

SOCIAL CARE AND ADULT SERVICES SCRUTINY PANEL

SUMMARY – Review of Fair Access to Care Services

THE REVIEW

The overall aim of the Scrutiny investigation was to examine the impact of the revision to the Fair Access to Care Services policy, which was implemented in March 2004.

Fair Access to Care Services consists of four bands or risk to the individual if services were not provided: critical; substantial; moderate; and low. As a consequence of the amendment to the policy, service users with a moderate risk to their independence no longer qualified for services provided by the Council.

The panel wanted to establish if there had been a rise in the number of critical/substantial service users and, if there had been, to what extent this increase could be linked to the change in policy. The panel also considered as part of the review: whether or not there had been a consistent approach to the assessment of service users and how effective the Council's process of sign-posting service users with moderate/low needs to alternative provision had been.

CONCLUSION

Based on evidence given throughout the investigation the Panel concluded:

- a) That the panel were pleased to be given the opportunity to assess the impact of the Fair Access to Care Services and hope that social services can use the panel's findings to assist them in their yearly review the FACS eligibility criteria and provision.
- b) That the panel concurs with the CSCI's view that the introduction of the new eligibility criteria and charging levels has been well managed.
- c) The evidence presented by the service area detailed that the removal of the moderate banding has delivered significant financial savings and that this had not led to any significant deterioration of those people involved. Service users long term needs are clearly taken in to account during their assessments.
- d) That whilst financial savings were made it is important to remember that the change was also about trying to improve people's lives and allowing them to realise their potential.
- e) The panel couldn't clearly ascertain if there had been a rise in the number of critical/substantial banding of service users due to the change in policy and would like to receive further information on this issue at a later date.
- f) The process of assessment reviews is still ongoing will not be completed until March 2005.
- g) FACS assessments have been undertaken in a consistent manner and there is no doubt that work of the Validation Panel supports the assessment process.

- h) The panel commended the service area for their good practice in the area of ensuring a consistent approach to the assessment of service users.
- i) That the panel noted the work that was being undertaken in order to ensure people were given assistance in finding alternative provision.
- j) The work to develop preventative services seemed to be well underway, however Social Services must endeavour to ensure that those services that are provided are sustainable.
- k) That no evidence came to light to suggest that there had been an increased burden on carers and that the needs of carers were being considered through the use of carers assessments.

RECOMMENDATIONS

That the Social Care and Adult Services Scrutiny Panel recommends to the Executive:

- a) The panel couldn't clearly ascertain if there had been a rise in the number of people in the critical/substantial banding since the policy change. It would therefore be useful for the panel to look at the statistics to show the comparisons between numbers in each banding as at April 2004 and April 2005 which could be presented to the panel in November 2005.
- b) Based on the current evidence the panel consider that it would be appropriate for the current position to be maintained, i.e. eligibility for the provision of local authority funded services would be given to those people assessed as having critical or substantial needs. This will be reviewed by the panel in the light of additional evidence presented to them in November 2005 (see recommendation a)
- c) To ensure that the detailed information that is being prepared about alternative provision is available to all sections of the community, consideration should be given for a strategy for its publicity to be put in place and that the information is kept up to date and reviewed on a regular basis.
- d) The panel is able to view a copy of the directory and are given a timetable of when the directory is to be published.
- e) That consideration is given to the inclusion of an address and telephone number in the directory which could signpost people to advice on claiming benefits.
- f) The panel recognises that funding provision for low level preventative services will be available to NRF areas in the first instance. However the panel would like to see that in the longer-term, consideration be given to the provision of low level preventative services to all areas of Middlesbrough.
- g) Given the service areas establishment of good practice in the development of the Validation Panel that the service area considers sharing that good practice.
- h) That the service area explore the possibility of expanding the remit of the Validation Panel by using the expertise of the officers involved to then enable the Validation Panel to moderate and provide advice on other types of decisions and functions that the service area considers appropriate.

OVERVIEW AND SCRUTINY BOARD

4 APRIL 2005

**FINAL REPORT –
FAIR ACCESS TO CARE SERVICES**

PURPOSE OF THE REPORT

1. To present the findings of the Social Care and Adult Services Panel's review of Fair Access to Care Services.

AIM OF THE SCRUTINY INVESTIGATION

2. The overall aim of the Scrutiny investigation was to examine the impact of the revision to the Fair Access to Care Services policy, which was implemented in March 2004.

TERMS OF REFERENCE OF THE SCRUTINY INVESTIGATION

3. The terms of reference for the Scrutiny investigation were as outlined below:-
 - (a) To establish if there has been a rise in the number of critical/substantial of service users.
 - (b) If such a rise is found establish whether those service users previously assessed as having a moderate/low need now have a critical/substantial need and to analyse to what extent this increase could be linked to the change in policy.
 - (c) Examine the current social services financial position to ascertain if there is scope to review the provision outlined within the existing policy.
 - (d) Examine how social services ensure that a consistent approach to the assessment of service users is maintained.
 - (e) Examine the effectiveness of the Council's process of sign-posting service users with moderate/low needs to alternative provision.
 - (f) To assess if there is any evidence to suggest that the change in policy has resulted in an increased burden on carers.

METHODS OF INVESTIGATION

4. Members of the Panel met formally between 2 December 2004 and 22 March 2005 to discuss/receive evidence relating to this investigation and a detailed record of the topics discussed at those meetings are available from the Committee Management System (COMMIS), accessible via the Council's website.
5. A brief summary of the methods of investigation are outlined below:-
 - (a) Detailed officer presentations supplemented by verbal and written evidence.
 - (b) Meeting and discussions with service users and carers at the Lansdowne Centre.
 - (c) Attendance at a meeting of the Validation Panel
6. The report has been compiled on the basis of their evidence and other background information listed at the end of the report.

MEMBERSHIP OF THE PANEL

7. The membership of the Panel were as detailed below:

Councillor C Rooney (Chair), Councillor A E Ward (Vice-Chair), Councillors D Davison, J Jones, J A Jones, P Porley, J Taylor and K Walker. Co-opted Members of the Panel were E Briggs and J McCowat.

BACKGROUND INFORMATION

8. Every local council in England uses a national framework from the Department of Health to enable them to decide eligibility criteria for the adult social care services it provides through its Social Services department. The aim is to have greater consistency across the country of how decisions are made about whether people receive services or not.
9. In May 2002 the Department of Health issued guidance on Fair Access to Care Services (FACS) to all Local Authorities with Social Services responsibilities and all local authorities had to review and revise their eligibility criteria.

Fair Access to Care Services – Eligibility Criteria

10. Fair Access to Care Services consists of four bands or risk to the individual if services were not provided: Critical; Substantial; Moderate; and Low. (See Appendix 1 for a comprehensive breakdown of the criteria)
11. Previous to the change in policy the eligibility criteria in Middlesbrough consisted of providing care for those people assessed within the critical, substantial and moderate bands. At the time of the change in provision Social Services were facing budgetary pressures and maintaining provision for those people within the moderate band was not an option if the Department was to stay within its budget. The panel was told that the department had to concentrate its resources on the most vulnerable and those with the greatest risk to their independence.

12. The recommended option at that time was that services were provided for service users within the critical and substantial banding only. The Executive approved this revision to the existing FACS policy on 2 March 2004. Prior to the change there had been extensive consultation with stakeholders and this consultation had included surveying current service users and carers, consultation sessions and the provision of a helpline for service users.
13. Service users who were no longer eligible for services had a period of 12 weeks before services were withdrawn to enable them to adjust to their new circumstances.
14. In addition to this Government guidance also states that the new eligibility criteria must be reviewed and where necessary revised on an annual basis and then published and implemented in April each year.
15. In February 2004 the then Social Care Scrutiny Panel were also consulted as part of the formal consultation process, however the panel recognised that it was not able to address the issue in the level of depth and detail that would normally have been required for a full scrutiny review. However the panel made the following observations:
- a) That over time the new policy could possibly increase the numbers of service users within the substantial/critical bands if not sign posted to preventative services.
 - b) That the revised policy would result in an estimated saving of £500k.
16. At that time the panel also noted that there were a number of issues that were expressed through the consultation process which could be explored further and included assessing the following:
- a) The impact on individuals following the removal of services, in particular with regard to the preventative role of social care provision.
 - b) The increased burden on carers.
 - c) That priorities should be realigned to enable social services to continue to provide services to those within the moderate banding.
17. These findings of the panel then helped to shape the terms of reference for this current review.

Review of Social Care Services for Older People

18. As the review was underway Social Services received the inspection report on Social Care for Older People which had been completed by the Commission for Social Care Inspection (CSCI). As part of that review it was noted that with regard to Fair Access to Care Services there were a number of strengths including that social services provided a wide range of leaflets that were available in different formats, that the introduction of the new eligibility criteria and charging levels had been well managed and that the out of hours arrangements had worked well.
19. There were also a number of areas for development that were listed within the report, including the introduction of a directory of services for older people, that access to specialist services for people with mental health problems was limited and that day centre opening hours were also limited.
20. The CSCI review recommended that the Council should develop an information base, that the Council should work with minority ethnic community organisations to assess the need for a single independent organisation or focus to represent Middlesbrough's minority ethnic communities and ensure that all older people with mental health

problems have access where needed to specialist mental health issues. The panel looked at these issues throughout the review.

THE PANEL'S FINDINGS

HAS THERE BEEN A RISE IN THE NUMBER OF CRITICAL/SUBSTANTIAL SERVICE USERS?

21. In April 2004 the revised eligibility criteria was implemented following extensive consultation with all stakeholders. The panel learned that the amendment reflected the Council's commitment to focus on the needs of the most vulnerable and reflected the budgetary pressures being experienced by the Department at that time.
22. As service users annual care management reviews were due they received a full reassessment of their needs and the amended criteria were applied, it was noted that this process would not be fully complete until March 2005.
23. As a consequence of that amendment to the policy, service users with a moderate risk to their independence no longer qualified for the service. The panel was concerned that having services taken away from them may result in moderate users then slipping into the top two bands.
24. The panel were interested to hear that in order to maintain a record of progress of each service user who have been identified as no longer qualifying for a service as of 1 April 2004, a tracking database has been developed which records the progress of each individual case.
25. However, it was unfortunately not feasible for the service area to provide statistical information detailing those numbers that contained within the bandings prior to the implementation of the new management information system (SWIFT) which allowed Social Services to record eligibility bandings. The only methodology available to achieve this prior to SWIFT implementation would be to undertake a manual trawl of 1,500 case files and check the eligibility checklist located on each case file to identify the eligibility banding that was reached following a care management assessment/review.
26. In terms of those people who have disagreed with the decision a number have taken advantage of their right to be reassessed and 4 service users have requested an independent assessment. As a result all the situations were resolved without recourse to the corporate appeals system.
27. It has also been the case that where people have been sign posted to alternative service provision a number of people have continued with their existing services and service provider and have funded the provision themselves.

TO ANALYSE THE EXTENT TO WHICH, IF AN INCREASE IN THE RISE IN THE NUMBER OF CRITICAL/SUBSTANTIAL SERVICE USERS IS FOUND, THAT INCREASE COULD BE LINKED TO THE CHANGE IN POLICY.

28. It was difficult to ascertain if there had been a rise in numbers, however the panel received evidence that outlined the impact and outcomes for individuals with regard to the application of the new eligibility criteria. The evidence provided to the panel suggested that there was no scale of people's needs increasing over time. If people experienced a

crisis, which requires services at that point in time then the provision of appropriate services resolves the problem and there is no longer a need for continued intervention. This was evident with intermediate care, for example following a hospital discharge, where the provision of services over a short period of time restores the capacity of the individual to live independently.

29. There is a similar case if a service user deteriorates following a withdrawal of a service and requires a new and increased package of care, the evidence presented to the panel suggested that it is not necessarily the result of a cause and effect. The change in the individual's circumstances may be due to other factors in their personal environment, which were not related to the withdrawal of services.
30. The requirements of FACS also include the need for social workers to consider the impact of the removal of services on the immediate future of the service users. If the withdrawal of services is likely to result in the individual's circumstances deteriorating to a point where the risks to their independence would increase then services should continue, this is also the case for carers.
31. It was considered by the service area that service users who had lost a service as a result of the amended eligibility criteria had been given sufficient time to adjust to their changed circumstances, and had been offered assistance, through the sign-posting service, to alternative resources.
32. The service area recognised that it was important to ensure that the quality of assessments and consistency with regard to the application of the eligibility criteria. (please see paragraph 37 for the panel's findings on this issue)

EXAMINE THE CURRENT SOCIAL SERVICES POSITION TO ASCERTAIN IF THERE IS SCOPE TO REVIEW THE PROVISION OUTLINED WITHIN THE EXISTING POLICY

33. Social Services officers presented an outline of the current financial position. Whilst noting that the position is positive, the service area highlighted the volatile nature of the demands on the ongoing management of the budget. At the time of writing this report the recent budget clinic report projected a small underspend of £30,000. The evidence highlighted that this of course represented a significant improvement from the financial position in 2002/03 where there was a budget overspend of £2.2m. However the reduction in overspend was as a result of a number of initiatives and actions having been undertaken, of which the FACS amendments was just one.
34. The panel was presented with evidence regarding the financial savings that were made as a result of the change in policy. The table below provides details of the number of care assessments by FACS banding for the period 1 April 04 to 31 October 04.

FACS Banding	Numbers
Critical	701
Substantial	1716
Moderate	105
Low	19
Total	2541

35. It should be noted that figures taken on 8 Jan there were 49 people were assessed as having moderated needs. As a result the annual savings were assessed as follows, based upon the total number of individuals (154) who are placed within the moderate band:

Annual Savings

* Clients who were in receipt of services prior to 1 April 04	£68,796
* Additional clients assessed as moderate since 1 April 04	£147,420
Total Estimated Saving	£216,216

* savings calculated as 4 hours domiciliary care per individual per week at a net cost to Social Services of £27 per week

36. The figure of £216,216 was actually lower than had been anticipated when the decision to remove the moderate banding was taken. Information at the time indicated that there were 227 individuals within the banding receiving services, which would have resulted in a further £249,900 saving, however corrupt information in the database had given an incorrect number of people within the moderate banding and the data has since been corrected.

HOW DO SOCIAL SERVICES ENSURE THAT A CONSISTENT APPROACH TO THE ASSESSMENT OF SERVICE USERS IS MAINTAINED?

37. The panel learnt of the importance of a consistent application of the eligibility criteria. It is social workers that initiate the vast majority of expenditure incurred within social services as they undertake both the initial assessment and review of care needs. It is therefore important that consistency of assessments is undertaken, as it is a critical factor in ensuring ongoing financial sustainability and equity of service provision.

38. As such the service area have devised an eligibility checklist to assist field social work staff to achieve this consistency, despite the actual terminology and wording of the criteria prescribed by the Department of Health as having the potential for some element of subjectivity.

39. As a consequence of this the service area have also developed the Validation Panel. (Details of the production of management information for the Validation Panel are included at Appendix 2)

40. The panel meets on a monthly basis and examines a sample of 12 randomly selected cases from across all adult service groups who have been assessed in the previous month. The panel's remit is essentially to promote consistency in the initial assessment and review process. This is achieved by focusing activities on

- a) the appropriateness of the FACS banding the service user has been placed within and the length of time the package of care should last before a review
- b) The provision of analysis of the FACS banding a service user has been placed within, following an initial assessment or review, by the Social Work Team and the social Worker.
- c) Suggestions of improvements to the way in which the consistency of approach and outcome in relation to the process of assessment and review could be improved

41. It is considered important the panel retains an element of independence from the 'operations' element, the independent view needs to be balanced by input from social care professionals. The group therefore comprises of :

- Head of Performance and Planning
- User/Care Support Manager
- Service Manager Older People
- Service Manager Intermediate Care
- Team Manager Access Team
- Team Manager Children with Disabilities
- Planning Officer

42. Results from the Validation Panel have demonstrated that generally the eligibility criteria are being appropriately applied. The method has also supported practitioners in maintaining their objectivity in having to make difficult decisions.

43. In addition to the panel assessing for consistency the Validation Panel also checks that the service user is claiming all the benefits that they are entitled to. It was recognised by the panel that important work was being carried out in this area by the welfare rights team to ensure people are claiming what they are entitled to.

44. The panel's activity between June 2004 and October 2004 can be summarised within the following table

Cases Considered	FACS Banding Agreed	FACS Banding Amended	Referred for Re Assessment	Additional Benefit Entitlement
37	31	3	3	6

45. Prior to the creation of the Validation Panel operational staff were solely responsible for the moderation and validation of service user assessments. Either in the form of Team Managers for cases involving less than 7 hours of care per week or through Service Managers and then the Community Care Panel in respect of those packages of care in excess of 7 hours. Social Services Senior Management then approved the creation of the Validation Panel to consider cases involving the award of care packages.

46. Officers concluded that the process followed by the Validation Panel played a key part in identifying, training and processing issues within social work teams and that the process helped to promote a culture of accountability at service and team manager levels. In terms of the application of the FACS criteria the panel ensures a consistency of approach and the robustness of the system ensures the correct application of the FACS criteria.

Members experience of the validation panel

47. Members were given the opportunity to see the operation of the Validation Panel in practice and Councillors Oscar Jones, Peter Porley and Liz Ward were able to attend the meeting (on 9 March) on behalf of the scrutiny panel.

48. Members were able to see first hand how officers on the validation panel assessed each case to ensure that the band that had been applied was appropriate. Officers dealt with each case in turn, hearing details about the case history, the reasons for the banding level that had been allocated and the checks that had been undertaken to ensure the service user was in receipt of all the appropriate benefits.
49. One issue, which is perhaps outside the remit of this review, but nevertheless an interesting point was that on several occasions officers had informed service users of additional benefits to which they were entitled, however for whatever reason service users were reluctant to claim for them. This is despite assistance in filling out the forms, a reminder in writing and again at their review.
50. There were 14 cases heard at the meeting and in all but two cases the banding level remained the same.
51. The Members thanked the officers for the opportunity to hear about the cases that officers deal with on a daily basis and which helped them to gain a wider perspective of the issues.

EXAMINE THE EFFECTIVENESS OF SIGN-POSTING SERVICE USERS WITH MODERATE/LOW NEEDS TO ALTERNATIVE PROVISION

52. It is recognised that the provision of preventative services not only reduces the need for more expensive intervention in the future but that it can also enhance the quality of life of the people by enabling them to live in their own homes for longer.
53. The panel also learnt that preventative services have a number of other benefits:
- Enables people to exercise choice and control over their lives
 - They can combat social isolation and loneliness which can result in problems of morbidity and poor health
 - Can encourage disadvantaged members of the community to participate in community activities.
54. The panel was interested to find out more about the support for those service users who were no longer eligible for provision from Social Services. As such the panel received information regarding the development of a directory of alternative resources.
55. The service area noted that it was not practicable to develop a database or directory of alternative resource that met the needs of both staff and the public in a single format. Therefore two databases have been developed. The service area, at the time of writing the report, was developing a sophisticated database for the use of social work staff that would be available in electronic and document format.
56. The resources database that is being developed for the public to access is being developed in a format that does not require any computer literacy skills. This database will be available in libraries and GP surgeries. It will also be available on the Council's website for those with computer skills and access to a PC.
57. The panel felt that it was important to ensure that there was a strategy for promoting those services and ensure that people find it easy to access the information, especially the hard to reach groups. The panel learned that social services were looking for innovative ways of publicising the services including through working with the BME community and the use of the International Centre.

58. The panel found out that there was a Diversity and Equality action plan which had been produced which focussed on engaging with the BME community and to increase the take up of services by people from the BME community.

59. In November 2004 the Executive Member for Social Care and Health approved the proposal to deliver low level preventative services. The panel learned that as well as the sign-posting provision social services were also working with the voluntary sector to develop low-level preventative services which would be delivered by a consortium of voluntary agencies that are able to pool a range of skills and resources. In order to ensure that the service is sustainable there is the necessity to charge for the services offered. It was likely that the charges would be subsidised and provided at a financial level that was within the financial means of potential recipients.

60. The panel was encouraged to hear that there was a great deal of work being done to develop initiatives to ensure that the right kind of preventative services were available. It was recognised that preventative services could enhance the quality of life for people and also help them to remain living independently in their own homes and which could also reduce the need for more extensive and expensive interventions in the future.

61. Those initiatives include:

- Developing a consortium of voluntary agencies in partnership with the Department of Social Care providing low level preventative services for older people
- Directory of alternative services
- Brochure of services for older people
- Formation of the Prevention Task Group

62. Social Services officers noted the effectiveness of low level preventative services had been demonstrated by the success of intermediate care services.

63. Social Services are working with a consortium of voluntary organisations and agencies such as the WRVS, Age Concern, Salvation Army and RSVP in a pilot programme which, using Neighbourhood Renewal Fund (NRF) monies, will be available initially in NRF areas, to develop low level preventative services. There will be a single point of referral for all services which will include:

- Befriending services
- Home security
- Handyman services
- Low level domestic support, accessible social transport
- Collection service for pensions and prescriptions

64. Social Services are working to ensure that the funding of services will be made sustainable. Therefore there will be a small charge for some of the services depending upon the cost and type of service (however this will not be means tested). The details of these services will be available in the directory as previously mentioned.

65. The panel also learned that there was a prevention task group, chaired by the Executive Director of Social Care. The panel's remit is to identify and develop preventative services in Middlesbrough and the panel are currently developing a survey for organisations and service users to identify areas of unmet need.

66. To conclude the panel agreed that there was a great deal of work being done to ensure that there was adequate sign-posting to alternative provision and that the development of low level preventative services was crucial to providing support to those people who needed it. In addition to this the panel were also pleased to hear that the Head of Modernisation and Performance was due to undertake an analysis of the take up of services, the savings to the Council and an assessment of how low level preventative services are being taken up.

IS THERE ANY EVIDENCE TO SUGGEST THAT THE CHANGE IN POLICY HAS RESULTED IN AN INCREASED BURDEN ON CARERS?

67. Whilst the panel have found out the change to the provision under the fair access to care policy did save social services money, this was not the only driving factor for the change. The thrust of the Government's drive for 'welfare to work' is about moving away from the allocation of day care centre provision and about helping those people who are able to realise their potential, ie assisting them to find work or educational opportunities to suit them.

68. The following case study is a prime example of this initiative

CASE STUDY

A physically disabled service user attended Lansdowne Centre from 1990 to 2004. She participated in a wide range of organised activities during their 14 years at Lansdowne. Those activities included sewing classes, woodwork and art groups.

She participated in numerous groups and committees within the centre including the service user committee. In addition to activities within the centre she was also sign-posted to academic and practical courses at outside venues including Southlands Centre and Kirby College where she obtained qualifications in basic computing skills. Towards the end of her stay at Lansdowne Centre she participated in certificated courses arranged under the auspices of Learning First and provided within the centre.

At this point in time it was clear that the Lansdowne Centre, far from developing her full potential was actually holding her back. She should have been participating in more community-based activities which would have widened horizons and offered opportunities to socialise with a wide range of potential social contacts. Following a review she left the centre in June 2004.

After a follow-up visit in February 2005 it was established that the service user recognised the fact that she should have progressed into community based activities at an earlier stage. She now attends Teesside University where she is participating in a computer course. In addition she also attends Stockton Riverside College where she is undertaking an Art Course with a special emphasis on watercolours. She is also a member of the local PCT group. She now recognises the fact that her personal goals are met within the community.

Lansdowne Centre had provided important initial confidence building opportunities and enabled her to become self-motivated and able to identify her own needs and how to achieve them.

69. The panel found that Social Services work closely with service users to find such alternative provision for people, or where appropriate to assess if they are eligible for Direct Payments which will enable them to purchase their own provision.
70. In order to elicit the views of those people directly involved in the change in policy, the panel went to the Lansdowne Centre to meet with a number service users and carers who are involved with the Council's Physical Disability Reference Group.
71. During the discussions the panel learned that there was no doubt that people did find it difficult to come to terms with the change in their provision. Many found that they had lost their network of friends and that they had become lonely and missed the social interaction the attendance at the day centre had provided them. However on a more positive note people had come to terms with their situation and as one service user said 'you just have to move on in life'. So much so that one service users noted that they had just made their own way, found alternative provision and even came to enjoy it in the end.

72. The other point that came across in the discussions were that social workers were available to help redirect service users to alternative provision. However it was noted that also whilst some service users had taken up the opportunity to attend alternative centres it was taking them time to adjust to the alternative services on offer to them.
73. Service users also mentioned the provision of a drop in centre so they could meet up with friends and maintain their social contact. However Members who attended the Validation Panel subsequently found out that Social Services had initiated the 'Friends of Lansdowne' to enable those people who used to attend to continue to attend and use the bistro to enable them to still meet up with their friends.
74. Following a useful discussion the panel came to the consensus that the people involved had an understanding of the reasons for the change in policy and why they were no longer eligible to receive services and that they were also aware that alternative services were available to them.
75. The panel was concerned about the potential impact of the withdrawal of services on carers if the people they helped care for had their day care provision taken away from them. The panel learned carers needs are assessed and that in all cases the needs of the carer would be taken into account. The panel members learned of one particular case where the needs of the carer were assessed and as such the service user's provision was partially reinstated.

Support for Carers

76. In terms of the support offered to carers, the Carers (Equal Opportunities Act) 2004 aims to ensure that carers are able to take up opportunities which people without caring responsibilities often take for granted, for example, working, studying or leisure activities.
77. The Carers (Equal Opportunities) Act will:
- place a duty on local authorities to ensure that all carers know that they are entitled to an assessment of their needs
 - place a duty on councils to consider a carer's outside interests (work, study or leisure) when carrying out an assessment
 - promote better joint working between councils and the health service to ensure support for carers is delivered in a coherent manner
78. One of the ways that Social Services are to promote the act is through National Carers Week 13th -19th June. Support will also be provided through the new Carers Centre, and several forums are run in order to support carers and service users.

CONCLUSION

79. Based on evidence given throughout the investigation the Panel concluded :
- a) That the panel were pleased to be given the opportunity to assess the impact of the Fair Access to Care Services and hope that social services can use the panel's findings to assist them in their yearly review the FACS eligibility criteria and provision.
 - b) That the panel concurs with the CSCI's view that the introduction of the new eligibility criteria and charging levels has been well managed.

- c) The evidence presented by the service area detailed that the removal of the moderate banding has delivered significant financial savings and that this had not led to any significant deterioration of those people involved. Service users long term needs are clearly taken in to account during their assessments.
- d) That whilst financial savings were made it is important to remember that the change was also about trying to improve people's lives and allowing them to realise their potential.
- e) The panel couldn't clearly ascertain if there had been a rise in the number of critical/substantial banding of service users due to the change in policy and would like to receive further information on this issue at a later date.
- f) The process of assessment reviews is still ongoing will not be completed until March 2005.
- g) FACS assessments have been undertaken in a consistent manner and there is no doubt that work of the Validation Panel supports the assessment process.
- h) The panel commended the service area for their good practice in the area of ensuring a consistent approach to the assessment of service users.
- i) That the panel noted the work that was being undertaken in order to ensure people were given assistance in finding alternative provision.
- j) The work to develop preventative services seemed to be well underway, however Social Services must endeavour to ensure that those services that are provided are sustainable.
- k) That no evidence came to light to suggest that there had been an increased burden on carers and that the needs of carers were being considered through the use of carers assessments.

RECOMMENDATIONS

80. That the Social Care and Adult Services Scrutiny Panel recommends to the Executive:

- a) The panel couldn't clearly ascertain if there had been a rise in the number of people in the critical/substantial banding since the policy change. It would therefore be useful for the panel to look at the statistics to show the comparisons between numbers in each banding as at April 2004 and April 2005 which could be presented to the panel in November 2005.
- b) Based on the current evidence the panel consider that it would be appropriate for the current position to be maintained, i.e. eligibility for the provision of local authority funded services would be given to those people assessed as having critical or substantial needs. This will be reviewed by the panel in the light of additional evidence presented to them in November 2005 (see recommendation a)
- c) To ensure that the detailed information that is being prepared about alternative provision is available to all sections of the community, consideration should be given

for a strategy for its publicity to be put in place and that the information is kept up to date and reviewed on a regular basis.

- d) The panel is able to view a copy of the directory and are given a timetable of when the directory is to be published.
- e) That consideration is given to the inclusion of an address and telephone number in the directory which could signpost people to advice on claiming benefits.
- f) The panel recognises that funding provision for low level preventative services will be available to NRF areas in the first instance. However the panel would like to see that in the longer-term, consideration be given to the provision of low level preventative services to all areas of Middlesbrough.
- g) Given the service area's establishment of good practice in the development of the Validation Panel, that the service area considers sharing that good practice.
- h) That the service area explore the possibility of expanding the remit of the Validation Panel by using the expertise of the officers involved to then enable the Validation Panel to moderate and provide advice on other types of decisions and functions that the service area considers appropriate.

ACKNOWLEDGEMENTS

81. The Panel is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

- Cllr Brenda Thompson, Executive Member for Social Care and Health
- Ruth Hicks, Head of Adult Services, Social Services
- Tony Parkinson, Head of Modernisation and Performance, Social Services
- Chris Brown, Quality/Performance Officer, Social Services
- Yvonne Morren, Service Manager, Older People's Services. Social Services
- June Dickinson, Quality Development Officer, Social Services
- John Shiel, Strategic Accountant, Social Services
- Service Users/Carers from the Physical Disability Reference Group
- Members of the Validation Panel

COUNCILLOR CHARLES ROONEY CHAIR OF THE SOCIAL CARE AND ADULT SERVICES SCRUTINY PANEL

14 March 2005

Contact: Elise Williamson
Scrutiny Support Officer, Performance and Policy Directorate
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BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:

- (a) Review of Fair Access to Care Services – Adult Services Eligibility Criteria, Social Care Scrutiny Panel Report to the Executive, 2 March 2004
- (b) Fair Access to Care Services, Guidance on Eligibility Criteria for Adult Social Care, Department of Health
- (c) Commission for Social Care Inspection Report – Inspection of Social Care Services for Older People, Middlesbrough Council – September 2004

MIDDLESBROUGH ELIGIBILITY CRITERIA 2004/05

FACTORS WHICH ARE KEY TO MAINTAINING INDEPENDENCE OVER-TIME	AUTONOMY AND FREEDOM TO MAKE CHOICES	HEALTH AND SAFETY INCLUDING FREEDOM FROM HARM, ABUSE AND NEGLECT	THE ABILITY TO MANAGE PERSONAL AND OTHER DAILY ROUTINES	INVOLVEMENT IN FAMILY AND WIDER COMMUNITY LIFE	Eligible for LA funded service
CRITICAL RISK TO INDEPENDENCE OR OTHER CONSEQUENCES	<ul style="list-style-type: none"> there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or 	<ul style="list-style-type: none"> life is, or will be, threatened; and/or significant health problems have developed or will develop; and/or serious abuse or neglect has occurred or will occur; and/or 	<ul style="list-style-type: none"> there is, or will be, an inability to carry out vital personal care or domestic routines; and/or 	<ul style="list-style-type: none"> 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. 	YES
SUBSTANTIAL RISK TO INDEPENDENCE OR OTHER CONSEQUENCES IF NEEDS ARE NOT ADDRESSED	<ul style="list-style-type: none"> there is, or will be, only partial choice and control over the immediate environment; and/or 	<ul style="list-style-type: none"> abuse or neglect has occurred or will occur; and/or 	<ul style="list-style-type: none"> there is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or 	<ul style="list-style-type: none"> involvement in many aspects of work, education or learning cannot or will not be sustained; and/or the majority of social support systems 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. 	YES
Threshold of eligibility					
MODERATE RISK TO INDEPENDENCE OR OTHER CONSEQUENCES IF NEEDS ARE NOT ADDRESSED			<ul style="list-style-type: none"> there is, or will be, an inability to carry out several personal care or domestic routines; and/or 	<ul style="list-style-type: none"> 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. 	NO
LOW RISK TO INDEPENDENCE OR OTHER CONSEQUENCES IF NEEDS ARE NOT ADDRESSED			<ul style="list-style-type: none"> there is, or will be, an inability to carry out one or two personal care or domestic routines; and/or 	<ul style="list-style-type: none"> involvement in one or two aspects of work, education or learning cannot 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. 	NO

