

Royal Borough Kingston upon Thames

MS Society response to the Consultation Document: Changing the eligibility for adult social care services to improve their effectiveness and to develop prevention services.

With a membership of over 44,000 people, the MS Society is the UK's largest charity dedicated to supporting everyone whose life is touched by multiple sclerosis (MS). The Society is committed to improving access to social care provision for people affected by MS and is opposed to any proposals to raise the eligibility criteria for social care. We believe that increasing the thresholds for service provision will lead to a deterioration of the existing system, which already sees people affected by MS at disadvantage when seeking to lead independent and fulfilling lives. We appreciate the difficulties faced by our colleagues in the statutory health and social care sectors and offer our full support to work in partnership to find alternative solutions.

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

It is essential that councils use their resources efficiently and effectively to meet the needs of their local population. Supporting people who have a high level of complex needs is important but should not be to the detriment of those with lower level needs. Having access to appropriate services when they are needed is of utmost importance.

The Society supports the desire expressed by RBK to increase the range and type of services available to disabled people, particularly those requiring prevention services. However, these services are not currently available and as a result of raising the eligibility threshold many people will be left in isolation until they reach crisis and need costly and high interventions which could otherwise have been avoided.

A long-term strategy to meet the increased demands on social care must be established through consultation with all key stakeholders and alternatives must be given full consideration. At the very least, an appropriate and high quality prevention strategy and accompanying services should be developed before any consideration is given to raising the eligibility criteria.

In addition, the MS Society would like to pose the following questions.

- 1) How many adults aged 18-65 with a physical disability are currently receiving adult social care services through an assessed care plan?

- 2) What is the cost to Adult Social Care for providing services to this group of people?
- 3) How many of this group would currently be classified as having Substantial or Critical needs?
- 4) What range of services is currently available to this group following an assessment of needs and what services can they directly access themselves?
- 5) What alternative proposals have been considered by RBK and how has raising the eligibility criteria been judged to be the most effective option?

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?

The MS Society believes that no changes should be made to the eligibility criteria and that RBK should continue to meet the needs of people who have been assessed as having low or moderate needs.

There are a number of substantial arguments against raising eligibility criteria, and important lessons can be learnt from other local authorities with social services responsibilities.

There is strong evidence to suggest that raising the eligibility threshold does not offer a successful long-term strategy for managing the effective use of resources. This is demonstrated by the number of LA's who have only been providing services to those with critical and substantial needs but who are now consulting on further restrictions to services because they still have insufficient resources to meet the level of need. This evidence should be carefully considered by RBK.

RBK is one of the few remaining LA's who offer services to people with all levels of need. Every effort should be made to maintain this achievement. Any changes to the eligibility criteria will have a detrimental impact on the lives of people who are already disadvantaged

People benefit from support and services that are timely and appropriate to their needs. Small interventions can often prevent the need for larger high cost interventions at a later date. By restricting access for people with low or moderate needs, the Local Authority may create a larger demand in the future.

Reducing social care services may also increase the number of unplanned hospital admissions and GP visits, damaging joint funding plans and impacting on NHS budgets.

As a final point, Fair Access to Care makes clear that existing service users must be treated in the same way as potential service users. Everyone must have their needs assessed against the same criteria and anyone whose needs fall within the agreed criteria is entitled to have their needs met. This means that ALL existing service users of RBK would need to have their needs reassessed and if they failed meet the required level of need their services would have to be stopped. The legal position is therefore at variance to the stated intention to apply any change ONLY to new service users.

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

The White Paper, 'Our health, our care, our say', places the responsibility for long-term planning on the local heads of adult social services. It also encourages the use of prevention and early intervention services as a means for supporting people to maintain their independence and quality of life. Developing a prevention strategy to ensure an appropriate range of direct access and low level support services are available to disabled people is essential.

However, writing a prevention strategy will not by itself make the difference. Action to build a thriving local network of support services will require the full commitment of all stakeholders.

The MS Society would be interested to know what information and community services are currently available to disabled people in the Borough, and what gaps in service provision have been identified. A full analysis of these services, their costs, their levels of demand and effectiveness would be useful to develop a prevention strategy. This would assist with the development of an action plan to improve service provision. As stated earlier, prevention and early intervention services should be readily available before any consideration is given to changing the eligibility thresholds.

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

Any prevention strategy should recognise that it is designed to meet the needs of broad client group and should be clear about its aims and how success will be measured.

Some people will have relatively stable disability support needs but need assistance to manage any changing life circumstances. Others will have variable and fluctuating conditions like MS and will need interventions that meet their specific and changing disability needs. Some people will want support to maintain their existing lifestyle, for example to remain in employment. Others will want to change aspects of their life in order to lead the life they chose, for example wanting to move into their own home.

Prevention services should not just be about stopping an existing impairment from getting worse but should address the very real factors that impact on individuals and that can make their life less fulfilling. Prevention also needs to work in a holistic fashion, drawing on resources from all sectors of the community and bringing together a range of professional and use led supports.

The MS Society would be pleased to meet with representatives from the Royal Borough of Kingston upon Thames to discuss these issues and potential partnership working in more detail.

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