope my comments don't come over as negative, I embrace change, but putting people through a process that results in anxiety without a positive outcome feels a little too much like deja vu.</p>
<p>Member of public (Client)</p>	<p>I am unable to attend on the 14th July [Deaf Community meeting] and would like to voice my concerns. I cannot see how being Deaf is classed as a moderate need. I'm deaf, although not born deaf I have English as my first language and I feel as if im in a world of my own, its very difficult especially when your life has been around hearing people. Learning to adjust and accepting ones deafness can be difficult, you loose the ability to communicate and feel a nuisance, stupid and worthless. To be born deaf is a different world, no sounds so you don't always have English but Sign Language, you are at a disadvantage from the day you are born. I've had tremendous support from my Social Worker – [XXXXXXX], in helping me adjust and providing equipment I need and would maybe not afford if I had to pay for this. Jan's being deaf is a great advantage, she understands how you feel, knows what you need to help you survive, as that's what it is survival - fighting your way through to understand when you cant hear. Its frightening you become very unhappy unless taught how to deal with, and understand deafness and made not to feel inadequate.</p> <p>Deafness needs special equipment to help you deal with every day life, if you don't hear you are in a world of danger! You are shut off from your family, friends and everyday communication as you struggle to cope with the feelings of being left out in everything you do. You need support to access anything - Drs, Dentist,Hospital, College, even shopping is difficult, its the worst feeling in the world to be unable to hear people talking to you or about you, unable to join in - you can loose your sense of humour and identity through no fault of</p>

	<p>your own. Equipment should be available free, no stress should be added to the stress you are under trying to communicate with others. You need support and equipment as you are different in your needs to other people. In an ideal world people would sign, speak clearly and have an understanding of what hearing loss at any stage means, this is not happening quickly enough. You cannot class Deafness as Moderate, we have rights and these are not addressed if you do that, it should be classed as High needs or Severe needs. You cannot with deafness access anything the same, to be able to survive you need help, that help should be in a way that is accessible to all deaf, hard of hearing people and you should not need to pay for this. Drastic action is needed to bring to the attention of whoever is classing Deafness as Moderate, that this is not the case and if I can help in any way I will.</p>
<p>Session</p>	<p>Public Meetings</p>
<p>Stockton Parish Church</p> <p>14 June</p> <p>1-3pm</p> <p>Session</p>	<p><u>General discussion comments included:</u></p> <p>How many questionnaires were sent out and how many have been returned?</p> <p><i>It was noted that as of Friday 11th June, nearly 250 had been returned, however the return date was not until 27 August so expected more to be returned and will undertake a review at the end of June on the returns that have been received to review what additional consultation would be required, if necessary. The team want to engage as many people as possible. If a social worker or Fire Brigade or housebound library service are visiting people, they are flagging up the questionnaires.</i></p> <p>There was a query regarding direct payments</p> <p><i>It was noted that this review is about the assessment done prior to a care package being put in place. Needs are reassessed as part of the process as they are now.</i></p> <p>What will the reassessment process look like?</p> <p><i>Every person is currently reassessed at least on an annual basis on their banding and anyone can ask for assessment at any point. The assessment is based on a level of independence and risk and is undertaken with individuals by skilled and trained social work staff.</i></p> <p>If other departments are going to be involved, even when there was funding, there was an 11 month waiting list for in house improvements such as support rails. Will this take longer now there will be more demand on these services?</p> <p><i>It was noted that the Home Improvement Agency is free to over 65's (there is a cost for equipment). It was noted that this is a good resource for Stockton as there are not many organisations who offer this level of service for free. There are also a number of other services available and over time preventative services will be built up.</i></p> <p>Are preventative services just age based?</p> <p><i>At the moment the Home Improvement Agency criteria is for over 65. However, if throughout the consultation process,</i></p>

feedback is received that this age limit needs to change, may need to think about changing services.

It seems that the focus is on older/frail people, however there are more people receiving care than these groups. Is it safe to withdraw the services from those people who need 24 hour care and how are you taking into account the fact that carers provide care 24/7. Providing care is preventative in its own right?

We need to gain an insight into the range of needs from all groups who receive social care services. Those who receive 24 hour care are likely to fall into the Substantial and Critical needs brackets. However we need to gain an insight into carers needs and make sure that if changes are made to the bandings we do invest in community services that address the preventative services that you identify.

As carers provide so much support, is this going to be a loss?

The role of carers is important and this feedback is important as part of the consultation

Do you know if the scheme itself is definitely being introduced?

This is what the consultation is about. If the feedback is that people didn't like it, this will be taken into consideration which is why the feedback is important. Demography is a big factor and the consultation will not be undertaken lightly

Is this a national/Government scheme?

The FACS criteria is a national criteria but each Council has the ability to choose the banding it supports. Public sector funding is changing and there are big pressures nationally.

Has it already been decided?

In terms of decision making nothing has been decided. This is why consultation is taking place.

How much has been spent on these services and through charging how much has been taken in?

From 2004 to now, £17million has been spent, and income collected to March 2010 was £7,379,801.00.

Is the money that has been spent on social care a ring fenced amount? Are cuts taking place across all Council services?

Authorities receive a settlement through Revenue Support Grant from the Government along with funding available through specific grants. Within this settlement there will be a budget for Adult Social care services. The Authority prioritises spending with greater sums going into Social care services over recent years.

The FACS Review is part of a 3 year E.I.T (Efficiency, Improvement and Transformation) Programme which the council is undertaking to review all council services to ensure they are providing them in the most effective and efficient way.

Is this a cost cutting exercise?

The aim is to try to make services targeted at those most in need and deliver services for everybody who needs them.

What is the expected saving?

The detailed analysis has not been done as the consultation is asking people what they need and want. [It was not possible to provide a specific level of savings – please see main report for detail]

Does funding services for all go against FACS?

Trying to make sure there is a good broad range of services for those who need them. The focus is on social care but there are also a whole range of other services which also need to be looked at.

What will happen to the minibuses that take people to services?

Need to feed the transport issue into the consultation process if transport is a concern

Will any savings made be ring fenced?

We need to reinvest in the services identified

What has taken place as part of the transformation grant? What will happen to these services if those who were moderate were using these?

With the personalisation arrangements we are able to offer more choice and control through a process known as self directed support. Once an assessment of need confirms the person qualifies for adult social care services an indicative budget is calculated using a process of self assessment. The client is able to choose how they wish to use this budget to meet their needs and this is recorded in a support plan that needs to be approved by social care services.

If the client does not qualify for adult social care services they will be signposted to other preventative services.

Is transformation time limited?

Plan robust services and contracts are usually on a 3 year basis to deliver the services that people need – may need to ‘re-shift’/change services over a period of time

How do those who are moderate access the services if they need to get a bus to and from community centres?

Assessments will make it very clear if people have issues with being able to access centres. Needs are and need to be regularly reviewed as part of the whole social care package.

If there are 6850 service users in the borough, how many are the moderate band and how many people may this affect?

11% are critical (750), 50% substantial (3450) and 39% are moderate (2650). However there are issues with some of the data and some collection issues with not all the data logged on the system but these figures are the broad figures. [This was a projection at the time. Issues with data are explained in the main report.]

If nearly 3000 have services withdrawn and have to access services in the community, how do they get to these services?

We will need to make sure that there is the infrastructure in place, need to include transport and 1-2-1 support if needed. We need to get feedback from this consultation on what elements are important and how we promote these services to all. It was noted that if someone requires 24 hour 1-2-1 support and care then the moderate banding may be incorrect. As part of the process no services will be withdrawn until those in the moderate band have been assessed.

If things are working why change them?

As we have highlighted there are demographic changes, increasing costs and the need to focus on the most in need. This is why we are considering making this change.

Group work comments included:

What do you feel about what you have heard?

Some felt that it was cut and dried and the decision was already made

Spend valuable time to attend the consultation events, carers had to be covered

Even if decision has not been made, feeling that it is – this view is dangerous if allowed to take hold

Always the most vulnerable – especially learning disabilities – ‘bottom of the pile’

Staff training days for some of the day service council staff – clashed with this meeting

Personalised/ Direct Payments – There was a perception that other Councils give more than Stockton does, and that Direct Payments were a ‘nightmare’ to deal with

‘Only see Social Workers once a year anyway (for assessments)’

The national finances are in a bad way and would be worse as the cuts are coming anyway - are these being disguised?

Recognition that there will be much less money around due to the national debt

Many people are not aware of their FACS banding, including carers.

This focus on the most in need is not like health – you ‘don’t stop treating broken legs’

The issue of an older population is not unique to Stockton-on-Tees Borough Council

It was stated that although the comments may seem negative, this was one table’s experience of the system

There was also a query in relation to the Adult Social Care Inspection open forum [information provided].

Members of the public do not have enough understanding of the bandings; they had not heard of these before or knew they had a ‘band’ rating.

FACS is perceived as a banding for ‘old’ people and if not over 65 then nothing is available for them.

Too much paperwork, too many hoops to jump through to get services.

Paperwork includes ‘drug/drink dependency’ related questions – self inflicted service users should get different forms to those who have a non self inflicted illness, as people find it degrading having to answer those ‘sort’ of questions.

Understand the financial pressures but concerned the changes won’t actually make any difference.

I have fought a long time to get the services I have, will I have to start the fight again and if so will I be put back at the beginning?

Local councils get more money, how come?

How does changing FACS fit in with ‘Valuing People’ framework?

It was discussed that the consultation is ongoing and will be speaking to youth groups/transition groups and those who might want/need services in the future.

The reassessment process happens for open cases, reviewed regularly, however closed cases are not under any automatic reassessment, so clients have to start the banding process again, i.e adaptation to home given, then the case is closed if no further support is needed, but then no follow up reassessment after 6/12 months to ensure that circumstances haven’t changed.

When a case is closed currently no further signposting is offered.

First Contact centre staff need more training to get more information out of the client to identify the level of risk, for example a caller may think that they are not at risk, but if questioned further it may transpire that they are at immediate risk and therefore are seen sooner.

People are sometimes not assessed by the correct department to identify risks/needs. For example – car crash led to broken leg and dementia, client assessed by a physio in terms of risk/banding – adaptations. It took a further 18 weeks for the client to be reassessed with the dementia taken in to consideration where high risks were identified. (client spent 18 weeks with adaptations for his leg but not the dementia – where the highest risks were identified)

Staff change/get promoted/move on, relationships are built and then changed so often that users find it hard to figure out who to trust.

Need to raise awareness of the agencies that are out there to help

Concerned that people could essentially be put at risk or left longer before their needs are met.

Concerned for people with LD in the moderate banding and the reduction of services to them.

Carers need more specialised knowledge about the illnesses that the user has – old age/dementia/LD are all very different and knowledge is needed to ensure the best care is given.

What community services would be important to you and what specific issues need to be considered?

Transport – dial a ride is finishing and people will have to get taxis – dial a ride gave users and carer's confidence/trust/safeguarding peace of mind. Would a taxi driver understand how to interact with someone with learning difficulties, as a dial a ride driver/supporter would?

Money needs to be spent ensuring that mainstream universal services are accessible by people with LD that are currently in the moderate banding.

Buddy System – to enhance service users' ability to enter mainstream universal services.

Improved information in social services - "don't know if don't know"

Concern that services for Autism are compartmentalised

Need a Directory of Services for everyone

Concerns about how those who would no longer receive moderate support would find out about the universal/community based services. Who will do the signposting and how and at which point?

	<p>Concerns the universal services would be over subscribed and not available for the clients in substantial or critical to access.</p> <p>In relation to the options on the survey form, most don't apply to LD clients</p> <p>Any other points to note?</p> <p>Good clear marketing</p> <p>Seen in paper – Gazette</p> <p>Why were some of the questionnaires numbered?</p>
<p>Stockton Parish Church</p> <p>14 June</p> <p>5-7pm</p>	<p><u>General discussion comments included:</u></p> <p>Did all people of a certain age be invited to this consultation event?</p> <p><i>All those receiving adult social care services will have received an invitation to the public consultation events in addition we have promoted these meetings in the press and through our stakeholders.</i></p> <p>Are service users aware of which of the four bands they are currently in and do they have any documentation for this?</p> <p><i>It was explained that everyone may not be aware of how they are banded. But within the care plan there will be a note of the banding that a person is in.</i></p> <p>When people are assessed and are put into one of the four bands, what if they do not agree with the assessment?</p> <p><i>It was explained that there is an appeals process, however if things are not resolved at this point there is also a complaints procedure which can be applied.</i></p> <p>It was noted that it is difficult to understand the four bands and what each one entails in terms of level of need? It was queried what the Council were looking to stop?</p> <p><i>It was explained how the four bands were applied and reiterated that people can request to be reassessed at any time. The consultation was looking to remove the moderate band of eligibility and to reinvest some of the savings into community services.</i></p> <p>It was queried what were the needs for someone with moderate needs, as it was not explained in the consultation booklet?</p>

It was explained that it varies, for example for someone with moderate needs, they may receive home care services, direct payments etc; The moderate banding is classified as the 'inability to carry out specific tasks'.

What will happen if the support available does not include someone going to the house?

In this instance service users will be referred to services in the community for example luncheon clubs, buddying systems, etc; How services are re-provided would also involved a re-assessment to ensure appropriate care is provided to address needs. The difference is that the care provided may be through alternative means for example through working in partnership with a voluntary & community sector organisation.

It was felt that by reducing the level of support some individuals receive could potentially result in them getting worse over time resulting in further support being required.

It was explained that these needs be will regularly assessed and where appropriate, service users can move into a higher band to ensure that their needs are met.

It was queried whether the financial status of service users will affect the banding?

It was explained that the financial status does not impact which of the four bands service users fall into. A financial assessment is made as a separate part of the process and this may then entail the service user funding some of the services they receive. An individual financial assessment is undertaken based on a clients income and expenditure. The outcome is then looked at against the services which are being / are to be received which may result in the client contributing towards the cost of those services.

It was queried whether those with enough money to put in services and those who haven't would receive the same level of care?

It was noted that where a service user may not have similar financial circumstances they may be entitled to additional benefits.

It was queried who would get help to appointments?

Those with moderate needs, however it maybe that in the future through services such as dial ride and other community services etc; that help with appointments is provided.

It was noted that the assessments are about your health and not age.

It was noted that other agencies such as the Fire Service and Home improvement agency provide good support to the elderly through some of their schemes and minor adaptations that they undertake.

There was a discussion about how services are provided for those who may be hard of hearing.

	<p>It was queried whether independent people who are in their own homes would have to pay where they can afford some adaptations?</p> <p><i>It was explained that individuals can choose to pay for services/care if they are not eligible for support from the Council, or sometimes it may that they entitled to benefits.</i></p> <p>It was felt that sometimes everything is based on who can pay for services.</p> <p><i>It was explained that every effort is made to help those in need through detailed assessments, and by working with communities to ensure that they are both involved in the decision making for their support needs by giving them options and transparency.</i></p> <p>Why doing it? If in moderate and can't afford community services – is their an appeals process? Is there a complaints process? People in their homes could be deteriorating and getting worse</p> <p><i>This is something we need to get right, including having preventative measures in place. As we have highlighted we need to consider making this change due to the changing demographics, increasing costs and the need to focus on the most in need. There is a complaints process for people who feel that their expectations of a service have not been met. When a complaint is made we will agree a Complaint Plan with you and this will outline who will look at your complaint and how long it will take to do so. It will also identify any support you need during the process. You will receive a written response, explaining how your complaint has been resolved, what action has been taken and how you can take your complaint further if you remain unhappy.</i></p> <p>Understand that there will be cut backs everywhere.</p> <p>People on their own, able to access care call/telecom - would be good as a preventative measure if affordable If don't have moderate what would they have? Only what they could afford?</p> <p>Transport like Dial A Ride (how eligible for Dial A Ride), and advice and information (on transport options) were seen as important.</p>
<p>New Life Resource Centre, Billingham</p> <p>15 June</p>	<p><u>General discussion comments included:</u></p> <p>[Comments from care home manager] Concerned about service users who have come into their care home in 'crisis' – do they have the chance to comment on consultation?</p> <p><i>We have sent the questionnaire to all service users who are on our list who receive social care services, in addition we have tried to promote the consultation with a range of stakeholders and the press to ensure that we have wide-ranging coverage and awareness of this consultation.</i></p> <p>Do we provide a transport service for people to come to the public consultation meetings</p>

1-3pm

Yes, this was available on request and advertised as part of the consultation process.

How have you tried to let everyone know about the consultation?

There has been a widespread publicity campaign including press releases, Stockton News, the Council's website, and a range of meetings have been held with the public and interested groups and partners. All of the c.6500 people who have received some form of adult social care in the last year have been sent a survey and information.

Will everyone be reassessed?

Yes everyone who is on the social care list will be reassessed. As a minimum everyone gets a yearly reassessment anyway and people can ask to be reassessed at any point if they feel they need to be.

Can you explain a bit more about the Independent Living Centre?

It's a Council service based at Tithebarn House near the Hospital. It's only open a few days a week and you usually have to book in. It provides examples of different adaptations that can be made to your house to help you live at home i.e. adapted kitchen, lifts, chairs and stair lifts. You can also get a bathing assessments carried out there.

It is recognised that at the moment it is a limited service but this could be extended if that is what comes out of the consultation.

Not sure about the assessment, how can you get one done?

It was explained that you can contact the First Contact centre at the council and explain any issues you may have with them. If it is appropriate they can organise someone to come out to you and undertake an assessment. However if it is an emergency you can contact your Doctor / surgery as they will be able to help.

It was noted that the Ambulance service should have a list of people who are eligible for there support rather than continuously asking you the same questions.

It was explained that they are just trying to make sure that they target patient transport to those most in need.

It was questioned where the need for change and the money was coming from?

It was explained that as a Council, Stockton gets money from Central Government and Council Tax. The council work on the basis of making the most of that money and plan for the future with a three year spending plan. Grants money is changing so it's about the council planning as best we can for the future i.e. an aging population and putting the appropriate services in place.

A query was raised on the continuity of people who visit resident's i.e. social workers and nurses.

It is usually the case that anyone who visits people in their own homes has their own caseload and changes are kept to a minimum if necessary. This will be explored further in the group work.

Concerns were raised on the devolved patient budgets; some people felt that they wouldn't like the responsibility.

It was explained that if you fall into the current moderate, substantial or critical categories you can have the option to look after your own care budget and buy the services that meets your needs rather than what is available through mainstream / voluntary sector but you don't have to. People can still be allocated a personal budget and choose how to spend it but arrangements can be made so that they don't have to handle the money and will get help with recruitment/ pay roll etc if they choose to employ a personal assistant (this service is commissioned by the Council).

Sounds good but concerned about what people in low & moderate bands will receive

What are the differences in the bands, what does it mean for me?

Important to know that I am going to be assessed and be able to ring and turn to when my needs change

Need more information about what's available, where its available and how to access information

Group work comments included:

Do you understand the factors that are influencing why we are thinking of changing the bands we support?

Yes, cut backs

Government change and budget problem

Need to look ahead and prioritise, not just us older people but everyone

Development of communities

Access to activities, hospital poor bus links, Dial A Ride but not enough buses

I don't always want to talk to someone on the phone I would like to have somewhere to go to get information near where I live

OK if money goes back in – money to low and moderate, they still need help too

Understand it

People in moderate and low don't need it

Good to know what's happening

Useful to have a Learning Disability session at Brighter Futures

[Three dedicated Learning Disability Sessions were held as part of the consultation, together with a presentation at the Learning Disability Partnership Board.]

How do we best spend money for competing services? What services are/would be important to you?

Everyone thinks they should have some care for their need, whatever level it is

Not fair to take from one to give to another

Small things to help me support myself and leave services for those who need it most

Independent Living Centre – better advertised, open longer

Broadacres – does little household jobs but didn't know about it till rang the Council

Lot of help about but knowing where to find it

Better access to Citizen's Advice – open times, appointments

Care For Your Area issues raised:

- waste bins
- taking waste out for collection, heavy, distance to carry
- recycling

Small things that can help me stay at home safely

One group discussed learning disabilities in particular. It was thought that: Brighter Futures type of support would be welcomed, support/confidence, getting out and about and continual support were important. 'If stay at home, I just close in' 'Would feel down if day services were reduced'

Other things that were important included: Drama/trips/dance (Grangefield Community Centre), shows/plays, support to go to gym/public transport, voluntary group running Adult Education courses, ability to access employment such as 1 day a week admin assistant.

Are there specific issues that we would need to think about?

Transport in Billingham

Bus access at night

Some services only start from the town centre

Low rider access buses

Getting to church services and social events

Access through day services or Brighter Futures for example

Can't Comment on different levels of access

Need to be able to travel safely – how to ride bus/travel training

Wheelchairs – support to use the bus

Readily available information

Initial support to attend activities

Any other points that they want to inform the consultation/about the consultation?

Assessments – is there an appeal process?

Bandings – need to take amount of the support of carers in the assessment

[Consultation information was] very helpful

Information easy to understand

Good presentation

Aware that we can get easy read versions if needed them

	<p>Presentation interesting, clear</p> <p>Received the letters through the post</p>
<p>New Life Resource Centre, Billingham</p> <p>15 June</p> <p>5-7pm</p>	<p><u>General discussion comments included:</u></p> <p>Concerns around the future of Rievaux Centre- a reliance on the activities there and concerns around what a drop in numbers would mean for the centre.</p> <p>Any change/disruption would cause distress for dependants. Clients make a network of friends and any disruption to that was upsetting. The female carers emphasised the value of the activities offering male companionship for those they cared for.</p> <p>Lack of awareness as to their dependant's current bandings.</p> <p>Concerns around the personalisation budget and their dependant's capacity to manage it- who would be responsible for it- dependant/carer/advisor?</p> <p>Never used dial a ride because you have to book in advance.</p> <p>Concerns around how respite services would be affected. This was seen as a key service.</p> <p>Routines are important.</p> <p>Important that assessments should take account of financial capability and vulnerability to being exploited.</p> <p>Other services they would like to see:</p> <p>Someone to take the clients to and to support them in doing activities Transport important- someone to support the client when travelling or someone to develop the client's skills to empower them to travel alone where it's appropriate. [There will be?] More onus on carers Important that there is organised activity that people are supported in Respite care important</p> <p>A gentleman attended with one of his current support workers. His support officer attends twice a week to check his mail, complete forms and deal with any appointments and problems. Previously the gentleman was in debt and received debt management advice to enable him to regain his confidence and ability to live independently. Frightened of any change in his care arrangements, anxious not to end up back in debt and homeless. Also has concerns about where he lives, currently resides in a high rise block of flats, they have lost their concierge service and now rely</p>

	<p>on the enforcement team to attend if any disturbances or anti social behaviour. All residents are worried as there is no one on site to deal with any problems. Anything which changes is a big thing to him, needs constant reassurance.</p> <p><i>It was mentioned that there will be support net put into place and that there are other local providers to help e.g. CAB and Brighter Futures.</i> <i>Possibility of arranging for him to have Care Call who would contact him at arranged times to check that everything is okay and deal with any issues.</i></p> <p>He would welcome information about how to access free services provided by the council, and where he would be able to go to get this information. At the moment his support worker informs him of anything he needs in regards to benefits.</p> <p><i>It was explained that any changes made will be discussed so that he understands what is changing and that the new arrangements work. Also explained that if he feels he isn't coping with anything that he can asked for a reassessment of his circumstances at any stage, it will not be an annual review. GP's will still be able to initiate social care provision.</i></p> <p>His main issues are the possible changes to his support arrangements and general social housing issues concerning anti social behaviour and abuse from other residents due to his learning difficulties. He wants to remain living independently.</p>
<p>Riverside College, Thornaby (1st Session)</p> <p>29 June</p> <p>1-3pm</p>	<p><u>General discussion comments included:</u></p> <p>How do you get a banding, especially when a condition is seasonal?</p> <p><i>Ring the helpline they will be able to inform you on your banding. If your condition is seasonal then this can be reviewed on a regular basis. A reassessment can be requested at any time.</i></p> <p>What would happen if you were in the moderate banding now and it was dropped?</p> <p><i>From the social care perspective, detailed conversations would take place with people affected. If in moderate, there is the potential that you could be placed on a higher banding (which has happened nationally). If remain moderate, a social worker will discuss what services would be available. If people do not agree with their assessment there is an appeals process. People who have received services may not continue to do so.</i></p> <p>How regularly do assessments take place?</p> <p><i>Everyone is assessed at least annually, but some people, depending on their condition could be assessed more regularly</i></p> <p>When will these assessments start?</p> <p><i>These are regular assessments and we are required to review everyone at least annually. This may be a formal care plan</i></p>

review or via a telephone assessment for equipment.

Who received the questionnaires?

All of the c.6500 people who have received some form of adult social care in the last year have been sent a survey and information.

As part of reviewing funding, will the direct payments be changed?

It is not anticipated that there will be any changes to direct payments as a result of this consultation. Nationally as part of a programme called Personalisation there are plans to move to more individual needs and a more holistic package and giving people greater options and greater choice.

Need to promote direct payments more as a local authority

Everyone who is assessed is offered the option of a direct payment

Will people be forced to move to direct payments?

A social worker will provide support to complete a self assessment questionnaire which is used to calculate your indicative budget. They go through your indicative budget with you and it's your choice to decide on your personal care. Personal budgets give you a bit more scope – can pick and choose as long as it fits your support plan. It is now a lot more flexible. No one will be forced to move to a Direct Payment.

If wanted to send someone to a service, could you pay someone to go with someone in a taxi to this service?

People often want to socialise in a way that suits them. Personalised budgets allows you to do this and pay for a taxi and pay someone to take you to a centre.

Can you use family in your care plan?

In some exceptional circumstances family members can be supported

Could you pay for a care agency to carry out the care for you?

Yes

Some people want people they know to take them to centres – Can they use direct payments for this?

Generally get opposite views for this that family members don't want to get paid for taking a member of their family to a

centre. Extended services have been introduced to ease pressure on the family. Social workers have to take each individual case into account.

[In relation to community services] Need a choice of where to go. Need to focus on people who are isolated. Older people often don't think they need help and they need to be targeted.

What if people refuse help?

As much as we want to help, Local Authorities do not have any right to intervene if support/care is refused and the person is mentally capacitated.

Are you looking at day centres and will they be affected?

Day Centres will not be looked at as part of the FACS consultation but Stockton Borough Council are undertaking a range of EIT reviews and these will look at every service that the Council provides. This will include day services across different client groups.

Lots of people have equipment that is not being used – it would be worth reassessing where the equipment is – could be a good cost saving.

Stockton do have a good record of recycling, its equipment but we do not have a 100% record. Need to make people aware of this and how to return it.

Some of the wording in the questionnaire is unclear, especially as you may have a lot of older people reading it who would not be able to understand it

We have tried to make the questionnaire understandable for all and have the documents checked in advance from a range of groups who have commented on the documentation. We recognise that this is a complex issue and to this end we have arranged to have the helpline available in order to help people go through the form and discuss any issues.

For future consultation, could you train people from caring agencies to fill out the form?

We have attempted to ensure that a range of agencies and stakeholders have been aware of the consultation – we have written to them with some general information and for the home care agencies we discussed this consultation as part of their regular review meetings with the Council. If there are examples where you have some staff who have not been briefed we would want to know so that we can reiterate this to the providers.

Is there a log of the responses that you get back and who have responded?

We are keeping a note of all questions that are asked as part of the process but it is anonymous.

	<p>[In relation to community services] Transport, respite for younger people. Rather than building new centres, could buy in other services e.g. buy a room in a centre for people in the borough</p> <p><u>Group work comments included:</u></p> <p>Want to be more flexible for people's needs.</p> <p>There are different factors that you need to bear in mind</p> <p>Before attended the meeting did not understand the rationale for change but now can understand</p> <p>Money should be shared equally amongst everyone</p> <p>People need support regardless and we need to recognise that we need to get this right</p> <p>Respite packages were discussed and what is available in the borough and about looking at it differently. Stockton Borough Council are looking into changes into these services for greater option and greater choice. Need to think more creatively for individual needs – need somewhere local rather than having to travel.</p> <p>Needs to be register (even if nationally) coordinated respite for complex needs. More services required for people with sensory impairments</p> <p>For the deaf and sensory loss community is there a special meeting to be held with them?</p> <p><i>Yes, this was held on 14 July.</i></p> <p>Need to be mindful that services are available before anything is taken away</p> <p>May need to look at some immediate temporary arrangements</p> <p>It was noted that there has not been a meeting held in the Yarm area</p> <p>There was a general discussion around the cost of the consultation and the number of meetings held</p>
<p>Riverside College, Thornaby</p>	<p><u>General discussion comments included:</u></p> <p>Why are carer's views so important as part of this consultation process?</p> <p>Why have carers been invited to this consultation process?</p>

29 June

5-7pm

It was explained that carers views are important as they have a wide range of views, and whilst caring they know what they want to do in terms of participating in the caring of their loved ones.

It was also noted that the role of a carer is both extremely precious and can be very stressful at times.

It was noted that caring duties are sometimes imposed upon, not always undertaken out of choice, which can result in marital relationship breakdowns.

Attendees were informed that there is support available for carers for example through the George Hardwick Foundation. It was also explained that there is a lot of investment placed by the Council into provision/and facilities for carers including a 'Carers strategy' which has been developed.

How many questionnaires were sent out?

The number of questionnaires sent out was 6,800 and it was broken down in terms of how many received these were banded as critical, moderate etc;

It was also explained that work is taking place to improve the data available in this area of work as the figures change as a result of the changing level of care/banding required.

Who will undertake the assessment and track the stages of care required?

The social care professionals will undertake assessment which will be reviewed on a regular basis. Advice where appropriate will also be sought from GP's, families, carers etc; to undertake the assessment. The bandings are based on need, and each case can be personalised to each case.

How do you get a referral to a social care professional?

Referrals can be made through a number of ways including through your GP, family, after a hospital visit etc; however you can also make self-referrals, where you can request a social care professional to come to your home and undertake an assessment.

Is there 'short term care' available where it maybe required?

It was explained for example an individual may have an operation, following which until they recover they can receive care for a short period of time. The group were informed that where possible older people were encouraged to live as independently as possible in their homes if they choose to.

If this re-balancing of money results in extra funds being made available will these funds be spent on those branded under the critical

level of assessment?

It was explained that social care budgets have always been challenging, with increasing pressures for example a growing elderly population. The purpose of the consultation was to identify the priorities for where some of the potential savings might be targeted in services available for all.

In early stages of an assessment the consultation document refers to the independent sector?

A professional assessment will identify whether a referral needs to be made to an independent sector (which could be a voluntary sector organisation, community service etc). As a Council we will ensure however that wherever a referral takes place to any organisation that they are a suitable organisation which provides a quality service. The Council always ensures that appropriate checks and balances take place wherever services are referred.

If you are on your own how can you access the services? Are you allocated a social care professional or does your GP initiate care?

You can ask for a self referral if your GP does not initiate care assessment. Once you have contacted the department (number to be given at end of the session) you will be allocated a social care professional who will come out to assess what level of care you require and will explain how the care arrangements will be put into place. Each individual case is assessed to account for the needs of the person.

Isn't this just a money saving scheme?

No the aim is to try redirect resources to target services to those most in need and to provide better services within the community for everybody who needs them.

The council are reviewing all their services to ensure they are provided in the most effective and efficient way.

Will the carers be fully qualified, am worried about who will be allocated to look after me?

All social care professionals are qualified personnel, the council have procedures to check the quality of care being provided, regular reviews to ensure that care levels are appropriate to the individuals needs and a care plan would be produced.

One sheltered housing scheme resident attending felt that the changes would not make a great deal of difference to their current arrangements.

Another gentleman wanted to know about the annual assessments, as a carer involved with people with learning disabilities and complex needs. He is aware that some of people he works with have not received to their knowledge an assessment or review of their care arrangements in the last five years.

	<p><i>He was asked to provide the details where possible of the people concerned Ruth Hill and her team would look into this.</i></p> <p>A further point for discussion was the lack of available places for services that care for people with complex needs. There is a lack of provision for care homes for severely handicapped people living in the local area and they also have limited access to services provided.</p> <p><i>It was explained that there are plans in place within the whole of the Tees Valley area to look at what is on offer and to provide services which will mean that people are able to live independently within the Tees Valley.</i></p> <p><u>Group work comments included:</u></p> <p>What community services would be important for you? What specific issues would we need to be mindful of?</p> <p>Respite care both medium and short term care, also access to social groups, people with complex needs feel isolated due to lack of transport and often due to needing unique care arrangements which only their immediate family or carers are aware of.</p> <p>Very few social groups to access currently</p> <p>Lack of holidays and free time.</p> <p>Possible day respite, evening respite and night sitters to enable carers to perhaps go to cinema occasionally.</p> <p>Need to ensure that qualified staff are available to deal with special care requirements of individuals.</p> <p>Home Environment is equally important – inability to look after their homes as they did previously leads to anxiety and mental health issues. Need for handyman service, cleaners and people to help with basic needs ie: taking someone shopping.</p> <p>Sheltered housing wardens, quality of service needs to be assessed across the area, some wardens only call relatives in an emergency situation, some contact relevant services for help ie: GP/Hospital etc...</p> <p>Develop more community based groups to help people meet people in a relaxed atmosphere instead of feeling pigeon holed.</p> <p>Lack of access for the older adults to new technology and computer training.</p> <p>Advice needed on where to access courses, central library quoted as being unhelpful. People need social interaction and not segregation.</p>
<p>Robert Atkinson Centre, Thornaby</p>	<p><u>General discussion included:</u></p> <p>[Care home manager for complex needs] If some of the bandings for residents are not known how can they find out?</p> <p><i>If they contact the helpline someone will be able to clarify the banding and inform them and make sure that it is included on</i></p>

7 July

5-7pm

the care plan.

[Parents of a severely disabled child in full time residential care]: Obviously the process is well underway since June with the changes to the government and cuts are being made is this likely to have an impact on the funds available and have the Council taken any steps in relation to this?

The Council has a medium term financial plan in place which looks at the funding required to support services over a three year period. As a result of this financial plan the council are reviewing all its services as part of an E.I.T (Efficiency, Improvement and Transformation) Programme.

Following the Comprehensive Spending Review in the Autumn more will be known about the level of savings required by the council to the end of this Parliament.

[Care worker/Key Worker within a residential care home] I am worried that some of our residents will lose their 24 hour 7 days a week care package under the cuts being made. Some of the residents are long term care recipients and would not be able to live independently. Potentially cuts with put vulnerable people in potential danger if we try to make them live independently.

Although the council try to encourage people that are able to do so to live independently with continued support, we would not look to withdraw care in any circumstance unless an assessment is made that it is appropriate to do so. Most people that currently are in residential care fall into the substantial or critical needs banding already.

[Parents of disabled child] Purely from a selfish point of view our son would never be able to live independently due to his needs and wanted to make sure that cuts to his care would not be made.

It was explained that as his son was likely to be a higher banding that his circumstance would not change [under this proposal].

Also that of the other residents within the residential care homes reiterated the need to ensure that the services are available for these people and that they are appropriate to the individual.

The national drive around personalisation was explained which looks at a person's individual care needs and may offer opportunities for the person to use the identified budget to meet those needs. Examples included where, someone may wish to go out socially in the community to avoid isolation and that their funds would be used for bus/taxi fares to social events/bowling etc. Other examples such as Extra Care were highlighted, for example Aspen Gardens have their own front door and space but can choose to eat meals in a communal area or on their own and can interact with other residents as a when they would like.

More advertisements of such places should be looked at as some of the attendees are unaware that these types of care establishments although not numerous do exist within the community.

People are also aware of why the council needs to change. But to stress that funding should be looked at from the Top Down, need to

	<p>change how some services are used and ensure that any funding is directed appropriately at peoples needs.</p> <p>Don't automatically cut funds to Day Centres as an easy target but to look at all services.</p> <p>Vulnerable adults do not have anyone who can speak up on their behalf for example family members.</p> <p><i>There is a helpline available in order to contact advocacy help and support. [This was provided]</i></p> <p>The following were seen as important community services:</p> <p>Day care centres Transport Respite for family members</p>
Session	Engagement Meetings
<p>Older People's Transformation Group</p> <p>3 June</p>	<p>Have LINKs been informed/ aware of the plans?</p> <p><i>Yes, Stockton LINK have been made fully aware of the consultation proposals and have been involved in a number of ways. A formal LINK response is attached at the end of this document.</i></p> <p>Have the Carer Centre received information?</p> <p><i>Yes they have</i></p> <p>Will it affect the hospital discharge?</p> <p><i>The consultation proposal should not have an impact upon discharge.</i></p> <p>Will there be any paperwork changes to any of the hospital referral processes?</p> <p><i>No</i></p> <p>Where does the financial assessment sit with this ?</p> <p><i>This is a separate process to the FACS assessment.</i></p> <p>Will people still be able to ask for an assessment?</p>

	<p>Yes – a person can request an assessment from First Contact at any time.</p> <p>Will this be different to Hartlepool? And other areas (thinking about discharge arrangements etc)?</p> <p>If the proposal was accepted, then Stockton Council would support the same bands as Hartlepool (Critical and Substantial).</p> <p>Will any of the savings be ring fenced to adult services and specifically the community and voluntary sector?</p> <p>The consultation is about what are the priorities for services in the community if there is a decision to change the bandings. It is anticipated that the community and voluntary sector will be able to offer some of the services that are highlighted as part of this consultation.</p> <p>Have you considered transitions? Will there be a big impact?</p> <p>We have considered transitions and have arranged specific meetings with people who may be affected by these changes. It is difficult to assess the impact on transitions at this stage but it is likely that some people who receive services within children’s services may not be eligible for services when they transfer to adult services. However, as part of the transitions process we will need to plan for this change. Those people not eligible to direct support from the council would be given advice and information as to what support is available to them through community, voluntary and universal services that would assist in meeting their needs.</p> <p>Have you made sure that staff in the hospital are aware if asked about this consultation?</p> <p>Yes, partners including the Hospital Trust have been made aware of the consultation.</p>
<p>Parish Council Liaison Forum</p> <p>21 June</p>	<p>A presentation was provided and Parish and Town Councils were encouraged to respond.</p>
<p>‘Special’ Parent / Carer Transitions Group meeting</p>	<p>Will community services be available if low and moderate are removed?</p> <p>The consultation is seeking views on the type of community services that people find most useful. These are services not necessarily provided by the Council but by a range of organisations that already exist. These are generally available to all and would often be suited to the needs of people who are currently in the Low and Moderate bands. Some of these services may receive more support as a result of the review.</p>

<p>22 June 2010</p>	<p>Insufficient community services at low and moderate level now.</p> <p>Access to for example telecare – does an individual have to contribute to services?</p> <p><i>Telecare is treated the same as all other services. A financial assessment is carried out and a charge may be made.</i></p> <p>Despite the Government's Budget today, will this process continue?</p> <p><i>This review of FACS has been underway since 2009-10 and is part of a Council-wide Efficiency, Improvement and Transformation process in which all Council services will be reviewed. The FACS review will continue, taking into account consultation feedback, before a decision is made on the proposal. In addition, all services need to be planned in the changing context of public sector funding and the Budget is an important part of this.</i></p> <p>Need to capture the views of young people who are going to be adults in the next ten years</p> <p>How will services be handed to other/community services?</p> <p>Financial impact on 'third sector' services.</p>
<p>Stockton LINK Core Group</p> <p>7 June</p>	<p>Comments included:</p> <p>How long does an assessment take and what are the qualifications of the assessors?</p> <p><i>The social care staff who carry out assessments are trained and skilled in their work. Targets are in place to complete all assessments within 28 days and they are often completed well within this time. Emergency / urgent assessments are carried out same day if required.</i></p> <p>The document seems to be difficult to read, how are people to understand [especially in relation to technical detail]?</p> <p><i>We appreciate that the issues are complex. We have tried to make the documents as understandable as possible and we made sure that they were reviewed by a number of groups before we published them. Some of the technical detail of the bandings has been taken direct from the national guidance were appropriate and this is to ensure a standard approach. A helpline was provided to help people complete the survey forms and to answer any questions that people may have had. Easy Read versions were also produced for specific client groups.</i></p> <p>Member suggested sending the document to the readers group who can assess whether it is easy to understand and visually suitable</p> <p>Will the social workers sit down with people and have a one to one discussion with them to explain what is happening?</p> <p><i>Yes – any changes as a consequence of the EIT review will be discussed with individual service users at the time of annual</i></p>

	<p>review or re-assessment of needs.</p> <p>Why the review is taking place now, is it as part of a cost cutting exercise? The demographic pressures have been known for a while. Will this have to be re-viewed again in light of expected budget cuts?</p> <p>The review is looking at proposals that would allow the Council to focus on those most in need, and enable improvement in community services that are available to all.</p> <p>The review of FACS has been underway since 2009-10 and is part of a Council-wide Efficiency, Improvement and Transformation process in which all Council services will be reviewed. The FACS review will continue, taking into account consultation feedback, before a decision is made on the proposal. In addition, all services need to be planned in the changing context of public sector funding and the Budget is an important part of this.</p> <p>By removing services/care for those in lower bands will people deteriorate further and then need to move to a higher band? Does this conflict with prevention aims?</p> <p>Will Stockton Borough Council be holding public meetings around certain needs? Added that a lot of people cannot attend meetings for various reasons such as travel.</p> <p>Yes, a range of consultation meetings were held. These included a range of public events at different times of the day, and targeted meetings with specific groups (for example the Deaf Community). In addition, comments are being sought through the survey and by post, email and phone.</p>
<p>Stockton LINK Annual Meeting Event</p> <p>16 July</p>	<p>The views of people who attended this meeting have been included in the LINK's formal submission (attached at the end of this document).</p>
<p>Disability Advisory Group</p> <p>12 July</p>	<p>Deaf people rely on equipment, been told that this is a moderate need? Yes I can get someone to take a phone call for me but this means I am not independent. Equipment - I would say it's critical.</p> <p>It is very important that equipment that affects people's independence can be accessed easily, perhaps this is something that a universal service for people with a hearing impairment for some equipment might be considered. Which banding people are in is determined by each individual's circumstances according to the risk to them and the impact upon their independence so it is not true to say that all deaf people needing equipment are in the moderate band.</p>

Some cases they need it in the home e.g. job telephone interviews. Will it be available for them?

This referred to a special telephone – Such needs would be assessed in the same way as all others but that things that enabled people to get in to employment would need special consideration.

Are the consultations themed? E.g. Stockton Library Deaf People.

There have been a range of targeted meetings in order to speak to all relevant groups, and this has included a session held with the Deaf community.

Who is going to decide what is substantial and what is moderate? Needs to be some strong guidelines otherwise workers may be advising different things. I don't think people do get the care they need. E.g. learning Braille - categorised low, not able to learn this.

When an assessment takes place using the questionnaire (PNQ), if they complete it and feels they have a lot of needs, need help several times a week. What if that social worker visits and decides that individual doesn't need 'that' level of care - what happens?

The means of assessing will not change from that currently in place, nor the right to challenge the outcome of assessments if people feel dissatisfied.

There is a perception that whoever does the assessment thinks it's 'job done' that's it.

When many people become disabled, they rely on family and friends, because most people feel that's their responsibility. Over time the individual may decide they want to become independent but if a person is receiving care from friends and family but would like to change that situation, would that person be a low category or yes I am a low category but would like to become independent.

This is a complex issue but that we would share the aspiration of people gaining independence to support both them and the carer.

There are disabled people but that partner may present they care for that disabled person, may be an abusive relationship. It is important the fact that individual is saying they want to become independent which is the main thing.

If someone was in an abusive situation and we became aware of it we would give this matter high priority.

If you want to contact GP, as soon as possible - what does it mean to you?

Recently, wanted to make a GP appointment, found it difficult because they had to wait until 4th August for an interpreter. Is there anything being done about this?

This is not a Stockton Council or FACS issue but that I am aware this whole issue of access to interpreter by Health Professionals is currently under some scrutiny.

DDA - denied a service because of a disability?

This is not a specific FACS issue but anyone who feels they are being denied a service has the right to take this issue up with the organisation they feel is discriminating against them in the first instance and take it further if not satisfied with the response.

Could they use a personal budget to purchase an interpreter?

Not for health appointments through us but might ultimately be considered in personal Health budgets.

Reinvesting money back into the community - what ideas do people have?

Did Middlesbrough go from 3 band to a 2 band?

Yes, Middlesbrough provides care for those assessed as having needs in the Critical and Substantial bands.

How many just did critical?

In the North East, 1 council (Northumberland) currently provides care only for those placed in the Critical band.

"Generalisation out for the benefit of all." We haven't seen any savings? Really consider the issue of pensions (because of ageing population). Do more for the preventative measures? Need to put across what you are doing this for.

Wouldn't agree with the presumption of savings.

Yes people are living longer, but extended life is not a healthy life because of dementia. But for 3 of those years he might as well not have lived. Somebody who was very healthy (father) didn't smoke, exercised and he still got dementia. Got the government working on two lines here, eat well live longer, live longer get dementia. (Lady referring to her father who lived to be 93)

How can you find out what your assessment is?

During the consultation the helpline was available to use to check client's FACS banding. At any time clients are able to check with their social worker. The FACS banding should also be on each client's Care Plan.

Why do Social Services stand on replacing equipment? They don't replace like for like. New pieces of equipment, more advanced, would I get it? For example, text telephone. I have to type it in, now there is something where I can talk in to it.

We would replace equipment meeting an eligible need if the existing equipment no longer did so (obsolete, unsafe or broken). We would not routinely replace something that was meeting needs just because a better model came on the market. In some

	<p>instances when equipment is being considered initially people might choose to get the money the LA would pay and add to it to get the enhanced version.</p> <p>"Judgement" of which bands, concern about this. They are not the best people to assess their needs. Not always the case that specialist workers are deployed to people.</p> <p>If it came via First Contact e.g. difficulty bathing but they didn't say what their impairment (sensory) is, what would happen?</p> <p>If in the course of an assessment a non-specialist worker encounters a situation that requires specialist input they would pass that element of the assessment to the specialist worker.</p> <p>A situation where social worker wouldn't know that the individual has a disability?</p> <p>Care Records?</p> <p>How many people in Stockton district classed as blind/impairment, classified in the different bands e.g. critical?</p> <p>Out of the 312 registered blind/partially sighted who are receiving services 33 are Critical, 137 are Substantial, 86 are Moderate, 2 are Low and 54 we do not have a FACS banding for. This is because they receive either non-maintained equipment where we typically have no FACS recorded or they only get a maintained equipment or adaptation service but typically maintained equipment reviews also have no FACS recorded.</p> <p>Purely in receipt of services, useful figure to have to compare %s to registered blind. Compare with the rest of the country.</p> <p>Some cases, whatever disability, might know of equipment that the social workers might not have come across, they might put you on to something they have known for many years. If I found something that would make a big difference to my life - would you consider this? Something that was brand new, innovative, for example.</p> <p>Under Personalisation we might supply finance for "good enough" equipment but people may choose to add more if they want enhancements.</p>
<p>Over 50s Assembly</p> <p>12 July</p>	<p>Because of longer life expectancy there will be more people needing support but fewer care services. How will you support the needs of all the people?</p> <p>Currently there is a range of other support services in the community eg lunch clubs, transport etc we hope to build on those and give additional funding where possible for services like Telecare to enable people to be more independent at home.</p>

	<p>Will people be means tested? Will they have to pay? Where will referrals come from –will it be from GPs ?</p> <p><i>The process from referral to assessment is in place now and referrals can be made from various people. Referral routes won't change. The assessment in respect to FACS is for social care services but we work very closely with health partners.</i></p> <p>With personalisation and FACS will people on the lower band be moved off and will the money increase for personal budgets?</p> <p><i>The determination for level of funding will still be on assessed needs. There has always been a financial assessment and that will not change. People requiring some services may choose to have them in other ways. People will choose which services in the community they want to use.</i></p> <p>I wonder how much we educate people about what is available for people to have in services? Are people aware of what they are entitled to? Are doctors and nurses etc trained in what is available for support? Perhaps people in the universities etc need to be trained in this?</p> <p><i>Yes agree we need to get information out to all professionals so people have a consistent response whoever they deal with.</i></p> <p>People expect services to be there and have opted out of personal responsibility how will they know what is there? Telecare is out there but hundreds of people don't know what is available.</p> <p><i>We live in a multi-media world and there are lots of opportunities to give information the public which we need to embrace and use in the future.</i></p> <p>There is an anomaly in services. Example given between Intermediate Care for up to 6 weeks and the Community Stroke Service.</p> <p><i>Explanation given of difference in services.</i></p> <p><i>There are services for people to reach their optimum independence and to develop skills to stay at home- to reduce reliance on packages of care for some people.</i></p>
<p>Deaf Meeting</p> <p>14 July</p> <p>14 people</p>	<p>Strong view that the specialist social work time for the deaf is very important to them.</p> <p>Felt social workers filled out too much paperwork.</p> <p>Feel specialist support is needed in completion of paperwork for deaf as many cannot read and write and have BSL as their first language. This is a problem for completion of all forms including benefit claims such as DLA. At present the social worker helps with this.</p>

	<p><i>It was suggested in response that the Benefit Agency should perhaps provide their own assistance to support people to complete their forms rather than social care staff.</i></p> <p>Recurring issue of wanting access to appropriate equipment to enable their daily living and independence and the request that this equipment is updated as new and better versions come on the market.</p> <p><i>It was suggested that it would only be appropriate to replace equipment if it no longer met the need identified.</i></p> <p>Concerned that they wish to maintain access to equipment such as specialist door alarms in the future.</p> <p>Query as to who decides who is moderate.</p> <p><i>Same as is decided now – social care assessors in conjunction with the person being assessed who has the right to seek a review of the decision or have it investigated through a complaint.</i></p> <p>How do we know we can trust people in the voluntary sector? What if they are dishonest?</p> <p><i>People in the voluntary sector who may come into contact with vulnerable adults are CRB checked. This is not a guarantee of honesty any more or less than it is for people in the statutory sector.</i></p> <p>There was a question regarding possible increased reliance on the private / voluntary sector to reduce costs. Wanted reassurance that social services would intervene if things didn't work out.</p> <p>Are all deaf people in the moderate band?</p> <p><i>Specific bands of eligibility do not relate directly to particular conditions. In the assessment of need that determines eligibility we would look at the impact of a person's needs upon their ability to manage their day to day life, engage in social relationships, leisure, education, employment and their ability to lead an independent life. The statutory government guidance states what level of need fits into which band.</i></p> <p>Overall it was conveyed that they prize their independence but do rely on some support and a range of equipment to achieve this. Without it people would be at risk of isolation and recreation of a culture of dependency.</p>
<p>Faith Network</p> <p>14 July</p>	<p>The following comments were made:</p> <p>Discussion around the cost of residential homes.</p> <p>Dial A Ride – there was a strong sense of feeling to keep this service.</p>

	<p>It was discussed that due to the change in government will any of the proposed changes be implemented and is there a possibility that the funding may be stopped.</p> <p>It was noted that there is a process of how people are assessed and the local authority are obliged and accountable for this.</p> <p>There was discussion around the new Health White Paper.</p> <p>It was noted that the third sector (including faith communities) would be well placed to deliver services. However it was noted that need to ensure that these community organisations are not relying on year on year funding and should be given 3 year funding to deliver these services.</p>
<p>Learning Disability Partnership Board</p> <p>19 July</p>	<p>There was misunderstanding initially between a client having a moderate learning disability and being assessed as moderate in terms of a FACS band.</p> <p>Other comments included:</p> <p>Carers' needs should be included.</p> <p>The demographic changes and related issues are the Council's problem rather than users' problem.</p> <p>When clients have contacted the helpline re their current band they have been given information that contradicts the info recorded in care plans <i>[This is being dealt with now through care management, but the confusion may have arisen from the level of Learning Disability recorded and the FACS band that is recorded.]</i></p> <p>Carer Assessment - Worried that the new system will impact on the carer's need, which ultimately will impact on the service user's needs.</p> <p><i>A carer's need will be taken into account, and this will be included within the risk assessment.</i></p> <p>[I have] attended other consultations and it appears that older people and illness are more of a focus for the consultation than individuals with learning disabilities</p> <p><i>This is definitely not the case. It is just that the majority of people receiving a service fall into those 2 categories.</i></p>

	<p>What proportion of money will be re-invested?</p> <p><i>This is not possible to state during the period of consultation. The purpose of the consultation was to identify the priorities for where some of the potential savings might be targeted in services available for all. Actual levels of investment will depend on the consultation results and many other factors.</i></p> <p>General concerns that banding isn't always recorded and worries that banding may change.</p> <p><i>Nothing will be removed if it puts an individual at risk – they will be reviewed and there is always the right to challenge. Opportunity to get new services which better suit the individual need.</i></p>
<p>Mental Health LIT</p> <p>22 July</p>	<p>What will happen to existing clients receiving services?</p> <p><i>If the change is made all clients will be reassessed as to their bandings. If a client is identified as moderate then they will no longer be eligible for social care services. The social care professional will provide advice and information on a range of other services that may be available in the community that may meet their moderate care needs.</i></p> <p>There is a fear with carers that they will lose services. They also worry that if someone is borderline, they will be pushed into moderate banding.</p> <p><i>The assessor will look at what would happen if the service is removed – would they be placed at greater risk from here they will make an assessment on the bandings. We have looked at the experience of other authorities when they have made changes and know that in some cases they will move individuals from moderate to substantial based on this assessment.</i></p> <p>There is a lack of understanding by carers as to what the banding actually means. A lot of people don't know that they even have a banding.</p> <p><i>We know that as part of the consultation many people have indicated that they do not know which banding they are in. We have provided a helpline to give the banding and we need to ensure that social care professionals emphasise this as part of the assessment process..</i></p> <p>A lot of service users just like to go and meet people in a central point for say a coffee and chat – currently looking at funding outside of the Council – would this be a possible service for the funding you are talking about?</p> <p><i>We need to get your feedback on the services that you think the money should be re invested in.</i></p>

	<p>Worries that this is an erosion of changes – is this a move to having critical banding only?</p> <p><i>We are only consulting on changes to the moderate band. We need to ensure that we can put in place services that are preventative to ensure that this does not put further pressure on social care services.</i></p> <p>How strongly do you agree with the changes?</p> <p><i>Difficult to answer</i></p> <p>With regards to someone say with MH needs, how do you build in that an assessment isn't required every time their health deteriorates. Also, the individual can often not fall into critical or substantial need – it's more about maintaining.</p> <p>What type of community services would be important for you?</p> <p>Respite (short term breaks) – for carers and service users.</p> <p>Young onset dementia team – have high needs as they do not fall into older service or younger person with mental health services</p> <p>Advocacy – although not definitive area of what is missing!</p> <p>General advice and information</p> <p>Social activities – often individuals don't know what is out there so don't know what they want to attend.</p> <p>Transport is often key for individuals with LD</p> <p>Lots of people will have received the booklet through the post but have no idea what it means and how it will affect them. People are worried.</p>
<p>Learning Disability Day Services</p> <p>20 July</p> <p>Central Stockton Day Services</p>	<p>General comments from attendees included:</p> <p>Changes need to be planned and appropriate consultation with long term plans in mind.</p> <p><i>Any changes to eligibility have to take account of the long term impact on individuals and carers particularly if withdrawing a service was likely to lead to deterioration in the person's independence or a significant increase in risk.</i></p> <p>Employment is a key issue and is it right we try to build up their hopes regarding employment in the current economic difficulties?</p> <p><i>We have to continue to encourage and facilitate employment but recognise that as with the population at large opportunities</i></p>

	<p><i>will reduce, but this does not mean there will not be any.</i></p> <p>They have the same rights and should get the support.</p> <p>We hope all this change brings a better Quality service as we always get the rubbish (we get second best)</p> <p>As long as it is not detrimental to the parents as we will have to bring our folks down to the office if you withdraw our service.</p>
<p>LD Day Services Event</p> <p>22 July</p> <p>Allensway</p>	<p>If there are not many people in the moderate band this may not affect services and will not release much cash to add to the other services.</p> <p><i>We believe that changes to the moderate band will release savings, some of which can be reinvested into community services for all.</i></p> <p>Unsure what the criteria is for people in the moderate band</p> <p><i>Moderate is when several areas of a persons independence and ability to engage with the wider community are affected.</i></p> <p>If support is taken away from people in the moderate band extra pressure will be put on their carers. Carers and the individual could deteriorate and this would defeat the whole object.</p> <p><i>As part of the consultation it is helpful to get feedback on the importance of services for carers. In situation where carers are providing regular and substantial support in addition to the support received from SBC it is unlikely the person would be within the moderate band.</i></p> <p>What if the Council takes away support – what will happen?</p> <p><i>This is part of the consultation, if we do decide to make changes to the moderate banding we need to understand what services are important to you so that we can focus some of the money we save from the changes to the moderate band to services in the community available to all.</i></p> <p>Will there be an assessment on everyone?</p> <p><i>Everyone who receives social care services will be reassessed as part of the usual process within social care. Anyone can request a reassessment if they feel that their care needs have changed at any time.</i></p> <p>What happens if the Council doesn't get the savings anticipated, will they then look at the other bands for saving?</p>

	<p>As part of the medium term financial plan the Council is undergoing an E.I.T (Efficiency, Improvement and Transformation) programme along with a Value for Money programme to look at possible efficiency savings that can be made across <u>all</u> council services. This consultation is part of these plans and aims to target resources to provide services to those in most need. There are no current plans to look at the other bands if savings across the council are not achieved.</p> <p>If you are in the moderate band does this mean you are unable to receive any care and support from Social Services such as respite?</p> <p>Social care will no longer be required to meet the needs of people in the moderate band however the purpose of the consultation is to identify the range of services that are important to people so that we can consider what money should be reinvested in services available for all.</p> <p>How will other policies/plans affect the FAC such as the Personal Care Bill</p> <p>The Personal Care at Home Bill has received Royal Assent but the Government is not seeking to implement it.</p> <p>Would like clarification that there is no intention of closing the facilities at Allensway?</p> <p>This consultation does not include Learning Disability services at Allensway but changes to the FACS banding. Learning disability and mental health services will be looked at in a future EIT review.</p> <p>Do people know which category they are in at the moment, is it explained in review meetings which category they are in and information given about FACS?</p> <p>Within each care plan the banding is given – if people wish to find out which band they are in they can ring the helpline and receive it.</p>
<p>LD Day Services Event</p> <p>17 August</p> <p>Rievaulx Resource Centre</p>	<p>Comments from attendees were broken down under the following questions:</p> <p>What do you think about what you have heard?</p> <p>Focus is on our sons daughters and siblings Understand pressure on finances Carers need support too Day time breaks – through day-care Some people get their support from other carers</p> <p>Do you understand the factors that are influencing why we are thinking of changing the bands we support?</p>

Yes
Setting us up for change – modernise services

How do we best spend money for competing services – the choice to spread adult community care budget more ‘thinly’ on a broad range of people with needs (who receive ‘less’) or do we concentrate/focus on those with the most needs (who receive ‘more’) ?

Need to stimulate the market to ensure services available in the community so that people can use direct payments to purchase Housing and support services

What services are / would be important to you and why ?

Day centre for Adults with Learning Disabilities
Respite Care for Adults with Learning Disabilities
Transport – smaller buses that can get onto estates easier
Ring and Ride service
Befriending / volunteer support – to enable age / gender appropriate activities ...ie go for a pint, go to the football, accompany to appointments ie dentist
Community support generally

Are there specific issues that we would need to think about – service constraints? Issues around access to services – transport? Specific needs e.g. visual impairment?

Youth club needed in Billingham
Better appropriate facilities at the Forumaccessible accesshave proposals in original specification been actioned?
Adult education – ie cooking classes at Education Centre have been ‘pulled’
We need access to other education opportunities
Access to colleges / commitment of colleges to look at outcomes for people ...not just same old activities
Information about activities for people – swimming, bowling , horse riding etc
Use care homes and day centres as hubs for information / advice

Are there any other points that you want to inform the consultation?

Level of Direct Payment rate is below Darlington and Hartlepool
Some Billingham people take up services in Hartlepool
Brighter Futures is good – but time limited
Some services are provided at Butterwick (noted this is health)

	<p>Any views on the consultation?</p> <p>[Explanation was provided on when the outcome would be known and political process]</p>
<p>Aiming Higher for Disabled Children</p> <p>Consultation Event</p> <p>21 July</p>	<p>A number of questions and concerns were expressed at this consultation by parents and carers of children with learning and physical disabilities. These included:</p> <p>Will more money be placed into community services?</p> <p>Does any council provide services for those in the low band?</p> <p><i>If people are assessed as having needs in the Low band they are provided with advice and information, and directed to other services that are available in the community and would be appropriate for their needs.</i></p> <p>If the consultation is aiming to narrow down services so that only those in the substantial and critical bands receive services, it appears that there will be more emphasis on parents for those assessed as moderate. Therefore, will there be any help for parents if levels of support to those in the moderate band are reduced?</p> <p>What will happen to those that people care for now, especially if their carers stop caring for them?</p> <p>What happens to those that fall between services? Eligibility criterion for services sometimes stop people from accessing support that would be really beneficial for them.</p> <p>When making decisions following the consultation, will the Cabinet be a closed meeting to the public?</p> <p><i>Most Council committee meetings, including Cabinet meetings, are held in public, except for when confidential or 'exempt' information is being discussed. It is highly unlikely that FACS would be seen as a confidential item.</i></p> <p>How are people banded, and how is this assessed?</p> <p><i>Assessments are carried out with people to identify their needs and is is the extent of needs and the effect on people's independence and risk that determines the FACS Banding.</i></p> <p>If an individual disagrees with the band they have been placed in, what can be done to appeal against this?</p> <p><i>An individual can request a review of the assessment. This will be undertaken by the original assessor's manager. If the person is still dissatisfied, they have the right to make a complaint. This would then be investigated and they would receive a written response.</i></p> <p>Many in attendance were unaware that a carer has the right to request an assessment of need in their own right.</p>

	<p>Some parents were also confused about the support available within adults' services, as opposed to children's services. Some appeared to not fully understand the purpose of the meeting, despite several attempts to clarify this.</p> <p>In addition, some of the parents and carers in attendance offered suggestions via post-it notes. These included:</p> <ul style="list-style-type: none"> To ensure that documents and guidance are expressed in plain, simple language, rather than jargon. To simplify banding criteria so that it can be understood easily by everyone. To be aware of who to turn to, especially if an individual or family doesn't have an allocated social worker. To be made aware of different professionals roles, and the support that they can offer. To be clear about what exactly can be accessed and what services people are entitled to receive. To create a booklet or directory of support available. To explain the differences between physical and emotional assessments, and the tools used to carry these out.
<p>Health and Wellbeing Partnership</p> <p>26 July</p>	<p>Are customers given advice about possible entitlement to Disability Living Allowance and/or Attendance Allowance for their personal care/mobility needs, when the needs assessment is carried out?</p> <p><i>In the assessment process there are a couple of elements that question whether people are in receipt of benefits and whether they need help or advice in relation to benefits. It does not specify which benefits as there is clearly a range. The assessors would generally know that people are likely to be eligible to some and this would result in referral or signposting to appropriate advice and information.</i></p> <p><i>Irrespective of the above, anyone who is taking up support (other than equipment only) would be financially assessed and go through a benefit maximization via Client Financial Services.</i></p>
<p>Eastern Area Partnership Board</p> <p>22 June</p>	<p>A presentation was provided on the issues raised by the consultation. The Board raised the following questions:</p> <p>What would happen if Community Services were not available?</p> <p><i>The Council would ensure that the infrastructures are in place and are sustainable to support service users. Investment will be made to keep people as independent as possible.</i></p> <p>Will the users requiring low or moderate care receive ongoing support?</p> <p><i>All existing service users are offered annual checks to identify any changes in banding. The proposed investment in community services if the banding is removed could offer support to those who were no longer eligible for services. .</i></p>

<p>Central Area Partnership Board</p> <p>24 June</p>	<p>A presentation was provided on the issues raised by the consultation. The following questions were raised regarding the consultation:</p> <p>What about getting people out of the house, especially those who feel isolated?</p> <p><i>It is the responsibility of social services to assess needs and if people are isolated, services will be recommended to try to prevent this isolation.</i></p> <p>Who has responsibility for day centres? It was stated that someone present had been told that 5 day centres had closed.</p> <p><i>The response made at the time was that there had been no services changed related to the FACS consultation. Day services are being looked at separately through client group EIT reviews.</i></p> <p>In terms of potential budget constraints, where will the resources come from for services?</p> <p><i>It was noted that this review was planned prior to the change in Government and this is a national issue in terms of demographics and how to fund these services. It was also noted that the Council are undergoing a review of all its services and this will be part of that review.</i></p> <p>What responsibility to Stockton Borough Council have in this area?</p> <p><i>Stockton Borough Council sets the level of eligibility within the guidance.</i></p> <p>Would it best cost effective to target particular services in certain areas?</p> <p><i>This is a Stockton wide issue and often not isolated to particular areas</i></p> <p>In terms of CRB changes who will cover the cost of these for example if a group became a befriending service?</p> <p><i>It was noted that these groups would be informed of this via the Council</i></p> <p><i>It was noted that the voluntary and community sector can access funding that the Council can not and it's about working together and providing excellent services.</i></p> <p>Has the questionnaire been sent to every household? Is it available to all?</p> <p><i>It has not been sent to every household in the borough, however it is available to all and a copy can be obtained via the website or by calling the helpline.</i></p>
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<p>Western Area Partnership Board</p> <p>28 June</p>	<p>A presentation was provided on the issues raised by the consultation. The following questions were raised regarding the consultation:</p> <p>Does the consultation include people with addictions, such as alcohol?</p> <p><i>This particular issue is covered by health and not care services. There are no plans to change the way these specific health services would be provided.</i></p> <p>Would people's assets be used to pay for any care services required?</p> <p><i>If the person in question was identified as having assets over a certain amount then they would be charged in line with the charging policy.</i></p> <p>Where will the funding for moderate needs come from if all funds go to substantial and critical needs?</p> <p><i>Some of the funds will be released from the proposed change to the Moderate band and invested into the community in an attempt to provide a broader service. People will be signposted to voluntary & community sector services based on what the consultation feedback had highlighted.</i></p> <p>Is this review being carried out as a result of Central Government cutting funding?</p> <p><i>No, this review is being carried out in connection with the Council's Efficiency, Improvement & Transformation Plan (a 3 year programme looking at all services that the Council deliver) but the current climate is also being taken in to consideration.</i></p> <p>The Board asked if more awareness raising events such as 'are you being served' could be held to market services.</p>
<p>Northern Area Partnership Board</p> <p>5 July</p>	<p>A presentation was provided on the issues raised by the consultation. The following questions were raised regarding the consultation:</p> <p>A concern was raised on whether the people who are currently in the moderate banding may not get the level of support they need and deteriorate.</p> <p>A query was raised around appeals and whether the process is external.</p>
<p>Stockton Trades Union Council</p>	<p>Clarification was requested re what would happen to people currently assessed at 'Moderate' band and concern that needs at moderate level would leave people at risk.</p> <p>Concern was expressed at how appeals would be dealt with and if the process would be completely fair.</p>

<p>11 August</p>	<p>There was an acknowledgement from the attendees that reduced budgets would lead to cuts in traditional services.</p> <p>Questions were asked about what additional services/ information would be available to people no longer eligible for services.</p>
<p>NHS Stockton-on-Tees (PCT) Joint Executive Team</p> <p>27 July</p>	<p>The issue was discussed and the PCT requested further detail on the financial implications of the proposed change when this is available.</p>
<p>BME Network</p> <p>2 September</p>	<p>A presentation was provided and the following comments were made:</p> <p>What have other councils done around FACS banding?</p> <p><i>72% of councils now offer services at substantial/ critical bandings based on the CSCI survey undertaken in 2007/8</i></p> <p>Can the community / voluntary sector access potential schemes to support people who may require help?</p> <p><i>As part of the plans for services that will be offered in community we would expect the community and voluntary sector to be a significant provider of these services.</i></p> <p>A general comment was made that the BME community tend to look after their own. It was noted that services are required to support that are culturally appropriate.</p> <p>Diversity -</p> <ul style="list-style-type: none"> - need to offer innovation - need to be culturally aware - need to have something in place as an interim measure <p>Is there a pressure to admit to using nursing and residential care as this is cheaper than living at home?</p> <p><i>The Council is reviewed on its admission to nursing and residential care and has indicators on keeping people in their own home. There can be a range of costs related to keeping people in their own home but a number of schemes such as telecare are relatively cheap to implement but can make big savings when compared to the cost of a nursing or residential care admission.</i></p>

Care call – are language needs catered for?

Yes. At the point of referral communication needs (including language) of the individual would be identified and addressed.

Comment – commissioning minority organisations need to be empowered to support input into procurement e.g. skills to complete tenders. It was highlighted that commissioners need to make sure we have understood the scale of the issue / need to take time to get to the crux of the problem.

An awareness of services needs to be raised within the community – could flag up via the BME Network. For example using community events / roadshows to enable conversations to take place. There is a need to show that things will happen following these events.

Need to recognise the value of community / voluntary sector and community leaders to engage.

Engagement at grass roots level is important – may only need small sums of money to support this e.g. transport costs.

Information for BME Older People was highlighted as a concern. There is a need to help support independence and recognise language issues. This needs to be picked up and with carers.

An example was given of a learning disability case where it was highlighted that representatives through that the provision had not really met the needs of the individual or the carers

The importance of raising awareness in organisations, especially through council “tick box” exercises, was raised e.g. managers need to be trained to understand the differences in care needs for BME groups, such as differences in washing / cleaning routines.

It was highlighted that there also needed to be a minimum skill / expertise level required / training for staff who might run services.

The Group reiterated the need to have sustainable / consistent funding – it sometimes takes time to build up confidence to attend so need to build this in to monitoring etc.

Specific services may need to be developed for the BME community – need to be able to use church / mosque links to engage with groups.

The awareness of different schemes available to provide support can be low or misinformed e.g. Direct payments was highlighted as a specific example.

The group reinforced the need to have BME Advocacy services to pass information on/ support.

Accountability for money / services was also seen as key.

	<p>It was noted that we need to use existing information and put in place the services that meet those needs – for example a Community Engagement DH / MH research project was cited where African men with mental health issues look to church routes as a positive step in support. But often we do not act on this information.</p> <p>Childcare needs to be picked up.</p> <p>The right organisation needs to be procured to support services e.g. SCRAGA.</p> <p>Keep it simple / understandable for communities to input and contribute to as part of the commissioning process.</p> <p>How many questionnaires have gone out to BME community? And been returned?</p> <p><i>Out of 6851 surveys that were sent directly to clients and carers, 171 (or 2.5%) of these were sent to those who were not classed as White-British. However, for 3.46% of clients on that list, information is not yet available.</i></p> <p><i>Please see the main summary report for the detail of the overall return rate (section 14). Including the 64 surveys that were returned from the general public, 3.5% were non White-British, and 2.54% were not stated.</i></p> <p>It was requested that the issue was discussed at a future meeting of the group in order to discuss the results of the review and next steps.</p>
<p>Comments received from Stockton Welfare Rights Unit</p>	<p>Extract from Prioritising need in the context of <i>Putting People First: A whole system approach to eligibility for social care</i> Guidance on Eligibility Criteria for Adult Social Care, England 2010:</p> <p>“5 - Universal services – the general support available to everyone within their community including transport, leisure, education, employment, health, housing, community safety and information and advice.</p> <p>6 - Suitably adapted housing smart technology and equipment, improved health care and joint working, greater benefits take-up and community support can all help to delay or avoid the need for care completely.</p> <p>10 - To effectively deliver the transformation envisaged in <i>Putting People First</i> and beyond, councils should have both a strong focus on the overall well-being of their communities and a recognition that people should be helped in a way that may prevent, reduce or delay their need for social care support. This shift in focus to community well-being and preventative approaches is also fundamental to the effective application of eligibility criteria. <i>There is a growing evidence base that interventions can prevent or delay people entering the social care system and therefore produce better outcomes for people at a lower overall cost.</i></p> <p>11 - The development of accessible and universal services will be vital for those individuals and their carers whose needs do not meet the council’s eligibility criteria <i>but who still need access to support in order to maintain their independence and well-being.</i> In particular, everyone should be able to access high-quality information and advice to point them in the right direction for help.</p>

16 - Priorities for this reform include greater choice and control, better access to public services and information, empowerment of people using services and their carers at local level and the definition of user satisfaction as a key measure of success.¹¹ In this way, Government can work to support its citizens' aspirations for "public services to be on their side: fitting around their needs and lives, giving them security, control, information, **and letting them know what they are entitled to.**"

18 - For example, people who do not meet the eligibility threshold should still be able to expect **adequate signposting to alternative sources of support** (as explained in *Place-shaping and promotion of well-being through universal services* section, at paragraph 36 of this guidance). Such arrangements will improve outcomes for the wider population and could **help some individuals avoid or delay having to rely on health or social care services for support.**

34 - Low cost interventions may also have considerable impact on day-to-day quality of life. **This could include signposting people to information relating to benefits they may be entitled to**

36 - Councils should be mindful of the important role of social care services for disabled and older people for example, **Councils should ensure that the family is signposted to advice about flexible working, any support services available in the area and benefits advice ain-work financial support.**

Whoever they are provided by, universal services work best when everyone can get the information, advice and support they need to be able to access them at time and in the right way. The Care and Support Green Paper also places a high level of emphasis on access to the right information and advice to help people know what they are entitled to and what support is available in their local area.

58 - Councils should also consider that people at all levels of need, regardless of whether or not they have eligible needs or fund their own care, may be able, **with the right type of tailored intervention, to reduce or even eliminate their dependency on social care support.** Support plans should be constructed with such outcomes in mind, focusing on what people will be able to achieve with the right help, rather than simply putting arrangements in place to stop things from getting any worse. **Councils may therefore wish to consider broadening the range of support planning services on offer to target people who may not currently be eligible for services.**

74 - In particular, the review highlighted the inexperience of staff making judgements, that people's needs (and the willingness and ability of their carers) are often insufficiently explored and that people are screened out **too early or not given adequate signposting to other sources of support**

76 - Councils should ensure that their staff are sufficiently trained and equipped to make the appropriate judgements needed to steer individuals seeking support towards either a more formal community care assessment, a period of re-ablement or **more universal services, as appropriate to their particular needs and circumstances**

104 - All individuals, whether or not they are funding their own care, can benefit from **effective information, signposting and support planning.** As emphasised above, councils should consider how they can work to support high quality outcomes for all their citizens,

	<p>including those funding their own care and support.</p> <p>108 - Where councils do not offer direct help following assessment or where people refuse or opt out of assessment, councils should still be prepared to provide individuals with useful information and advice about other sources of support.</p> <p>110 - Secondly, the provision of high-quality information and advice will help people to make more confident choices by knowing what support is available to them.</p> <p>111 - <i>Putting People First</i> identifies the need for “a universal information, advice and advocacy service for people needing services and their carers irrespective of their eligibility for public funding.”</p> <p><u>Comment</u></p> <p>The document places strong emphasis on the availability of universal services so that people who cannot access services (fairly or not) can have the opportunity of making choices to meet their own particular needs.</p> <p>In relation to welfare benefits we feel that in Stockton we are better placed than some to meet the challenges ahead. Against the backdrop of FACS there are some severe benefit cuts that will impact most on the most vulnerable within the authority. <i>A recent Institute Fiscal Studies report into the recent budget changes said - ‘IFS research published today makes use of analysis published by the Department for Work and Pensions since the Budget, and attempts to reflect the impact of all the benefit cuts announced in the Budget. It shows that, once all of the benefit cuts are considered, the tax and benefit changes announced in the emergency Budget are clearly regressive as, on average, they hit the poorest households more than those in the upper-middle of the income distribution in cash, let alone percentage, terms.’ (Note 1 below.)</i>- Areas to be hit are Tax Credits, Housing Costs and most relevant to FACS Disability Benefits.</p> <p>Stockton has recently undergone an EIT review of Advice & Information Services which can be used to try and minimise the fall out from FACS and Benefit Cuts. We have a well established Welfare Rights Team within CESC which can offer support to those most affected. If managed correctly (which may include some extra resources) then we are confident that we can meet the challenges ahead. We would suggest that the Welfare Rights Team is utilised during the planning as well as the delivery of FACS if we are to achieve the maximum impact.</p> <p>As stated in the consultation paper ‘universal services ‘are vital to FACS. The Welfare Rights Team can be key partners in making this happen</p> <p>1. Institute For Fiscal Studies - The distributional effect of tax and benefit reforms to be introduced between June 2010 and April 2014</p>
<p>Beat the Boredom</p>	<p>Approximately 30 young people participated in the consultation.</p> <p>A majority (over 50%) of those who took part agreed with the consultation proposal.</p>

<p>Youth Services Event at ARC</p>	<p>As part of an interactive session, discussion took place around where any savings could be spent on community services. Priorities included: day care, shopping (especially for food), transport, money collection and cleaning. The work and needs of carers was also recognised.</p>
<p>Looked After Children Group 9 August</p>	<p>A small group of young people took part in an interactive exercise to discuss how to spend the money available and what community services would be important.</p> <p>All wanted to keep spending at least a 5th of funds on the Moderate band, with the most on Critical, and one person thought equal amounts should be spent on each band. No one chose to spend money on the Low Band.</p> <p>Priority community services included: Transport, Living Independently, Shopping, and Help getting to appointments.</p> <p>General discussion covered whether the money could be combined to cover the top bands, a need to get more people into work to relieve pressure on finances, and the fact that some young people do not tend to read leaflets but put them in the litter bin.</p>
<p>Session</p>	<p>Focus Groups</p>
<p>Adult Social Care Client Focus Group 2 August</p> <p>8 attendees – 5 from Billingham, 2 from Norton, 1 from Eaglescliffe</p>	<p>Do you understand the reasons why we are suggesting that we make a change to the number of bands that we support?</p> <p>All the group agreed that they understood the issues.</p> <p>As you have seen in the presentation, the proposal is to focus our future support on those who have Substantial and Critical bands. This would mean that those people who have assessed needs in the Low and Moderate bands would be directed to other services in the community.</p> <p>How strongly do you agree/feel with this proposal?</p> <p>Overall the group felt that the proposed change was pretty fair.</p> <p>Why do you feel that way?</p> <p>The group understood the issues and the reasons behind them.</p> <p>As already mentioned, if we did make the change to reduce the number of bands that we provide support for, we may be able to use some of the savings to support other services in the community. These services do not have to be run directly by the Council, and would be available for all.</p> <p>What services would be important for you?</p>

Transport was a high priority for the group. Discussion covered:

- Escorted transport e.g. Dial a Ride
- Style of buses – there was concern about access, seating etc
- Distance from bus stops – one person drives to a bus stop to get a bus
- Transport to hospital in Hartlepool was a concern for people who have appointments there

Prescription delivery was important although if a signature was needed this makes it more awkward.

Are there any other services that you would like to see?

A befriending service was thought to be a good idea.

There was some discussion about services that are currently provided to people who attended the group. There was concern about the number of carers who visited their homes, some carers who were not very responsive, and the confusion when people ring up and messages are not passed on correctly. Also, one person thought that their experience with the care provided by the intermediate service could have been better. However, it was recognised that a large amount of people receive some form of care and that some bad experiences were to be expected, even though this does not make them acceptable.

Officer informed that everyone should have a Care Plan in their house and should be aware of the level of care that they should receive.

It was agreed that it was important for a certain set of minimum standards to be in place for whatever community services were introduced.

Out of all the services that have been mentioned, what would be most important to you?

Transport generally

Ambulances need to be booked 2 days in advance, this could be more flexible.

Costs of transport would need to be kept reasonably low.

Aids in the home

Do any of those present already use local community services?

The following were mentioned:

- Forum
- Splash (limited times for disabled people)

- Groups such as Guides great for community support, and Trefoil Guild for when people have left Guiding
- Churches help with community support

Mental stimulation was seen as being important

Why do you use these particular services?

- Stimulus
- Somewhere to share problems

Are you aware of the services that are provided by our partners such as the Fire Brigade?

All the group were aware of the Fire Alarm Safety Checks

Are there any specific issues that we would need to consider in order to make sure that you would be able to access these community services?

Most places are physically accessible now.

Low level buses are good.

Improving access to community facilities for people with a range conditions through better trained staff and support on arrival would be beneficial. People would be more confident in visiting them if this was the case.

One person responded that they visit Splash for the pool but that the times for the class were usually early morning and this was restrictive.

Many of these services that we have talked about either already exist or we may need to help organisations to set them up. These services would be available to all.

What would be the best way of making sure that people found out about these local services?

Various sources of information were suggested including:

- Stockton News
- GP surgeries
- Dentist surgeries
- Libraries
- Bus windows
- Internet (depending if it is accessible)

The idea of a directory of services was mentioned and the group agreed that this would be useful.

Information where to get a Radar key and other aids would be beneficial

As mentioned in the presentation, in addition to those services that would be available to all, we may need to look at more targeted services that are aimed at people who need extra help to maintain their independence for as long as possible. Again some of these services already exist. We would like your views on some of these. Are you aware of services such as Care Call and Telecare?

Only half the group were aware of the above services

Have you heard of the Independent Living Centre? And what service it offers?

Most of the groups were not aware of the ILC
The group thought it would be useful to know about in future

It was agreed that the equipment must be correctly fitted and the correct equipment must be used.

Are you aware of the Home Improvement Agency (Broadacres)? Have you used it?

The group thought that this had not been promoted very well, but that now they were aware of it, it was thought that they may use it in the future.

We would also be interested in your feedback on the consultation process. Did you receive and understand the documents?

A few in the group stated that they had not seen the document, although recognised that they may have put it to one side.

Do you feel that you have been given enough opportunity to have your say?

Some of the group noted that they had seen the publicity in Stockton News.

Do you have any suggestions so we could improve the way we consult in the future?

The group said they could inform people (word of mouth) about the consultation.

Do you have any other comments to make in relation to adult social care services in Stockton?

A number of additional comments were made:

	<ul style="list-style-type: none"> • Utilities i.e. gas services, electricity – it was suggested that the people who visited people’s homes as part of this work could also have a role in pointing out hazards and other safety risks (similar to service provided by Fire Brigade as mentioned above). • Speed bumps cause distress when driving over them for those with certain conditions eg bad backs • Prisoners at Kirklevington could perhaps do voluntary work in the community eg handyperson tasks
<p>Viewpoint Focus Groups</p> <p>25 August</p> <p>7 attendees over two sessions</p>	<p>Do you understand the reasons why we are suggesting that we make a change to the number of bands that we support?</p> <p>There was general understanding of the issues. Particular reference was made to the increasing costs of services, and the focus on those most in need. One person stated that it must be cost otherwise why change a service that is working well?</p> <p>How strongly do you agree with the consultation proposal?</p> <p>There was broad agreement across the two groups however there were a number of caveats to this view. Comments included reference to the need to ensure any money saved was re-directed to other services, the need to ensure services are put in place to cover the gap for those currently in Moderate band, and the view that people would be trying to get placed into the Substantial band in future.</p> <p>It was also hoped that there would not be a cut back in the professional workforce as this would lead to incorrect banding decisions and longer waiting times for assessments.</p> <p>Why do you feel that way?</p> <p>It was felt by some that funding was going to be cut anyway and so there was a need to ‘do something’. It was also stated that anything that promoted independence, especially social interaction, would be a good thing.</p> <p>As already mentioned, if we did make the change to reduce the number of bands that we provide support for, we may be able to use some of the savings to support other services in the community. These services do not have to be run directly by the Council, and would be available for all.</p> <p>What community services would be important for you or people that you know?</p> <p>Some people found it hard to answer the next few questions as they had not had direct experience of these type of services themselves. However a number of suggestions were made.</p> <p>Day Centre type services was seen as important as it promoted social interaction.</p>

Transport was discussed by both groups. Bus passes, the location of bus stops, access to hospital (including on the hospital site itself) and the general ability to get out and about were all discussed.

Cleaning and gardening were also mentioned, although it was mentioned that people should be encouraged to do as much as they could for as long as possible.

It was stated that the answer to this question would depend on your stage of life.

Out of all the services that have been mentioned, what do you think would be most important?

One group thought that services related to social interaction were most important, to promote good mental health, especially when someone did not have family to turn to.

The other group discussed advice and information in response to this question.

Do you or anyone you know any of those present already use local community services?

For example this could be leisure services, attendance at local voluntary groups such as luncheon clubs, going somewhere for help and advice.

One group felt that they did not yet use these services.

The other group discussed luncheon clubs, and also Over 50s Clubs that had been attended in the past however the programme of activity at the Club had become less interesting over time and so they had stopped attending. One lady actively made use of a number of facilities including regular trips to swimming.

It was stated that a variety of services needed to be available and that they needed to be accessible.

Are you aware of the services that are provided by our partners such as the Fire Brigade? These include home safety checks when fitting smoke alarms for example.

Both groups had heard of the fire alarm and home safety checks by the Fire Brigade. It was thought that this was a good service and some had used the service in the past.

Are there any specific issues that we would need to consider in order to make sure that you would be able to access these community services?

Transport was discussed particularly in relation to bus services, routes and the finish times.

An improvement on the type of information available was mentioned. This was discussed further as part of the next questions.

Many of these services that we have talked about either already exist or we may need to help organisations to set them up. These services would be available to all.

What would be the best way of making sure that people found out about these local services?

How should we communicate with people?

A number of ideas were discussed on this issue. These included:

- Newspapers (suggestion of taking out a spread in the paper as an alternative to Stockton News)
- Stockton News
- Local television adverts
- Leaflets
- Big Screen in Stockton High Street
- Relevant information provided with GP/Hospital appointment letters
- Citizens Advice

It was noted that information (eg. in leaflets) is missed or discarded if people are not specifically looking for it, and so it must be available for when they are.

Generally, it was seen as important that information was kept up to date, and accessible when needed.

As mentioned in the presentation, in addition to those services that would be available to all, we may need to look at more targeted services that are aimed at people who need extra help to maintain their independence for as long as possible.

Again, some of these services already exist. We would like your views on some of these.

Are you aware of services such as Care Call and Telecare?

Most people in both groups had heard of Care Call, but Tele Care required further information. After an explanation had been provided it was agreed that it sounded like a 'great idea' and would give peace of mind.

Have you heard of the Independent Living Centre? And what services it offers?

There was a mixed response, with the majority across both groups not being aware of the ILC. After an explanation was provided it was again agreed that it sounded like a good idea, and that it was worth knowing about.

Are you aware of the Home Improvement Agency (run by Broadacres)? Have you used it? Do you know of anyone else who has used it?

There was some recognition of the service when an explanation was provided, but the majority across both groups were not aware. After an explanation was provided it was again agreed that it sounded like a good idea, and that it was worth knowing about.

We would also be interested in your feedback on the consultation process.

Where did you first hear about the Fair Access to Care Services Consultation?

Most had heard of the consultation when they received the invitation to the discussion group but some had seen it in the newspaper.

Did you understand the documents that we sent you as part of the invitation to attend this discussion group?

There was broad understanding of the documents.

Do you feel that you have been given enough opportunity to have your say?

General agreement. It was stated that people felt comfortable about responding to consultations when they take part under the Viewpoint system.

Do you have any suggestions so we could improve the way we consult in the future?

It was suggested that in future, visits could be made to community groups in the area, eg. Over 50s Clubs.

It was queried as to whether people with disabilities had the same opportunity to respond. [Explanation provided as to the targeted work that has been undertaken, alongside the opportunities to respond as full members of the Adult Viewpoint panel.]

Do you have any other comments to make in relation to adult social care services in Stockton?

Generally people felt that if they were not in the 'system' it was hard to know what services were available to people.

In relation to Day Centres, the view was expressed that the people who attend had a range of ages and so the mix of people may not suit everyone. It was also seen as important to have a range of activities on offer at Centres, as well as physical exercise.

Some people felt that wheelchairs were not as available as they had been in the past.

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