

Community Care Services

Consultation Document: Changing the eligibility for adult social care services to improve their effectiveness and to develop preventative services.

Summary

All Councils with Social Services responsibilities have a range of legal obligations to assess and provide care for vulnerable adults. Access to services is governed by the Fair Access to Care Services (FACS) guidance issued by the Government in 2002/03. This guidance gives Councils discretion over the level of need and risk at which they offer adult social care services.

There are four categories of risk and need:

- Critical
- Substantial
- Moderate
- Low

Kingston is unusual among London local authorities in that it offers services to people in **all four categories of risk and need** subject to an assessment. The present RBK policy may not represent the most effective balance of directly provided and preventative services.

The practice of other Councils and recent government policy initiatives suggest that there may be benefit in Kingston adopting a different approach. This approach would be to offer services to people whose needs fall within the **Critical** and **Substantial** category **and** to commission preventative services to support people who fall within the **Moderate** and **Low** category that they can access directly themselves.

We are therefore initiating a consultation process over a three month period which seeks the widest possible range of views from partner agencies, stakeholders, service users, carers and staff.

The outcome to the consultation will be reported to Kingston Council's Executive in March 2007.

1. Introduction – the legislative framework

Providing Community Care assessments and services to adults is a statutory responsibility for Local Councils. It is provided under several different Acts of Parliament the main ones being:

- NHS and Community Care Act 1990
- Chronically Sick and Disabled Persons Act 1970
- Local Authority Social Services Act 1970
- National Assistance Act 1948
- Carers Acts: 1995, 2000 and 2004
- There are also responsibilities under the Mental Health Act 1983

Councils are required to assess individuals who appear to have a need for community care. How local council's determine who is eligible to receive services, is governed by the Fair Access to Care Services Guidance issued by the Department of Health in 2002/3 (available on request). This guidance is issued under section 7(1) of the Local Authority Social Services Act 1970 and must be complied with. Any deviation from it without good reason will be a breach of the law.

2. The Fair Access to Care guidance

This states that:

Councils should assess an individual's presenting needs, and prioritise their eligible needs, according to the risks to their independence in both the short and longer-term were help not to be provided.

The means by which Local Authorities determine whether an individual is entitled to a service are set out in paragraph 16:

The eligibility framework is graded into four bands, which describe the seriousness of the risk to independence or other consequences if needs are not addressed.

The four bands are as follows:

Critical – 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 – 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 domestic routines; and/or
- 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.

Moderate – 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 – 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 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.

In setting their eligibility criteria councils should follow the above guidance, but they should also:

“take account their resources, local expectations, and local costs”

The guidance gives councils discretion on which of the bands to adopt as the criteria which leads to services being provided. Councils must act reasonably in exercising this discretion, taking into account all relevant considerations such as resources available, local expectations and local costs.

3. Kingston’s existing guidance

Kingston has joint guidance on access to services issued in partnership with Kingston Primary Care Trust (available on request). This sets out the four categories noted above. At present Kingston offers services to individuals in **all four categories** subject to an assessment of a person’s needs.

4. Other Local Authority approaches

Kingston is in a minority in offering services to people in all four categories. National data is not available but in London the picture is as follows:

Borough	Fair Access to Care Services Eligibility Threshold
Havering	Information not available
Royal Borough of Kingston	Low
Bromley	Critical
Bexley	Moderate
City of London	Moderate
Hammersmith & Fulham	Moderate
Kensington & Chelsea	Moderate
Richmond	Moderate
Southwark	Moderate
Sutton	Moderate
Wandsworth	Moderate
Westminster	Moderate
Barnet	Substantial
Brent	Substantial
Camden	Substantial
Croydon	Substantial
Ealing	Substantial
Enfield	Substantial
Greenwich	Substantial
Hackney	Substantial
Haringey	Substantial
Harrow	Substantial
Hillingdon	Substantial
Hounslow	Substantial
Islington	Substantial
Lambeth	Substantial
Lewisham	Substantial
Merton	Substantial
Newham	Substantial
Redbridge	Substantial
Tower Hamlets	Substantial
Waltham Forest	Substantial
Barking & Dagenham	Substantial & some Moderate

It is likely that the national picture is similar.

What this means is that if an individual is assessed as having needs that fall into the low or moderate category in those local authorities which do not meet those needs they would not be eligible for services.

This is a mechanism for targeting services on those that need them most, but it is also a mechanism to find a balance between services which people can access through a Local Authority needs assessment and those which an individual can access directly themselves.

5. Balancing access to support through Local Authority care management assessment of needs and direct access

An approach favoured by many other Council's is to offer services to people whose needs fall within the **Critical** and **Substantial** category **and** to commission services which seek to support people by preventing a further deterioration in their circumstances, through the provision of services that they can access directly.

An illustration of this would be that a Council might not meet low category needs in relation to minor home adaptations, but might fund a Handy Person Scheme, run through the local voluntary sector, which would offer direct access on some very simple criteria, for example age and location, but not through any assessment of need. Local Authorities would signpost people towards these services.

There are three main benefits to this approach:

- a. There is a view that creating an environment where access to services is more straightforward helps to prevent dependency. Also the range of preventative services offered can be flexible and there is opportunity for innovation.
- b. By distinguishing between services in this way it enables Council's to make better use of available resources and strike a better balance between direct services and preventative services. Such an approach does not mean Council's spend less, but they may spend in a different pattern.
- c. This approach facilitates better targeting of available resources to those in greatest need.

6. Drivers for change

Our health, our care our say

In January 2006 the Government produced a major White Paper on the future of Health and Social Care: 'Our health, our care, our say'. It had four main aims for Health and Social Care:

- Better prevention services with earlier intervention
- More choice and a louder voice for people
- Do more on tackling inequalities and improving access to community services
- More support for people with long-term needs

The first of these four aims challenges local authorities and the NHS to re-think and improve our prevention strategies. The balance between directly provided services and direct access services contributes to the overall success of such a strategy.

The second aim promotes greater choice, which will mean greater use of Direct Payments (money for people to buy and manage their own support rather than receive a direct service) and the development of more personalised approaches to care delivery. Kingston has a strong track record in developing these approaches. Different models of service may promote greater choice for those with lower level needs.

Financial pressures on RBK and Adult Social Care generally.

In March 2006 the Association of Directors of Social Services (ADSS), the Local Government Association (LGA), and the County and Municipal Treasurers Association did their annual survey of Social Care budgets. The survey reported a £1.76 billion funding gap nationally. In order to target available resources council's can and should use their eligibility criteria. The survey also reported that:

- 80 per cent of councils are tightening eligibility criteria for people with learning, physical and sensory disabilities
- 77 per cent will do the same for older people

7. Options for Change in RBK

RBK could move to a model where people were eligible for services if they meet the **critical and substantial** criteria, but people in the **moderate or low criteria** would **not be eligible** for a service. RBK could then seek to develop a prevention strategy and commission and/or facilitate a range of direct access services.

Any change would apply **ONLY** to new service users. Existing service users who were receiving services through an assessment of their needs, which matched them against all four categories, would not have their services removed. If an existing service user was re-assessed, services previously provided would not be removed, unless they were no longer required.

Information available to the public through leaflets and the Council's website would be amended to reflect the new arrangements.

8. Consultation Questions

RBK seeks to engage with a wide range of stakeholders and staff in consulting on any potential change to the eligibility criteria and will welcome all contributions. Details of the consultations events and process are set out below. In order to help to focus the consultation, we have set out below 5 key questions, which we would like the consultation to address. People may of course have their own questions and solutions which would also be welcome. Our 5 key questions are:

Q1. How should RBK seek to target resources to the most vulnerable?

Q2. Should RBK offer to meet the 'Low' category of assessed care needs?

Q3. Should RBK offer to meet the 'Moderate' category of assessed care needs?

Q4. Should RBK develop a prevention strategy which sets out the range of information and community services that support people in the community?

Q5. If so, what should be in a prevention strategy?

9. Consultation process and timetable

The consultation period will run from December 2006 until 18th March 2007. A report detailing the responses to the consultation and recommending any changes will go to the Council's Executive Committee on 20th March 2007. We have arranged a series of meetings to gather people's views on our proposals. These are set out below:

Event	Date	Time	Venue
Stakeholder event 1. Aimed at local voluntary organisations and service users.	15 Jan 2007	2.00 – 4.30pm	Guildhall, Queen Anne Suite, Kingston.
Stakeholder event 2. Aimed at local voluntary organisations and service users.	17 Jan 2007	9.30 – 11.30 am	22 Hollyfield Road, Surbiton.
Public meeting 1.	12 Jan 2007	11.00 – 1.00pm	Guildhall, Queen Anne Suite, Kingston.
Public meeting 2.	25 Jan 2007	2.00 – 4.00pm	22 Hollyfield Road, Surbiton.
Public meeting 3.	6 Feb 2007	7.00 – 9.00pm	Guildhall, Queen Anne Suite, Kingston.
Public meeting 4.	15 Feb 2007	7.00 – 9.00pm	Guildhall, Council Chamber, Kingston.
Public meeting 5.	26 Feb 2007	2.00 – 4.00pm	22 Hollyfield Road, Surbiton.

To attend one or more of the meetings, or to give us your views directly, or for information in other formats including Large Print, Braille, audio-tape, or in other community languages, please contact:

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