

**DERBYSHIRE COUNTY COUNCIL
PEOPLE IMPROVEMENT AND SCRUTINY COMMITTEE**

1 July 2015

Report of the Chair of People Improvement and Scrutiny Committee

**FINAL SCRUTINY REVIEW REPORT ON ADULT CARE ELIGIBILITY
THRESHOLD CHANGES**

1. Purpose of the report

To present to the Committee the final report of the Improvement and Scrutiny review into adult care eligibility threshold changes.

2. Information

- 2.1 A review into how the impact of changes to the thresholds in adult care eligibility was agreed by the People Improvement and Scrutiny Committee at its 9 July 2014 meeting. A small working group from the Committee was subsequently formed consisting of Councillors Charles, Freeborn, Cox (who replaced Cllr Mihaly) and Walton.
- 2.2 The review group has met with and received information from front line staff including Social Workers and officers from various departments. As part of the review, there was also consultation with NHS health bodies, Clinical Commissioning Groups and various community and voluntary organisations. Additionally, there was consultation with adult care clients who no longer were eligible for fully funded adult care support through a questionnaire and subsequent one to one interviews.
- 2.3 In summary the review has found good working practices by the Adult Care department in response to the changes in eligibility thresholds and the wider provisions of the Care Act 2014. The review has also found areas of potential development. The report is in Appendix One.
- 2.4 The review report has been circulated to those involved in the review process for comment. The report is now presented to the Committee for their approval.

3 Considerations (to be specified individually where appropriate)

In preparing this report the relevance of the following factors has been considered: financial, legal, prevention of crime and disorder, equality and diversity, human resources, environmental, health, property and transport considerations.

4 Recommendation

That the Committee approves the report and its recommendations, subject to consideration of any feedback provided at the Committee meeting.

Councillor Diane Charles

Chair of the Improvement and Scrutiny Committee – People

Review of Adult Care Eligibility Threshold Changes

Derbyshire County Council - Improvement and Scrutiny Committee – People



Final Report of the Review Working Group

1 July 2015

Cllr. Diane Charles (Committee Chair)

Cllr. Steve Freeborn

Cllr. Celia Cox

Cllr. Daniel Walton

**David Rose – Improvement and Scrutiny Officer, Derbyshire County Council.
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Acknowledgements –

The Chair and Members of the review working group would like to thank the Members and officers of Derbyshire County Council who have contributed to this review:-

The Social Workers and Community Care Workers at Derbyshire County Council.

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Helen Barker	Business Manager, Call Derbyshire, Chief Executives

Thanks also go to all the respondents to the consultation carried out as part of the review, including clients who took part, and the following:

Derbyshire Stakeholder Engagement Board

Clinical Commissioning Groups

NHS Hospital Trusts

Healthwatch Derbyshire

Derbyshire Community Health Services

Community and voluntary organisations: Derbyshire Carers Association, Derbyshire Old People Advisory Group, Age Concern, Citizen Leaders and representatives from Coalition Against the Cuts.

1. Introduction

Councillor Diane Charles, Chair of the Improvement and Scrutiny – People Committee and Chair of the Review Working Group, introduces this report;

“The Authority supports thousands of people in Derbyshire to maintain independent living and secure their safety through its adult care services. It has dedicated and hard-working staff who provide compassion and empathy.

This review results of a desire to learn from the implementation of changes to the eligibility threshold for adult care services. Following consultation with service users and staff in regard to raising the threshold in June 2014, concerns were raised as to the impact on clients who no longer were eligible for funded care. It was therefore agreed by the Improvement and Scrutiny Committee – People, to undertake a review to understand these issues in detail.

This review is also in the context of the Council having to save £157 million by 2018 and a £60 million reduction in budget for adult care.

Members and officers of Improvement and Scrutiny, Adult Care as well as representatives of NHS Health Trusts, Clinical Commissioning Groups, community and voluntary groups and clients and their carers, have worked together to bring this review to a conclusion and I would like to thank all those involved for their assistance and contributions.”



Councillor Diane Charles

Chair, Improvement and Scrutiny Committee - People

2. Executive Summary and recommendations

The review has found good working practices by the Adult Care department in response to the changes in eligibility thresholds and the wider provisions of the Care Act 2014. Overall, Social Workers and Community Care staff have shown to be highly regarded and respected by those who they care for. The review shows that the service continues to be delivered against a background of change. This includes the development of personalised services, the Community Social Work Practice model of working and the new duties from the Care Act 2014. The review has also found good working practice from the Adult Care Brokerage Service.

The financial context for the provision of adult care services is paramount. The review has highlighted that staff take an asset-based approach to the assessments they carry out to ensure good quality and appropriate care at the most appropriate cost. However, budget reductions have and will continue to put pressure on the department in light of their £60 million savings target.

The review has also found areas of potential development. People being assessed, and their carers, are entitled to information, advice and signposting of alternative care services. There is a wide range of services which the Authority provides, and more consistent communication of this will ensure people can make informed choices.

The Care Act 2014 has brought through changes which are still being embedded in the Authority. The review has found that supporting Social Workers, Community Care and other staff will help to ensure that these are applied appropriately.

The working group Members have made the following recommendations which the Improvement and Scrutiny Committee – People is asked to accept and refer to Cabinet for approval and implementation of the proposals;

1. The 01629 Call Derbyshire number is communicated through any new literature published by the Authority and that efforts are made to replace any reference to the 0845 number in existing materials.
2. The Adult Care Brokerage Service and Welfare Rights Service are promoted to ensure the widest possible access for local people and local communities.

3. Adult Care develops a standard 'exit' letter and pack of information given to clients who no longer are eligible for DCC funded support, providing an assessment of need decision, as per the Care Act 2014.
4. Adult Care develops a standard letter to inform the person and their family/circle of support about the purpose of any meeting and what outcomes might be expected.
5. Adult Care complete follow-up questionnaire with clients identified as no longer eligible for fully funded adult care services from this review in 12 months' time.
6. That the consultation results from this review are shared with the Improvement and Scrutiny Committee – Health in their review of hospital discharges.
7. Adult Care provides information, advice and signposting for carer support services when carrying out assessments.
8. Adult Care ensures staff members are provided with the right environment, information and resources to ensure that assessments are completed appropriately.
9. That the Authority's Call Guides and departmental contact lists are provided to all relevant adult care staff as part of their training and development programme.

The Improvement and Scrutiny Committee – People will monitor the implementation of these recommendations as and when appropriate.

3. Background to the Review

In July 2014, the Improvement and Scrutiny – People Committee agreed to a review of the changes to the adult care eligibility thresholds. This was in anticipation of the Authority's decision that the Free Access to Care Services (FACS) eligibility threshold increased to Substantial. This was to bring the Council into line with the national minimum threshold which was introduced through the Care Act 2014.

For the review, it was agreed that a working group be formed to understand the impact of the changes on adult care clients and their carers, local health and social care organisations and the council's employees. The working group comprised Councillors Charles, Freeborn, Cox and Walton. Initial working group meetings were held with input from officers from the Adult Care department to develop specific lines of inquiry, which were:

- Assessment of adult care clients
- The financial context of adult care budget reductions
- The information and advice being provided to clients
- The potential impact on other public services
- The impact on assessors

This review, with detailed research by working group Members, has given rise to a range of recommendations to Cabinet. This will ensure that the Council is meeting the requirements of the Care Act 2014 in relation to providing information and advice to those being cared for and their carers.

4. Initial Research

The working group had preliminary meetings with officers from the Adult Care department where the scope and methodology of research was developed. Lines of inquiry were agreed, to ensure that the review would add value to the current knowledge of the Authority as well as avoiding duplication with existing departmental work.

The working group was briefed on the provisions and the key principles of the Care Act 2014. Members noted that these included early intervention and prevention with a focus on outcomes and wellbeing. Preventative services have a key role to prevent, delay or reduce the need for funded care by helping people to maintain or improve their health and well-being. Integration of services with those provided by the NHS or other health-related services and housing is also a key principle.

Members noted that eligibility for funded social care and support is determined following an assessment. Section 47 of the NHS and Community Care Act 1990 requires councils with adult care responsibility to assess the needs of any person for whom the Authority may provide or arrange the provision of community care services and who may be in need of such services or appear to be in need.

As part of the assessment, information about an individual's presenting needs and related circumstances should be established and recorded. The NHS and Community Care Act 1990 requires that, having conducted the assessment, councils must decide whether a person's social care needs require the council to provide community care services. Members also noted that assessments of eligibility take into account the needs of the whole family as well as of any carers. In addition, information should be available to everyone who may have care and support needs, regardless of how their care is paid for.

Members also noted that Councils have to use a national eligibility criteria framework to draw up their own eligibility criteria. These should then be used to identify the needs which call for the provision of services (eligible needs) according to the risks to independence and well-being, both in the immediate and longer term. There are five levels of FACS in Derbyshire – Low, Moderate, Higher Moderate, Substantial and Critical.

5. National context

5.1 National budget reductions to local government

According to the National Audit Office (The Impact of Funding Reductions Local Authorities, November 2014), the Government will have reduced its funding to local authorities by an estimated 37% by 2015-16. A significant funding gap is emerging within local government as a result of this. Analysis by the Local Government Association (LGA) has shown that the funding gap for councils between March 2014 and the end of 2015/16 will be £5.8 billion. The total funding gap is forecast to increase at an average rate of £2.1 billion per year until 2019/20 when it will reach £12.4 billion.

Since 2010, the Association of Directors of Adult Social Services' (ADASS) Budget Survey has tracked a total of £4.6 billion budget reductions for Adult Social Care. This is equivalent of 31% of the 2010/11 Net Adult Social Care budget, and the £4.6 billion cumulative savings over 5 years equates to cash reductions of £1.6 billion, demographic increases of £1.75 billion and price pressures of £1.25 billion

ADASS also report that there are more than 400,000 fewer people receiving social care services since 2009-10 and of those who are still supported, a significant number will get less care. The proportion of savings secured through efficiency has fallen from 80% of savings in 2014/15 to 75% in 2015/16. Fewer savings are proportionately being made from efficiencies and more from charges and reducing frontline services.

The National Audit Office has also shown that 85% of adults aged over 65 now live within local authorities that arrange care services for adults with 'substantial' or 'critical needs' only. This is compared to 47% of clients in 2005/06. According to the Kings Fund (A New Settlement for Health and Social Care interim report, 2014) there has been a 27% reduction in the number of older people receiving publicly funded social care since 2008/09 and a 17% decrease in the number of young people.

The Government has developed the Better Care Fund to support health and social care integration. The total budget for this is £3.8 billion and will see resources shift into social care and community services. Derbyshire has secured funding of just under £61.5 million for 2015/16. The two main priorities are promoting the independence of people with long-term conditions,

and their family carers, and improving the health and wellbeing of older people.

5.2 The Care Act 2014

The Care Act became law in May 2014. At its heart are the principles of wellbeing and prevention and the recognition that an individual, their family and/or carer, must be enabled to make decisions regarding their own care.

Members noted comments made by the College of Social Workers that the implementation of these legislative changes will be challenging and demand significant cultural and attitudinal changes, both strategically and in professional practice. Social workers have a pivotal role in helping to lead changes from a narrow care management model to one which actively supports people to choose, control and manage their own care.

Section 13 of the Care Act 2014 contains provision for regulations to set a national minimum threshold for eligibility. This is set at an equivalent level to the current 'substantial'. Now, eligibility is based on risk to an individual's wellbeing, opposed to the risk to an individual's independence and on inability to meet 'two or more outcomes' as stated in regulations.

Councils have a new duty to carry out a needs assessment for all carers and to provide advice and information to carers who do not meet the eligibility threshold. This includes where they can get independent financial advice about how to fund their care and support. There is also a duty to assess young people, and carers of children, who are likely to have needs as an adult where it will be of significant benefit, to help them plan for the adult care support they may need, before they (or the child they care for) reach 18 years.

Councils have a legal responsibility to cooperate to ensure a smooth transition to adult life for young people with care and support needs. In addition, councils will also be required to provide independent advocates to support people to be involved in their assessment and care/support planning (amongst others), where the person would be unable to be involved otherwise.

Members noted the findings from the report 'The State of Care in Counties – The Integration Imperative' from the County All Party Parliamentary Group. Councils are facing major changes to the way services are run over the

coming years, with the Care Act 2014 providing a completely new legal, policy and funding framework for adult care.

The means-test threshold for residential care is £118,000 and the amount an individual must spend on care costs before they are eligible for council support will be capped at £72,000 (excluding accommodation costs). This not only means councils will be providing financial support to those who fall under the new means-test threshold and once individuals hit the cap; they will also need to provide a range of frontline services, such as assessments, information and advice to hundreds of thousands of self-funders who previously arranged and funded their own care. Because of these changes, many self-funders will be brought into, or in contact with, the formal local Authority care system for the first time, which places several new pressures on councils from April 2015. The County Councils Network (CCN) has highlighted a potential funding gap of at least £14.5m just for early assessments during 2015/16. The recent Capita/CCN survey also showed that 29% of authorities felt the Care Act 2014 duties from April 2015 would increase funding pressures 'slightly', with a further 68% suggesting it would increase them 'significantly'.

6. Derbyshire context

6.1 The financial context of adult care budget reductions

Due to reductions in funding from Central Government, the Council must reduce its expenditure by £157m by 2017/18. Research from the National Audit Office has shown that nationally local authorities spending on social care has fallen by 8% between the financial years 2010 and 2014. In Derbyshire, adult care has the largest share of the Authority's budget, of which £200 million is for services for older and vulnerable people and adults with disabilities. In order to contribute to the savings, the department has to save up to £60 million by 2018.

In January 2014 the Authority consulted on proposals around adult care services which would help to meet the required budget savings. The consultation results are considered in this review in chapter 7.2. In June 2014, Cabinet agreed to change who qualifies for council care and support at home by raising the eligibility threshold from 'higher moderate' to 'substantial' level.

Members noted that this decision was taken around the same time as agreeing to increase the financial contribution (co-funding) people make towards their care and support and introducing a transport policy covering the council's adult care services.

Members also noted the latest adult care budget monitoring for the period up to December 2014. The projected amount of savings from increasing the eligibility threshold is £1.271 million. This is compared to a predicted saving of £2.250 million. However, this should be set in the context of the quality of care provided and to not marginalise people because of budget constraints. Members also noted that co-funding contributions (detailed in the next chapter below) is expected to raise £3.874 million in 2014/15. This is £1.124 million higher than budgeted.

6.2 Co-funding

Co-funding, introduced in April 2011, is the term adopted by the Authority in relation to the cost sharing partnership arrangements for those clients who receive non-residential services and has been designed to comply with the Department of Health's Fairer Charging and Fairer Contributions Guidance.

At any one time, approximately 5,365 clients contribute towards the cost of the non-residential services they receive. A smaller number, approximately 2,391, who do not have sufficient income under the current scheme to contribute are now under the co-funding scheme.

6.3 The assessment process

The report 'Survey of Fair Access to Care Services (FACS) criteria among local authorities in England' by the Public Social Services Research Unit, provided research on the approach to assessing people's care needs by councils. Members noted the findings that nearly all participating Authority's assessment of eligibility is determined on a discretionary basis following FACS guidance, rather than a rigid points-based system. 88% of authorities reported that they use a standard assessment process across the Authority, with 65% using the same assessment form for all user groups.

This position was strongly supported by survey evidence conducted by the CCN, with 68% of CCN member councils supporting 'national guidance' and 27% 'maximum local discretion', with only 5% supporting 'strong regulation'.

Members were briefed by officers on the processes for assessing eligible need in the Authority. The document 'Eligibility for Services for All Adults Aged 18 and over' provides guidance notes to staff on the use of the Eligibility Framework. This was updated in July 2014 to take into account the change of eligibility threshold in Derbyshire. Members noted that the Authority's split of 'moderate' needs into 'higher moderate' and 'moderate' can be confusing to some clients and staff alike, a comment backed by the officer.

There is a standardised assessment process in place, which ensures equality of assessments as much as possible. Decisions on assessment are taken using criteria and guidance, but remain subjective by each assessor (eg Care Manager, Social Worker). Personal compassion is an element of this too. Some assessors see themselves as 'guardians of the public purse' whilst others are more 'advocates of the person' rather than the Authority. This subjectivity in assessment is common with other authorities, as mentioned in the opening paragraphs to this chapter.

Members noted that assessors ensure consistency as much as possible. Quality control of assessment decisions and impact on people are done independently by managers. For example, a manager will scrutinise random

cases, as well as carrying out case analysis and learning reviews. Training on making difficult decisions has been delivered to adult care staff. There is also a push away from looking at volumes (e.g. calls per day by social worker) to one of quality of care. This is done from more listening, better conversations and feeding back to people to ensure the Care Manager/Social Worker has understood what the person needs.

There is also an asset-based approach to assessments which looks at the resources a person has, their own resourcefulness, the network they have around them (family, friends) and the services in their community.

6.4 Personalisation of services

Members were briefed on the development of adult care staff, based on the presentation “Supporting the Workforce to Deliver Personalised Services”.

Members noted that the Authority’s Social Workers and Community Care Workers are being up skilled and a more robust capability procedure is being put in place with the College of Social Workers. Members noted that changes to staff roles, for re-evaluating job grades should have a cost neutral impact on budgets. The overall objective is to have a safe, sustainable system of personalised and self-directed adult care support – respected and valued as a part of an integrated system of care in, with and for the community.

Members noted that as part of the way staff deliver services, including when assessing need, that relationships are very important to the process. Relationships include having discussions with people and their families. This also includes understanding relationships with their place and community. The overall aim is to have person-centered conversations, with the person’s needs and requirements coming first.

6.5 Organisation and staff developments

Members noted the skilled, confident and respected adult care staff. They take into account the needs of the client and their family. They are community focused and fully-cost conscious. They contribute to choice and control for people by identifying what is important to and for people and managing the risk.

Members noted the investment in Senior Practitioners and in Social Work training and development, which has included 32 part-time secondments. There is a corporate membership of The College of Social Work. Members particularly noted the excellent achievements of staff being recognised through the national Social Worker of the Year Awards.

Members were briefed on the 'Recognising Excellent Community Social Work Practise' model, which staff works to in the Authority. The aim is to find the right balance of providing what the person needs at the best cost. Professional judgement is key, where the cost (not necessarily in financial terms) of doing too much can be high. This could lead to restrictive care, for example the person becoming too reliant on services or support.

Members also noted that the asset-based approach to care is important. To see what people can do, not necessarily what they cannot and how they can utilise what is in the community is vital to ensure good quality and appropriate care.

Members also noted the recent changes to the organisation from 2010/11, which have included the creation of generic community social work teams based on the 8 districts and boroughs of Derbyshire. The Authority has developed its services and staff in line with the 'Transition from Care Management 2011-2014' and the Prevention Strategy 2011-14. It was also noted the developments of the Resource Allocation System – a mechanism to allow allocation of personal budgets and aid the consistent financial allocation.

6.6 Call Derbyshire

Members undertook briefings and held discussions with the Adult Care Brokerage Service and Call Derbyshire, which help support adult care clients with information, advice and signposting.

Call Derbyshire has evolved since 2004, being a single point of access especially in out of hours support. In 2007, Social Care calls were fielded initially through Call Derbyshire to free up experts to deliver their day to day service. Over time, the amount of information collected and the breadth of subject areas has expanded and the call handling time has increased from an average of 5 minutes to now 40 minutes per call. The call length can be long due to various reasons. It's sometimes a big step for elderly people to ring and it can take time for callers to explain their needs and stories, and these service

users are often people with complex needs. Members noted that the Care Act 2014 means wider signposting pressures and an anticipated increase in calls. One FTE has been appointed to aid in the implementation of the Care Act and the queries that come through Call Derbyshire.

Call handlers (Customer Care Assistants – CCA's) use Call Guides and these are shared with adult care staff to ensure that calls are appropriately handled and referred. Adult care staff can field calls and provide advice and this is coordinated through the Service Improvement Team. Members noted one service provides simple equipment and adaptations. For example, there are now over 800 pieces of equipment being provided to clients, up from 80 a few years ago.

Members also noted that, as part of the Communications Review, Call Derbyshire is reviewing the breadth of its service, structures and processes. There is a move to focus on dealing with more complex calls for vulnerable people. To aid in this, on line forms have been developed for professionals to use for anything that is not urgent to free up Call Derbyshire resource. GP's and other health professionals are being encouraged to use online forms for referrals and the Single Point of Access (SPA).

Call Derbyshire is open 24/7/365. Out of hours, on average there are 5 CCA's on duty between 5pm-8pm, 2 CCA's between 8pm-midnight and 2 CCA's between midnight and 8am. Social workers calls are more likely to be received between 5pm and 8pm. Friday afternoon is one of the peak periods for calls from professionals. Callers are invited to leave a message during busy times. The message retains its place in the queue and is presented to the next available CCA who will then return the customer's call. .

It can be difficult to accurately predict call volume with any real certainty. There is however frequent analysis of call volumes to identify any patterns and trends. Members raised the issue over the 0845 number and it being a barrier to some due to the call charges. Officers stated that the 01629 number is now regularly communicated but there is latent knowledge of the 0845 number due to previous communications. 03456 058 058 has also been reserved by Call Derbyshire. Calls to 03 numbers cost no more than a national rate call to a 01 or 02 numbers and count towards any inclusive minutes in the same way as 01 and 02 calls. These rules apply to calls from any type of line including mobile, BT, other fixed line or payphone

The working group recommend that the 01629 Call Derbyshire number is communicated through any new literature published by the Authority and that efforts are made to replace any reference to the 0845 number in existing materials.

6.6 Adult Care Brokerage Service / Welfare Rights

Members also noted the work of the Derbyshire Adult Care Brokerage Service. The service was introduced in response to the development of personal budgets and self-directed support. The service provides clients with information about care options and support to help find services in their community. It is a universal service and receives around 150 referrals a week which equates to about 7,000 a year. This has grown from under 500 in 2010-11. Referrals come from social workers/assessors, directly from Call Derbyshire and directly from clients. The service provides expertise in matching clients' needs with the relevant provider of support in their local area, as well as signposting clients to other agencies. Members also noted the value of the service in freeing up social workers who otherwise would undertake this work.

Members also noted the Brokerage Team's willingness to extend the promotion of the service more widely to self-funders using other organisations such as GP's and housing providers. This seems in keeping with the integration of health and social care and to ensure clients are provided with information, advice and signposting. Members were particularly pleased to note that the work of the service was included in national good practice by the Think Local, Act Personal national partnership.

Members also noted that the Care Act 2014 places a duty on local authorities to how to get independent financial advice, for example benefits, household budgets, and regulated financial advice. The Authority has an established Welfare Rights team, which can be signposted by assessors to clients. This is a universal service and therefore concerns those clients who are eligible for funded adult care.

The working group recommends that the Adult Care Brokerage Service and Welfare Rights Service are promoted to ensure the widest possible access for local people and local communities.

The recommendation above is in line with the Association of Directors of Adult Social Care's (ADASS) report 'Distinctive, Valued, Personal, Why Social Care Matters: The next five years'. One of its recommendations is to strengthen local accountability and innovation through the ongoing development of Health and Wellbeing Boards to support commissioning, shaping the market, allocating resources and co-ordinating service delivery.

7. The impact of eligibility threshold changes

7.1 Assessment of adult care clients

As part of the review, Members received regular updates on the assessment of clients against the new eligibility criteria. As of March 2015, 1,066 people have had a FACS eligibility assessment. 203 people have fallen below substantial and no longer receive services funded by the County Council. A further 552 are assessed at substantial and still receive services.

Members noted that some clients after assessment have in fact had increased levels of services because of need. This is also evident of a move to having difficult conversations with clients and ensuring they have their best interests in mind when making decisions, and ensuring clients understand the decision.

It was also highlighted that an unintended consequence of reassessment has seen those clients now choosing to pay for services provided by the County Council using up places which would otherwise be provided to clients who are eligible for free social care.

As part of the review, Members were very keen to consult with clients who had been through the assessment process and had fallen below the substantial threshold. However, the findings need to be put into context of the consultation carried out in 2014 to understand perceptions of people in relation to the change in eligibility thresholds.

7.2 Previous consultation (2014)

Members noted the Adult Care department embarked on a 12 week period of consultation from January to April 2014. In terms of the consultation on changes to eligibility, just over half (54%) disagreed with the proposal to raise the eligibility threshold to substantial. However, 23% agreed with another 23% neither agreeing nor disagreeing. This is based on 1,621 responses.

The principal themes which emerged from the consultation were:

- Removing services from existing clients in the Higher Moderate band would result in a major impact on their ability to manage;
- Additional responsibilities would fall on families and friends to support citizens through activities;

- Additional work would fall on the NHS both in terms of demands on GPs and hospital services;

Members noted the consultation results and felt it was a useful context to apply to the primary research undertaken as part of this review. Findings from this research are detailed below in chapter 7.3.

Members also noted the ways of mitigating possible adverse effects of the change to the eligibility threshold, as detailed in the 2014 Equality Impact Analysis. These included:

- Promotion of the Welfare Benefits Service;
- Development of Traded Services;
- Development of an information portal;
- Promote its complaints procedure;
- Social work staff and their managers will be reminded of their obligation to make decisions in line with national guidance;
- Promotion of Call Derbyshire and the Adult Care Brokerage Service;

Members drew on this context to develop a consultation plan to understand if the possible impacts and perceptions by people in 2014, as highlighted above, have been realised since the eligibility threshold change.

7.3 Impact on adult care clients

Letters and questionnaires were sent out to all clients who were identified as no longer receiving a service following an assessment. Those with a learning disability had an easy read version. The Adult Social Care Consultation Team (ASCT) handled all aspects of this part of the consultation, including offering telephone support to anyone who may have needed it.

The ASCT received 58 questionnaire responses. This represents a response rate of 24%, which is viewed as very good. The typical response rate from Adult Care questionnaires is around 10%.

The questionnaire provided some insight into the feelings of clients of the assessment process; however Members noted the top line nature of the results and the relatively small sample size. This is due to the overall number of clients who no longer receive a service funded by the Authority being a

relatively small proportion of the overall Adult Care client base. The consultation results are not surprising given as all participants had their funded support withdrawn due to changes in eligibility threshold (or chose to withdraw from receiving services). This was compounded by co-funding changes (as well as changes nationally to benefits).

The consultation showed that just over a third (21 clients) said they did receive relevant information and 18 found the information OK / easy to understand. Only three said they found the information difficult to understand. Just under a half (20 clients) said they had obtained information in an accessible format with a further 17% (10 clients) saying that had not.

22 clients said they had now organised care to be provided in another way but 18 had stated they had not, as a result of obtaining information (be it deemed relevant or not). In addition, nearly two thirds (26 clients) stated that family and friends are now providing support as a result of no longer being eligible for adult care. Nearly a half (24 clients) stated that private or independent providers are providing support (clients can use a multiple of care providers).

The most common support being provided are day to day activities with nearly two thirds (35 clients) stating they utilise their services. Other common support is physical health and wellbeing, and personal care, both with nearly half (25 clients) stating they have this.

However, just over half (31 clients) said that following the assessment (of eligible need) Derbyshire County Council staff did not provide relevant information or advice of other services available. A review of Social Worker case notes highlighted that in some cases information was provided in some form, for example the number of the Adult Care Brokerage Service. However, in seven other cases there was no record. Members note the importance of keeping accurate records and this is covered in more detail in chapter 7.6. A full breakdown of questionnaire results is in Appendix One.

The ASCT completed 15 one-to-one follow up interviews with clients who filled in the questionnaire. Furthermore, the working group received anecdotal evidence and case studies from a face to face discussion with representatives from Coalition Against the Cuts. Members noted some positive comments, including provision of thorough advice and information and providing independency. Some clients spoke of positive stories where assessment has had positive impacts on life and, following assessment, independent living has had a positive effect.

Members also noted that the extra support provided by family and friends can be viewed as positive for some clients, helping to promote a culture away from dependency to independent living. Co-funding changes can provide clients with more choice and independency, for example the feeling that a care appointment can be arranged around the life of the client, rather than a perception that they had to be in their house at a certain time for an appointment. Members also noted that staff should always communicate that if circumstances change, clients should contact the Authority.

The research findings can be supported by the latest national Adult Social Care Outcome Frameworks indicators from 2013/14 Annual Social Care Survey. This showed satisfaction with care and support services in Derbyshire which were higher than national and regional averages (68% v 65%).

Some clients spoke about a perceived lack of information, advice and signposting from assessors to what services are available to those who no longer are eligible. This qualitative assessment is backed up to some extent from the questionnaire result findings. It is important to note that comments received, as well as the questionnaire results highlighted a perceived lack of relevant information, as oppose to no information being provided. Members noted this perception could be due to the expectations of the client.

Members noted that the Authority has a wide range of services that can offer information, advice and signposting. This includes Call Derbyshire, Welfare Rights and the Brokerage Service. Also, through the Health and Wellbeing Board, there is close partnership working with health bodies. In addition, Traded Services is an option for those clients who have the ability and willingness to pay for services delivered by the Authority. Ensuring this is communicated is vital for the safety and wellbeing of the client, and will deliver the duty as in the Care Act 2014.

The working group recommend Adult Care develops a standard 'exit' letter and pack of information given to clients who no longer are eligible for DCC funded support, providing an assessment of need decision, as per the Care Act 2014.

The recommendation above is in line with ADASS's report 'Distinctive, Valued, Personal, Why Social Care Matters: The next five years'. One of its key priorities is for "Good information and advice to enable us to look after ourselves and each other and to get the right help at the right time as our needs change".

The one to one interviews also highlighted some evidence of bad experiences and a lack of satisfaction with the overall assessment process and wider processes of adult care. For example, little or no notice of assessment appointment or short timescales before services is withdrawn. Consultation also highlighted some client's bad experiences and a lack of satisfaction with assessors themselves. For example, wrong information being written up in assessment report. Additionally, many of the interviewee's highlighted the impacts on family and friends who are picking up the support role once provided through adult care services. This impact was being felt by both the clients and their family and friends.

Members noted that some of these isolated issues can be addressed through the current training and development programme of staff within the Authority. However, it is important that clients are fully aware of their situation and there is regular contact both before and after assessment. Maintaining contact with clients could also allow for the promotion of Traded Services and provide the opportunity for buying in the Authority's services as and when required.

The Working Group recommends that Adult Care ensures staff members are provided with the right environment, information and resources to ensure that assessments are completed appropriately.

Members noted throughout discussions with officers and external agencies that there was difficulty in gathering evidence of the impact on people who no longer are eligible for fully funded adult care. For example, from the consultation responses received, Members note that there is lack of ability to track those people who no longer received services from the authority. Therefore, it is very hard to then know if the person has presented themselves to other health agencies due to a change in their condition. Members note, however that there is no direct correlation between these, either. However, Members felt it is important to understand longer term impacts as much as possible. This could be completed through a follow up questionnaire to those clients consulted in this review. Members felt this would be within the financial and resource constraints of the authority.

The working group recommend that Adult Care complete follow-up questionnaire with clients identified as no longer eligible for fully funded adult care services from this review in 12 months' time.

7.4 The impact on other public services

The working group agreed to obtain the views of other public services in and around Derbyshire. A questionnaire template was sent out to NHS Hospital Foundation Trusts, Clinical Commissioning Groups and other organisations and groups involved in adult care services.

Responses came from four NHS Hospital Trusts, four Clinical Commissioning Groups and three organisations and the working group held discussions with community and voluntary sector representatives. The consultation's objective was to ascertain the impact on hospital admission, service and discharge functions, and primary care from the change to the eligibility threshold for social care in Derbyshire. In addition, to understand the impact on organisations and groups who provide adult care services.

In analysing the consultation responses, it is important to place this in the context of the winter pressures that were experienced in the county in 2014/15. Members noted the excellent partnership working with the NHS, both in terms of preparatory and actual service delivery. All this contributed to prevent avoidable hospital admissions and limit delayed discharges. Members also noted the large increase in demand from the 12 acute care hospitals serving Derbyshire. There was a 23% increase in referrals from acute trusts in the north of the county, for example (1,347 to 1,668). There was particularly high demand across urgent care services from mid-December until mid-January 2014-15 with particular pressure on acute medical beds, community hospital beds, NHS111, GP Out of Hours and ambulance services.

The overall picture from the consultation was of little evidence of impacts on hospital admissions, service and discharge functions which can be directly attributable to the change in eligibility thresholds. However, one Trust highlighted that anecdotally there was a delay in social worker allocation, identifying care packages and patient discharge from hospital. For example, a recent delay was 10 days; this was despite escalation and chasing the duty team. The same Trust also highlighted an increase in social workers requesting copies of assessments. For example, kitchen assessments and home visit reports.

Respondents highlighted the rise in elder and frailer people as a more important impact. However, in consultation responses, there were vignettes of positive areas of collaboration, as well as areas of potential development. One

respondent highlighted the working relationships between the Trust and Adult Care is very positive and a good example of inter professional working.

An area of concern by some respondents was the lack of ability of clients to pay for their care, even though they have been assessed as needing that care. One CCG said this was a particular issue for those with dementia. This could be remedied through closer working with Community Support Teams and Safeguarding Teams. One Trust highlighted that for those patients who are not now eligible, they are often considered by the social worker for reablement. This has led to longer waiting times as capacity is limited and more pressure on hospital staff to assist patients in finding care agencies. One Trust also recommended that a potential improvement to the current social care assessment process is to have a dedicated social worker for each hospital. However, the same Trust highlighted that a representative from adult care attended weekly top delay meetings. This was felt to be an excellent example of how to work well together to support the patient flow and works in the best interests of the patient.

Another area of concern amongst Trusts and CCG's was on the discharge of patients into suitable accommodation, where there was adequate care and support structures. The availability of care agencies to provide packages of care was also raised as an issue by one Trust. In addition, some respondents highlighted that patients requiring care packages on discharge are often subject to delay due to difficulties getting approval and the reduced number of packages available. Another Trust stated that clients sometimes make the decision to be discharged with insufficient care and are readmitted not coping. This, the Trust is said is mainly due to them being self-funding and deciding not to pay for all their recommended care. This links with the paragraph above in terms of a lack of ability to pay. Two Trusts also had concerns that clients do not always have insight into their mental health condition and therefore do not have appreciation of their need for social packages.

Members noted that the Improvement and Scrutiny Committee – Health are undertaking a review of hospital discharges with acute NHS Foundation Trusts over the course of 2015.

The working group recommend sharing its consultation results with the Improvement and Scrutiny Committee – Health in their review of hospital discharges.

Respondents from adult care organisations and groups showed some positive areas of work and also areas for development. One respondent, on behalf of clients and their carers stated that they had not noticed the changes as staff had remained the same. It was also acknowledged that all found the social workers polite and engaging.

Members noted respondent's comments that the Adult Care Brokerage Service had been helpful (although this was a little long winded some thought). Respondents felt the team took on the ownership of finding providers was found to be very useful. All trusted the Brokerage Service to help them find the right provider and this was effective within low-level support. It was advised that it was this low level support that enabled social interaction as well as the vital jobs that enabled them to live a more independent life.

Further evidence of positive working came from Derbyshire Healthwatch's Homecare Services Survey which was presented to Members. 85% of respondents (201) indicated that they were very satisfied / satisfied with the care they or their loved one received and comments about the care and quality of care was overwhelmingly positive.

Members noted respondents' comments which highlighted areas for potential development. Although information, advice and signposting were provided to clients, respondents felt it was much generalised. Clients felt this was not felt to be entirely helpful and extra time taken to fully explain would have been preferred. Some family members said that whilst explaining this to clients may in some cases been unproductive due to lack of capacity and understanding of the system, it would have been useful for them to have the chance to question and understand more.

Members also noted respondents' comments regarding people coming out of reablement services, whom did not meet the threshold for service provision. The providers they were advised of were found to be very limited and the costs were unaffordable for support which would ease the burden of family members.

7.5 The impact on carers

Members noted the new duties towards carers in the Care Act 2014. All carers have the right to an assessment to ensure they have the necessary support to carry out their role. The working group also received briefings from the Derbyshire Carers Association (DCA).

The DCA estimate that there are almost 93,000 carers in Derbyshire. This is equivalent to 12% of the population. In England 22.0% of carers were aged 65 and over at the time of the 2011 Census. For the same period, in Derbyshire there was 21,454 carers aged 65 and over (23.2%) although the DCA estimate this to be closer to 27,000. All Derbyshire districts similarly have a higher proportion of carers aged 65 and over than the national average, reflecting Derbyshire's ageing population structure. Nationally, research suggests that the number of older carers in England is rising. Age UK and Carers UK stated there are approximately 1.2 million carers over 65 - a 25% rise in the past decade. The biggest increase though has been seen in the over 85s, with the numbers more than doubling to 87,000. The research also stated that just over 175,000 were given assessments by their local councils in 2014. One in three carers aged 65 to 74 provide over 50 hours of care a week, but for the over 85s group that rises to more than half.

Members noted the research's findings that more than half of the carers in the 65 to 74 group said they were not in good health, compared to 40% of those who do not have caring responsibilities. Feelings of depression and anxiety were cited by one in three carers aged 65 to 74 and nearly half of the older age group.

Members also noted respondents comments from the consultation that impacts also tended to fall on carers. The financial implications for the clients had meant that family members assisting with the household budget had to take time to look at finances within the home and budget accordingly. One comment was that carers in some cases were not indirect beneficiaries but rather much needed 'expected' social capital rather than understanding they have a right to an independent life also.

Members noted the briefings by the DCA regarding the requirements in the Care Act 2014 regarding carers. The DCA are working with the authority and other partners to develop a support carer assessment. This is intended to be done jointly with the carer and the person who is cared for. Members particularly noted the need to ensure that assessments, wherever possible and appropriate should follow this process, which is line with the 'Think Family' approach as per the Care Act 2014 guidelines. However, they are also mindful of possible resource implications undertaking this approach. Members felt it is important that when an assessment is carried out (either with or without the carers assessment being done at the same time) that information, advice and signposting is provided regarding carer support services. Members also felt it important that Social Worker case notes include whether this has

been offered to the carer, or to the person who is being cared for regardless of eligibility of need.

The working group recommend Adult Care provide information, advice and signposting for carer support services when carrying out assessments.

7.6 The impact on assessors

The working group held a discussion with a selection of Social Workers and Community Care Workers from the Authority. Members noted the excellent work that they carry out and were briefed on developments in social care and in particular assessing eligibility of need.

Sometimes first contact is with people in time of crisis. Therefore it can take time and skill to unravel all issues to understand and agree needs from assessment. Staff in the discussion also agreed the move away from the Care Management model, which was very process-driven is welcome.

Members noted staff's comments that the re-assessment of people had come at the same time that co-funding came in. There were issues over Social Workers not knowing what alternative support was available in light of co-funding changes. There has, and will continue to be, difficult conversations with clients and their families. Therefore, building relationships and having honest and open conversations as to why this is happening is vital. Members noted some of the comments from the one to one interview, as in chapter 7.4 regarding information written up in assessments. To ensure assessments are completed appropriately, it is important to provide staff with the right environment, information and resources.

The working group recommend that Adult Care ensures there is support to enable staff to write up case notes effectively and in a timely manner.

Members also noted staff's comments that due to the changes in thresholds, there have been more demands via Direct Care and Traded Services. Now some clients are paying for their own care, they are more demanding, for example, wanting specific time slots for an appointment. There has also been more demand on independent care providers.

There has been a move in some places to work together with various Care Homes to ensure good practice. Building relationships with health partners is crucial. There has been some good work with GP's, including liaison Social Workers linked to all GP practices in Derbyshire.

Staff mentioned there were some capacity issues with Call Derbyshire – sometimes Social Workers can struggle to get through. However, there is good support in terms of skills and expertise from call handlers, including from Senior Practitioners. However, Members also noted separate discussions with Call Derbyshire where there was evidence of some calls going through the contact centre which should have gone directly to the department. This may have been due to the direct number not being known or busy. However, it is important that there is clear communication as to when and who should be contacted, as per the authority's call guides.

The working group recommend that the Authority's Call Guides and departmental contact lists are provided to all relevant adult care staff as part of their training and development programme.

7.6 Complaints and compliments

Members noted the most recently available annual report of Adult Care Complaints and Compliments. This provides some contextual information to specific complaints received from the FACS process.

Between 1 April 2013 and 31 March, 2014, a total of 29,336 referrals were received in Adult Care. The majority of adult care feedback relates to Fieldwork and Direct Care as they are the services which have the most frequent and prolonged contact with clients.

The total number of compliments received was 491 which were 17% higher than the previous year's 419. This can be explained in part by the department's stronger focus on recording and learning from the positive feedback. There was a drop in the number of complaints received about Adult Care services from 334 in 2012/13 to 238 2013/14. This is the second successive year that complaints have fallen.

Members noted that 43% of complaints were not upheld and 51% were either fully or partially upheld, showing willingness to admit mistakes and learn from them. Members also noted that the highest number of complaints were on quality of work issues, for example a worker not attending or being late to meetings.

The second highest number of complaints received was communication. Of the 50 complaints about communication, 22 were partially or fully upheld. The next highest number of complaints received related to the disputed eligibility of services, at 20. However, 13 of these were not upheld.

More recent data suggests there has not been any significant impact on complaints of the eligibility services since the change to threshold to substantial. The department has recorded 16 complaints and 13 service enquiries in accordance with the statutory complaints and enquiries procedure. Two have been upheld, two partially upheld and 11 not upheld. 1 is still being investigated. This is in line with past trends. There is also one compliment received that is related to one of the complaints listed.

8. Review conclusions

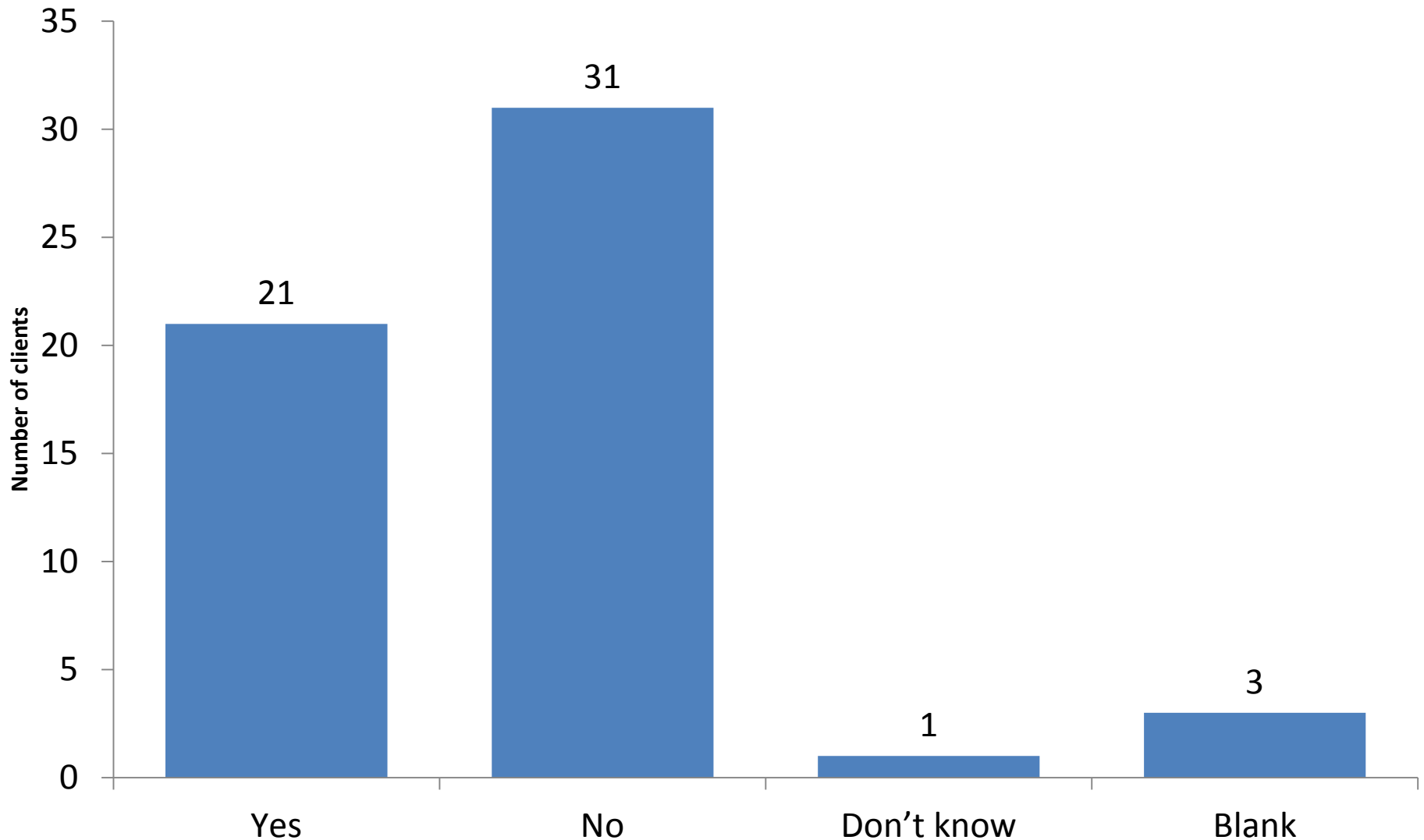
The working group acknowledges the work that the Authority has done to ensure that clients going through the eligibility assessment have been provided care and support in what is a very challenging time.

The challenge for the Authority is to ensure that the processes in place are effectively communicated too all members of staff. This is especially important considering the financial context and the policy and service changes which the Council is and will have to make.

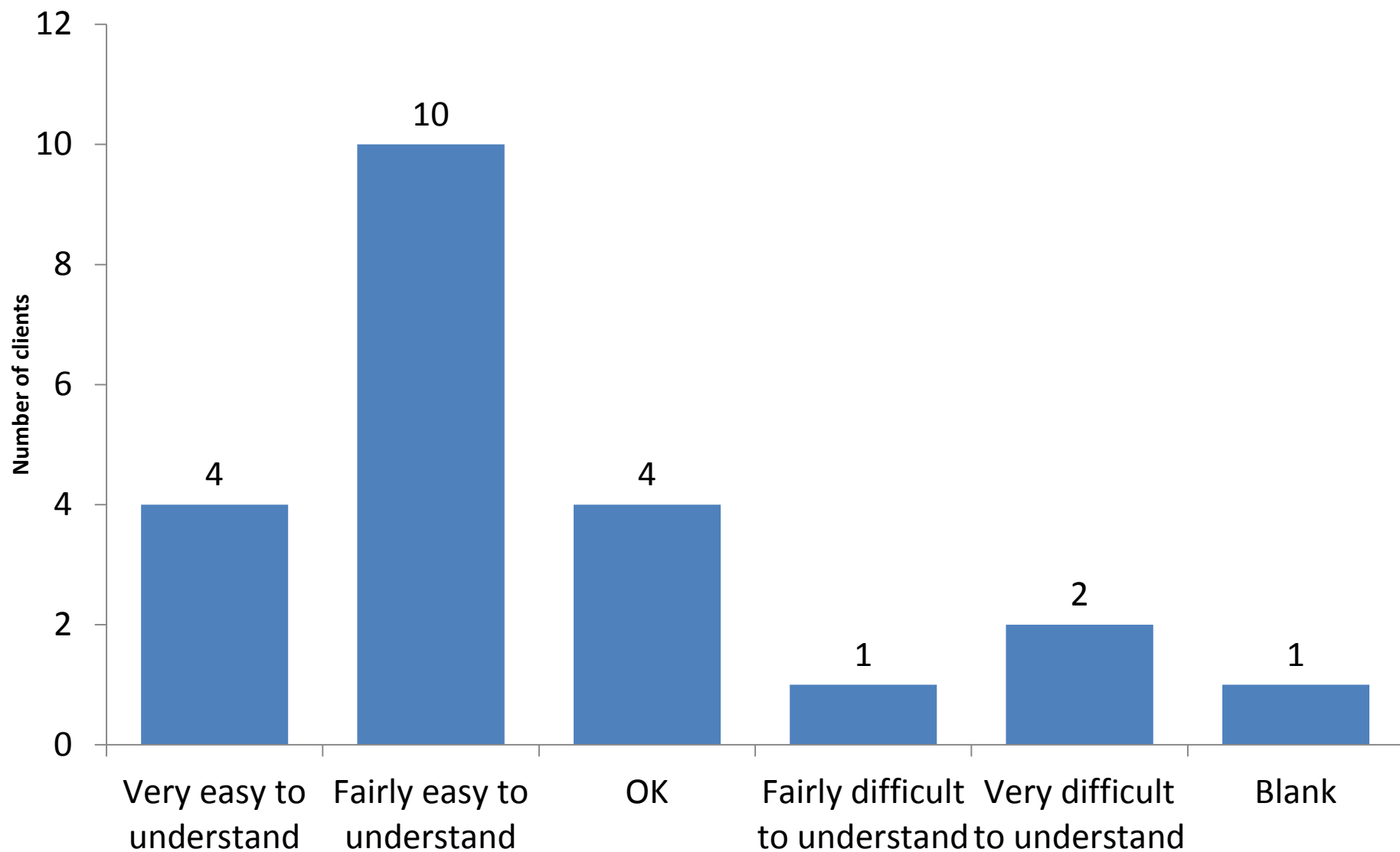
The findings and recommendations from this review will help the Authority's continual improvement in the care and support it provides the people of Derbyshire.

Analysis of Questionnaire Responses: Scrutiny Review of Adult Care Eligibility Threshold Changes

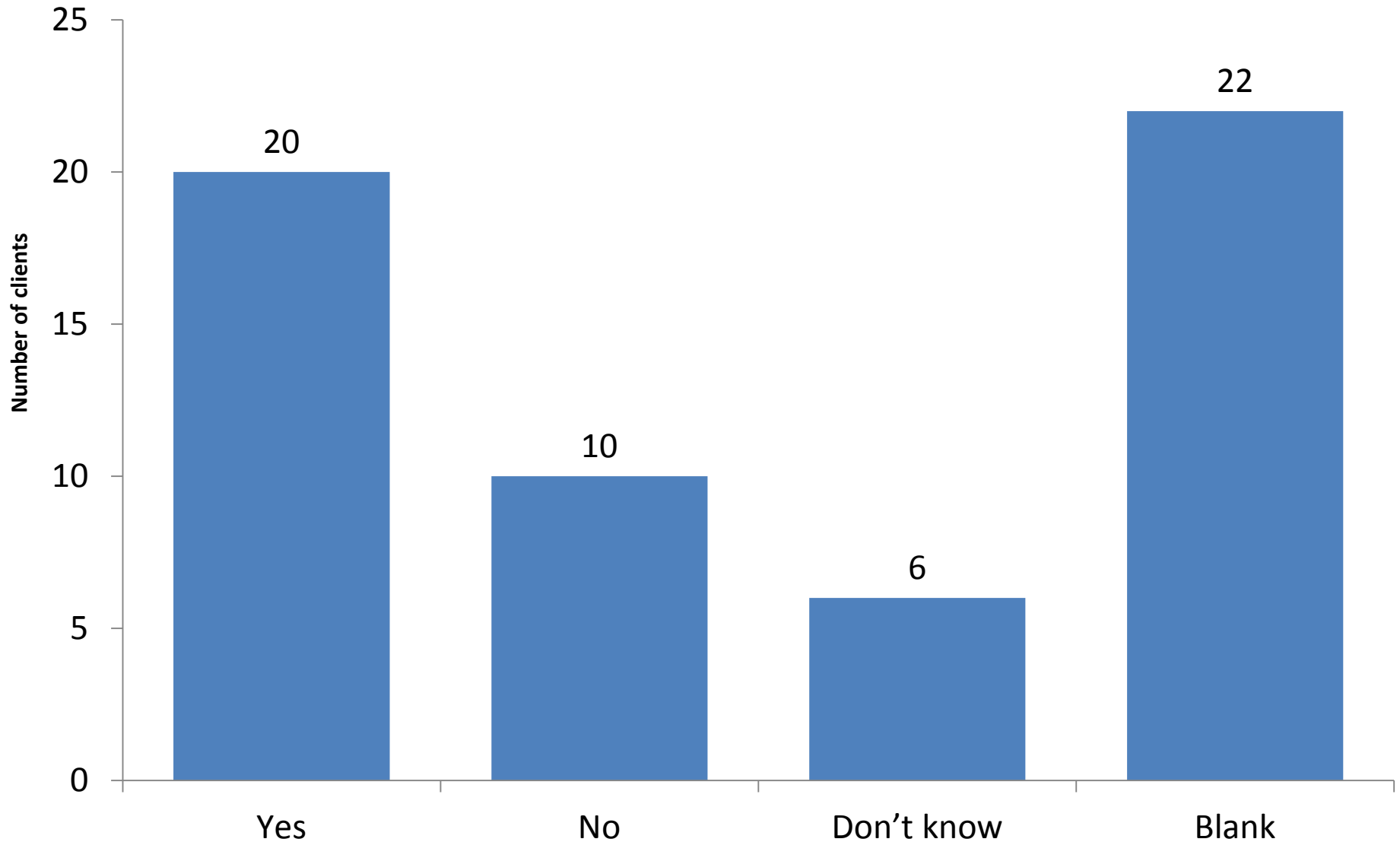
Q1a. Following the assessment outcome did Derbyshire County Council staff provide relevant information/ advice of other services available who may be able to provide support?



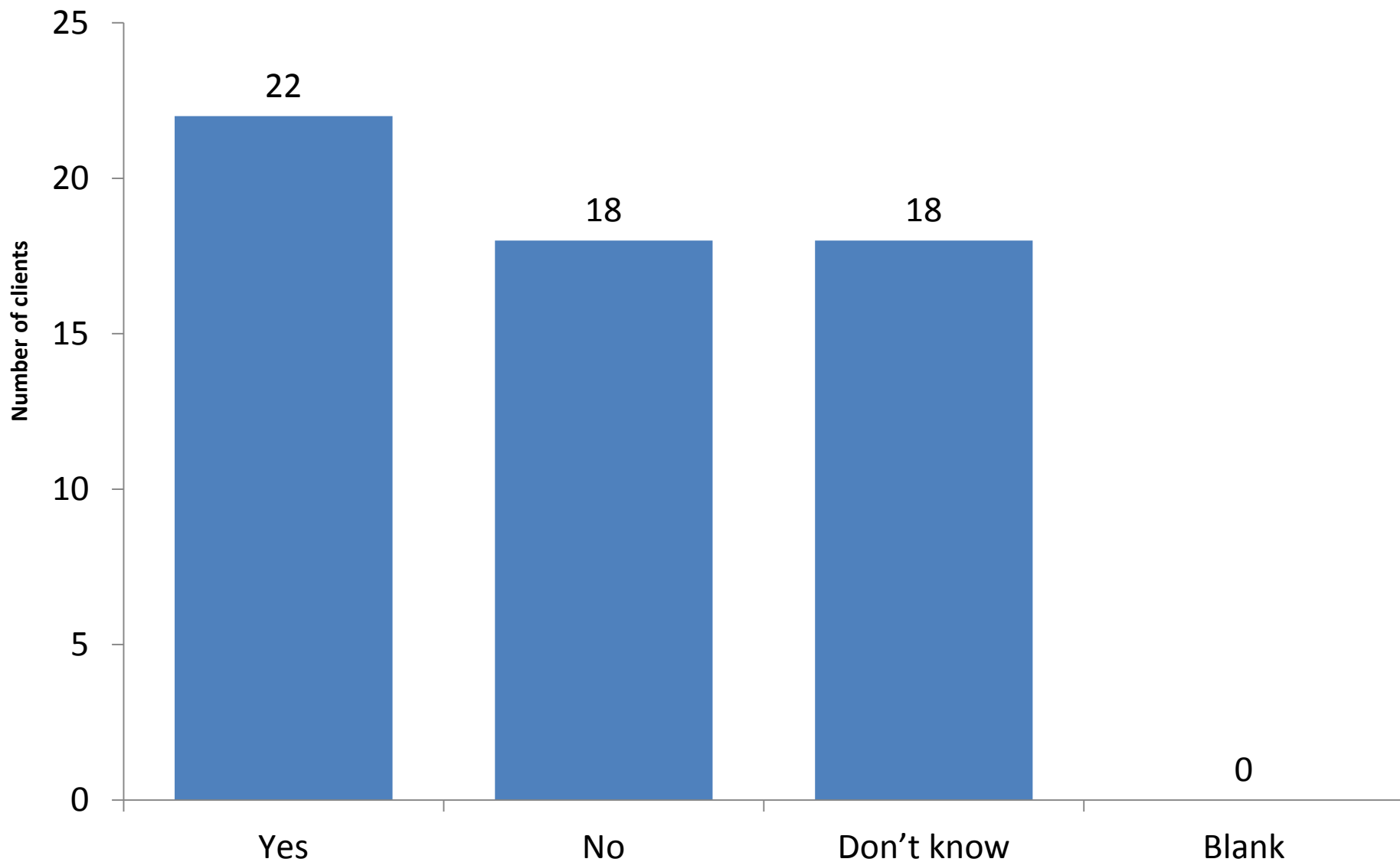
Q1b. If you answered Yes – how easy was this information to understand?



Q2. Was the information on these services offered in a format that was accessible to you? (for example large print/brail or translated)



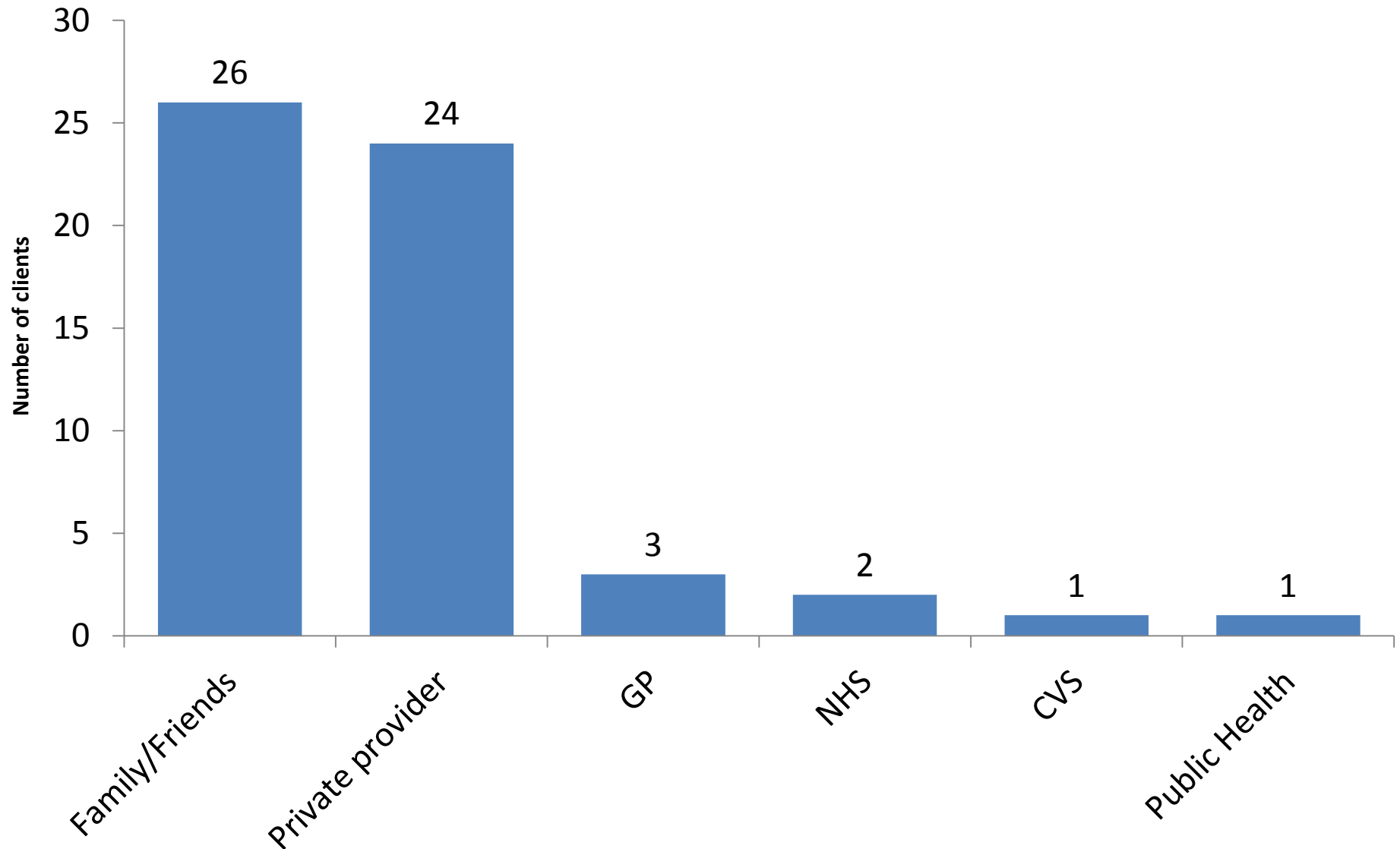
Q3. As a result of obtaining this information have you now organised care to be provided in another way?



Q4. Do you want to tell us anything more about your experience? Please write in the box below

- Comments incorporated into final report

Q5. If Yes – who provides this support (tick as many as required)



Q6. What type of support is being provided? (tick as many as required)

