

Appendix 3

EIT Review of Fair Access to Care Services (FACS) – Consultation Results

Detail

Consultation Methodology

1. The FACS consultation process took place during the period of 1 June to 27 August 2010. The consultation consisted of a survey, a series of engagement meetings, and the provision of information.
2. 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?
2. A survey and information booklet was sent to the 6851 clients and carers who were in receipt of Council adult social care services. The survey and booklet was also made generally available to the public, including on the Council's website. 1276 surveys were returned out of the 6851 that had been mailed out, and an additional 64 were returned from members of the public and other interested parties. A summary of the survey responses is included in this report.
3. In addition to the survey a range of engagement events and meetings were attended. This included seven dedicated public meetings, attendance at a range of existing forums, and dedicated focus groups. 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.
4. 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.

Consultation Results

Overall Summary of Responses

5. The consultation generated a good response. The survey return rate from clients and carers is statistically valid.

6. 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%¹. 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.
7. There was broad understanding of the reasons behind the proposed change (whether or not respondents agreed with it).
8. 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.
9. 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).
10. 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).

¹ 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 disagree with a proposal. A negative figure shows that in total, more people are disagree than agree.

Survey Results

11. 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 the surveys that were made generally available.

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

12. 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.
13. 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.
14. 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%

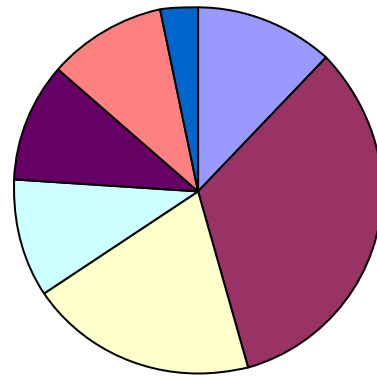
White: 95.83%
Non-White: 1.63%
Not stated: 2.54%

Question 1 – The consultation proposal

15. 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?



- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree
- No opinion / Don't know
- No response to question

16. 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%.

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.

17. 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.
18. 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 1**. (The full list of individual comments from every survey is available on request.) 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

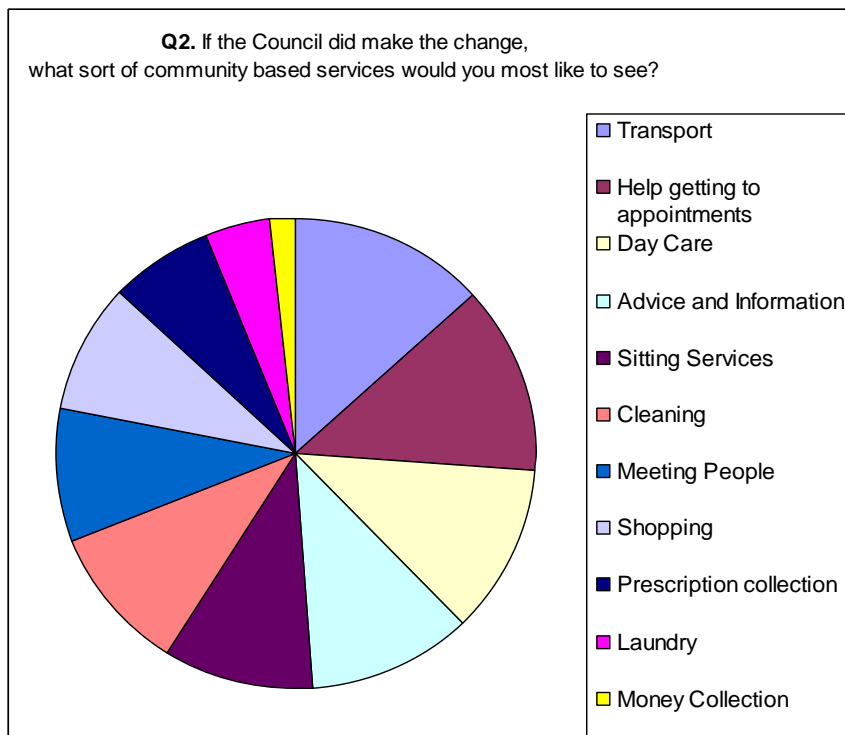
1. Things are fine as they are – should be no change
2. Personal comment/reaction
3. Should be supporting everyone
4. Those in lower bands will not receive the care that they need
5. Not happy with the proposed reduction in care

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
19. 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.

Question 2 - Community Based Services

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	632
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



20. 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.
21. These comments have also been coded, and the list of the full range of comments that were mentioned is at **Appendix 2**. (The full list of individual detailed comments is available on request). 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)
22. 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).
23. Taken together, 'day care', 'trips and visits out', and 'social interaction and improved social life' were mentioned 35 times in total.

24. 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.

Engagement Strategy Responses.

25. The full set of comments made and submissions received as part of the engagement process can be seen at **Appendix 3 [of original report considered on 21 September –these are available on request]**..
26. 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.
27. Where appropriate, answers have been provided to specific queries that were raised. The answers are in bold and italic type.
28. 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.
29. 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.
30. 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.

31. 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.
32. Stockton LINK has provided a submission to the consultation and this is included in **Appendix 3 [as above]**. 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 1

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 in to 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 not to do 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 severally 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 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 in to 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

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 eg. dropped kerbs, more wheelchairs
- Advocacy and personal advice (eg 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 n(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 (eg in Rochdale)
- Exercise and sport (in home or nearby)
- Day Care specific for Autism
- Community Safety initiatives
- Increased money to spend personally