

ADULT CARE, COMMISSIONING & PERFORMANCE

**FAIR ACCESS TO CARE SERVICES (FACS)
ELIGIBILITY THRESHOLD
RESEARCH PROJECT**

27 June 2016

INTRODUCTION

The Service Need & Evaluation Section has been evaluating the impact of the change in Fair Access to Care Services (FACS) eligibility on former Adult Care service users. Specifically, former clients have been followed up to see how their wellbeing has fared since their service finished. This report informs the *Improvement and Scrutiny Committee – People* of the research findings.

REPORT SUMMARY

This research included interviews with 20 individuals affected by the FACS eligibility criteria change. Of these clients¹, the majority (70%) had managed reasonably well since their support had ended; some had even achieved greater independence. The remaining 30% had found it more difficult to cope.

Limited resources prevented us from interviewing a much larger sample of individuals. However, we can have reasonably good confidence that these results can be applied to the wider population of individuals affected by the FACS eligibility criteria change.

In order to determine who would be approached to be interviewed for this follow-up research, we randomly selected the research sample by means of the use of the random number generator in Excel. A truly randomised method means that any one individual has as equal chance of being selected for interview as any other. This reduces selection bias to an absolute minimum.

So, generalising to the wider number of people affected by the threshold change, of the 300 individuals affected around 210 will have managed reasonably well since their service was ended. The remaining 90 will have coped but not so well as the former.

Further data analysis was undertaken of all services ended during this time. This indicated that there were no apparent adverse or disproportionate effects regarding the ending of cases according to district, service type, age or gender. Additional data collected at interview reflected similar results.

Analysis of data concerning the clients' ability to manage everyday tasks, and also their individual wellbeing levels, added measurable evidence to the interviews, indicating that some individuals were coping better than others.

Bringing these various elements together, we can assume that the majority affected by the change in FACS eligibility criteria threshold will have found a way to support their care needs reasonably well. Some self-funded; others relied on family, neighbours and friends for support; some used a combination of both formal and informal means of support in order to preserve their independence and general wellbeing.

The following pages provide fuller details of the research project and the work that underpins this summary.

¹ For ease, the word 'client' has been used when referring to those individuals who were originally in receipt of an Adult Care service but subsequently had their service ended as a result of the FACS eligibility threshold change.

REPORT STRUCTURE

This report first examines the background to this project and the approach taken. It then highlights the research findings and additional themes arising from the work undertaken. Some analysis of the data gathered at interview in relation to activities of daily living and individuals' wellbeing levels is outlined before looking at the project's conclusions.

Four case studies appear at the end of the report (Appendices 1 to 4) which highlight the experiences of some of those interviewed as part of this project; the names of those featured have been changed in order to protect anonymity. Appendix 5 highlights some additional themes that arose in the research; finally, Appendix 6 includes additional data requested during the project update on 18 May 2016.

CONTEXT

In July 2015 the *Improvement and Scrutiny Committee – People* agreed an action plan of recommendations as part of a review of the Adult Care eligibility threshold changes which had moved from 'higher moderate' to 'substantial' on 27 June 2014 following the introduction of the national eligibility criteria (Care Act 2014).

The aim was to learn from these changes and examine concerns about the potential impact they might have on clients who were no longer eligible for support.

An initial scrutiny enquiry was undertaken by the Stakeholder Engagement Team. Members decided that a piece of follow-up work was needed in order to understand the longer-term impact of the eligibility change. This was passed to the Service Need & Evaluation Section, and work began in February 2016, around 18 months to two years after these clients had had their services ended following the FACS eligibility criteria reassessment.

ESTABLISHING CLIENT ELIGIBILITY

It is important to explain at this point how decisions were made as to whether or not a client met the 'substantial' FACS eligibility criteria (and was therefore eligible for a service for care and support needs (Care Act 2014).

Such decisions were based on the outcome of a social care assessment, the process for which was outlined in section 6.3 of the Review of Adult Care Eligibility Threshold Changes report to the *Improvement and Scrutiny Committee – People* of 1 July 2015.

When the FACS eligibility criteria changed, the client's allocated worker undertook a review (or 'reassessment') of that individual's social care needs and outcomes. Staff referred to updated guidance² in order to establish eligibility.

² The guidance document, 'Eligibility for Services for All Adults Aged 18 and over', was updated in July 2014 to take into account the change in eligibility threshold. This document also cites the key areas of law that set out the statutory duties and obligations placed on local authorities in respect of service provision.
H: Needs & Intelligence/Eligibility Threshold Project/FACS Eligibility Project Report V11 - 27.6.2016

Those individuals who were no longer eligible for a service were given notice that the council-funded services were coming to an end. To help support them beyond this point they were provided with information on alternative sources of support, e.g., the Adult Care Brokerage Service (which directs people to service providers and other resources) and the Welfare Rights Service (to help maximise income therefore the ability to fund alternative forms of support, as necessary).

Any decision as to whether or not an individual met the FACS eligibility criteria was based on their needs at the time of the assessment. Bearing in mind that levels of need can fluctuate, clients were advised that if they later believed their needs had changed, they could get back in touch to request a reassessment. Clients were left with the contact details for Call Derbyshire to enable them to do this.

METHODOLOGICAL APPROACH

Two research approaches were taken: qualitative and quantitative.

The *qualitative* element gained an understanding of the underlying thoughts, feelings and motivations of the individuals concerned in order to uncover how people were affected by the loss of public service support, and to establish their general wellbeing.

It was decided that the best way of achieving an in-depth understanding of the impact would be through face-to-face interviews.

Those affected by this change were identified from records held on the Adult Care client database, Frameworki, and a random sample taken³. Contact was made with this sample of clients and their families, resulting in 18 face-to-face and two telephone interviews; all fieldwork took place between 3 March and 3 May 2016.

The *quantitative* element involved statistical analysis of information held on the Frameworki database in respect of all services that ended during the period 27 June 2014 to 31 March 2015⁴.

In addition, two industry-recognised questionnaires were completed at interview: Activities of Daily Living⁵ and the WEMWBS⁶ wellbeing questionnaire. Data was also collected regarding the clients' gender, primary support reason and age.

INTERVIEW PROTOCOLS AND CONTENT

Initial contact was made by phone. A follow-up letter was sent to confirm the interview date and time; also enclosed was an information sheet on the context, confidentiality

³ This included only those clients who were known to have been in the community (rather than in residential care) when they last received a service.

⁴ The FACS eligibility criteria ceased to be used after the Care Act came into effect on 1 April 2015. The Act introduces new universal eligibility criteria which include the provision of interventions to delay or prevent the development of further needs in the future.

⁵ The Activities of Daily Living questions were sourced from the Adult Social Care Survey, conducted annually by all local authorities with the responsibility for providing adult social care services.

⁶ The Warwick-Edinburgh Mental Wellbeing Scale © NHS Scotland, University of Warwick and University of Edinburgh.

and general governance issues of the project. Written consent was obtained at interview.

The semi-structured interview schedule asked clients about their support before and after the eligibility change, the way in which the service was ended, information provided, how they had sourced the help they had needed, and how they had managed.

All interviewees were reminded that they could get back in touch with Adult Care if they believed their needs had changed. Contact details for Call Derbyshire, Brokerage and the Welfare Rights Team were provided to interviewees. Where there were concerns over an individual's wellbeing, the interviewer made referrals to Adult Care for reassessment.

RESEARCH FINDINGS - QUALITATIVE

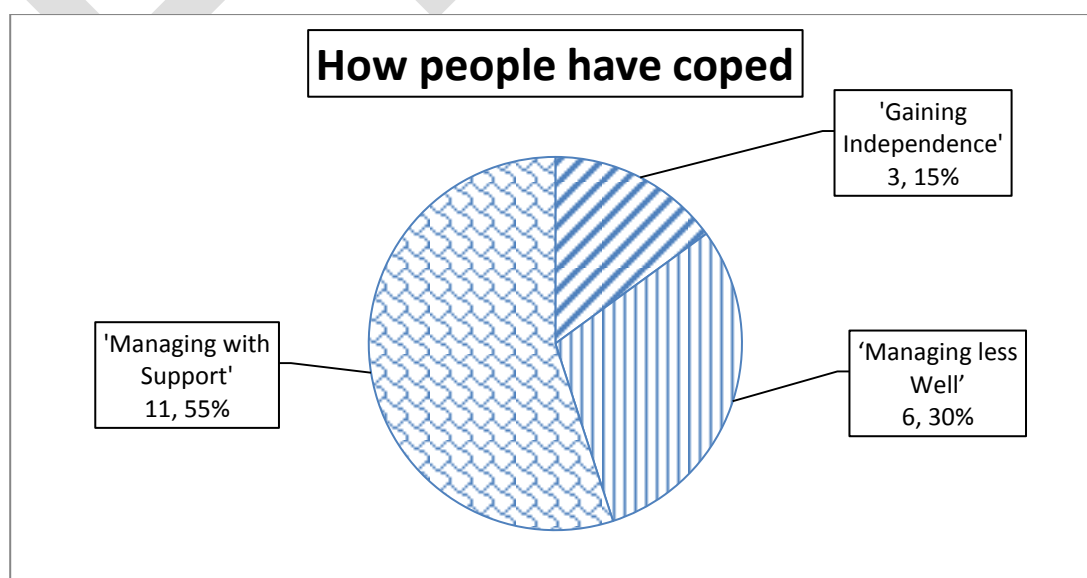
Indications from the interviews are that people roughly fall into one of three coping categories:

- 'Gaining Independence' – those whose social care situations have improved.
- 'Managing with Support' – those who have coped reasonably well.
- 'Managing less Well' – those who have not managed so well.

Figure 1 shows that the majority (70%) were considered to fall into the categories of 'Gaining Independence' or 'Managing with Support'. The remaining 30% were considered to be 'Managing less Well'.

Each category is explored in more detail in the subsequent pages, and some of the issues raised during the interviews are examined in Appendix 5 - Themes.

Figure 1



'Gaining Independence'

Three of those interviewed (3/20, 15%) had improved their situations in the 18 months to two years since their service had ended, gaining in independence and managing without social care support.

One client with a learning disability was working as an apprentice, attending college part-time and had got engaged to his girlfriend. His brother continues to take him rock-climbing, an activity he was previously being paid to do as a Personal Assistant (PA) through receipt of a Direct Payment. Still living at home, his parents encourage him to be as independent as possible and have actively sought out opportunities for their son. His mother said that she was the kind of person *"who keeps going until you get an answer"*; she had been focused on finding him openings that would give him skills and help prepare him for independent living.

Another client in the 'Gaining Independence' category said that he had always wanted to get to the point where he could cope without the carers, who were brought in following a hospital admission. Regarding the ending of his care package, he said: *"It was one of those things that happened at the right time"*. See Appendix 1 – Gerald's Story.

The third client who was managing a long-term health condition had adapted to his situation by reducing his working hours, taking in a lodger and buying labour saving gadgets. He had previously used his Direct Payment to purchase support from an agency that had helped with tasks such as cleaning, changing the bedding, picking up shopping and prescriptions. Since the service had ended he had bought a cordless lightweight vacuum cleaner to make housework more manageable, and found other practical aids such as tinned soups with a pull ring which were easier to open. Referring to the Adult Care service coming to an end he said, *"It gave me a bit of a jolt – made me plan things myself; I will always be grateful for the support I had."*

'Managing with Support'

Eleven clients (11/20, 55%) appeared to be maintaining their situations.

Only four in this category had continued to self-fund the same level of formal care they had received through Adult Care. Three other clients in this category had managed with less formal support, and four had managed with no formal support at all.

Family and neighbours were providing support in all but one case; six employed a cleaner. These different ways of managing are explored in Appendix 5 – Themes.

Two clients featured in the case studies fall within this 'managing with support' category, Appendix 2 – Alice's Story, and Appendix 3 – Carol's Story. Both rely upon family for support, but in different ways, for example, Alice's help includes daily personal care whereas Carol's does not.

'Managing less Well'

Six of the 20 interviewees (30%) had not managed so well, and at the time of the interviews two had since returned for support from Adult Care.

It is not easy to find what makes the difference between being able to cope and having more difficulty in coping, but affordability of self-funded care, and having no family close by to assist, appeared to play a part.

The first of these was unhappy about the fact that she could only afford two shower calls a week when she had previously received daily shower calls, and had to 'strip wash' on the 'non-shower' days. She has since had these calls reinstated following a reassessment after a fall and hospital admission. When asked if she felt her needs had been met during the time that she was self-funding, she responded that she would have liked a shower every day.

Another family could not provide support from a distance, and relied on a neighbour to assist (until the client later went into long term care). This caused practical difficulties when the client's health declined.

In three of the other four cases in this category there were concerns about the cost of self-funding the care; it is worth noting that none was making a co-funding⁷ contribution at the time their service was ended, and therefore the need to pay for care was entirely new. Following a referral for reassessment by the interviewer, one of these three clients has now been reassessed as eligible for Adult Care support and has an increased package in place. Due to the fact that he does not meet the financial criteria to co-fund, he will no longer have to pay for his care.

In the final case in this category, the sister of a former client with a learning disability who lives in supported accommodation (and no longer receives the services of a support worker who was funded by her Direct Payment), felt that she was not getting the support she needed as a result. See Appendix 4 – Trudy's Story.

RESEARCH FINDINGS - QUANTITATIVE

Frameworki data

Analysis of the data held on Frameworki confirmed that approximately 1,100 clients had their services closed from the date that the FACS eligibility criteria changed, 27 June 2014, to the end of that financial year, 31 March 2015.

Of these, approximately 800 closed as a result in the change in co-funding policy which meant that those clients with capital above £50k were, from that point on, required to self-fund their Adult Care packages. The remaining 300 had their services closed as a result of the FACS eligibility criteria change.

⁷ The co-funding policy requires that clients who meet certain income and benefits criteria must contribute towards the cost of their care. The current maximum weekly contribution is £38.57.

Following analysis of these data, we can confirm that there were no apparent adverse or disproportionate effects regarding the ending of cases according to district, service type, age or gender.

We can therefore be confident that no one particular section of the Adult Care population was affected by this policy change above another.

Client interview data

The interview sample was examined in terms of client gender, age and Primary Support Reason (PSR); see Figures 4, 5 and 6.

The interview sample was made up of six male (30%) and 14 (70%) female clients. This 30:70 split is similar to the Adult Care population and therefore underlines the representative nature of the sample taken.

In terms of client age, a quarter of the interview sample clients (5/20, 25%) were aged 90 plus; collectively, nearly two-thirds were aged over 70 (13/20, 65%). Three clients were in their 50s and the same number in their 60s. One client was in the 20-29 age bracket. This 'age split' is not surprising given the make-up of the general Adult Care population and the fact that the majority are older people with multiple health conditions.

Similarly, the most common PSR of the interview sample was 'physical support' (17/20, 85%); two clients' PSR was 'Learning Disability Support' (2/20, 10%); one client's PSR was 'Sensory Support' (1/20, 5%).

Analysis of the client interview data confirms the findings of the broader analysis of Frameworki data above: that there does not appear to be a disproportionate effect of the FACS eligibility threshold change. To clarify, no one section of the Adult Care population appears to have been affected more than any other.

Activities of Daily Living

During the interviews, information about clients' ability to manage everyday tasks was collected through completion of the Activities of Daily Living questionnaire which helped to convey the complex nature of social care need.

This questionnaire establishes the extent to which an individual is able to undertake certain tasks themselves with ease, with difficulty, or not at all. See Figure 2 which charts the cumulative scores.

The minimum possible score is 8, and the maximum possible 24; the lower the score, the easier the task. Bearing in mind the nature of social care need, it is no surprise that the majority found difficulty managing at least some of the activities.

Nine clients scored 12 or above (the average score), indicating that they had some difficulty or were unable to undertake one or more tasks without help. One client, who had recently moved into a care home, scored the maximum of 24, pointing to the fact that she was unable to manage any daily living activities by herself.

Two clients scored the minimum of 8, indicating that they could manage everyday tasks with ease; both these individuals were in the 'Gaining Independence' category. The third client in this category scored 10; his learning disability meant that physical tasks were easy; the difficulty he experienced was with managing paperwork, finances and bills.

Conversely, the client who scored 12 was unable to bath or shower; she was also unable to manage finances and paperwork herself. This shows that it is possible to achieve a relatively low score but still find it difficult to manage without support.

Wellbeing levels

A wellbeing questionnaire was also completed at interview, providing an indication of an individual's mental wellbeing by asking about the frequency of certain feelings and thoughts, for example "*I have been feeling useful*" and "*I have been interested in new things*".

The participant was asked to record responses on a five point scale stating *none of the time, rarely, some of the time, often* or *all of the time*. The minimum possible score is 14, and the maximum possible 70; the higher the score, the higher the level of wellbeing.

It was possible to compare the scores of only 11 of the 20 clients; five questionnaires were incomplete; four were left blank because the interview was conducted with a family member (and it was either not possible or not appropriate to ask for them to complete it on the client's behalf).

Six of the 11 scored above the average score of 40; two were just below, at 39. The highest score (62) was recorded by one of the 'Gaining Independence' clients and the lowest (17) by a client in the 'Managing less Well' category⁸ The individual who scored 25 had recently moved into long term care (a family member completed the questionnaire on her behalf). The score of 31 was recorded by a client in the 'Managing with Support' group who relied on family to help her with practical tasks but also suffered with mental health⁹ issues.

Bearing in mind the multifaceted nature of need, it is not surprising that most clients' wellbeing scores appear in the middle range. For example, one client did not *feel useful* and rarely felt *interested in others*, but felt *optimistic* often and felt *loved* all of the time.

CONCLUSIONS

This research indicates that the majority of clients (70%) had managed reasonably well since their support had ended; some had even achieved greater independence.

⁸ This client was referred for Adult Care reassessment.

⁹ In this report, 'mental health issue' is used as a general descriptive phrase covering a range of conditions that affect an individual's mental health.

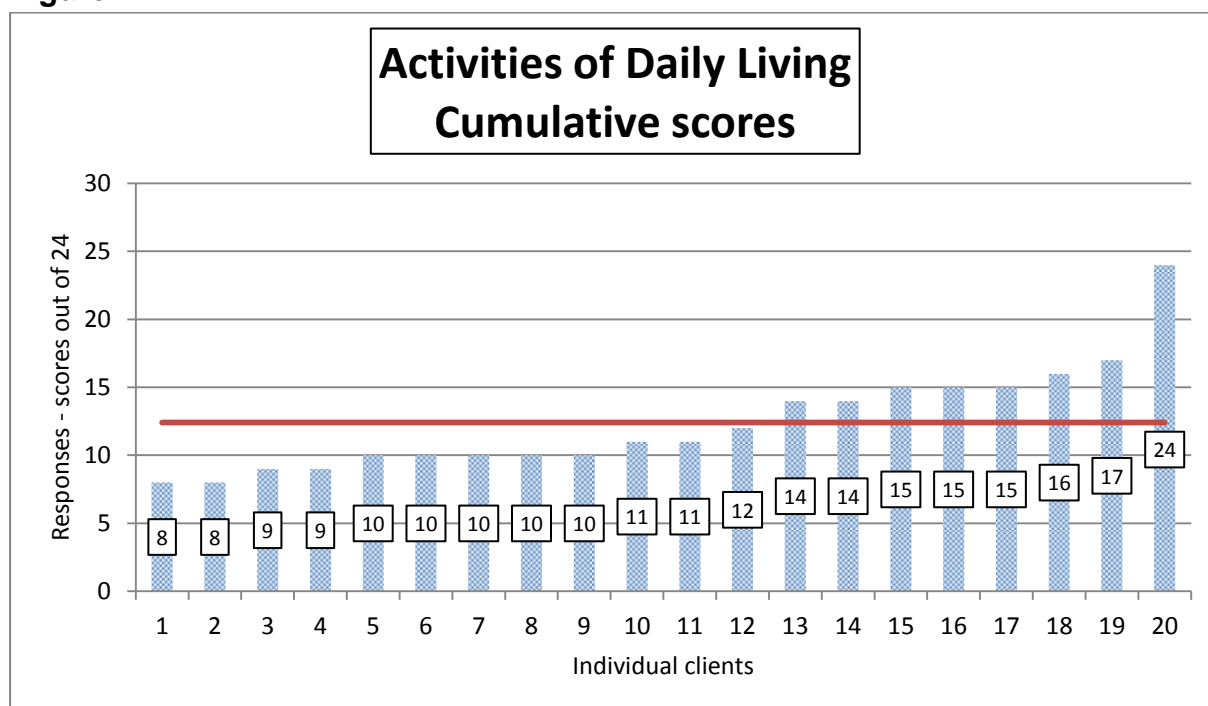
Most people were just “*getting on with it*”, and, with the support of family, neighbours and the broader community, were getting by, sometimes with smaller formal care packages. The remaining 30% had found it more difficult to cope.

Whilst not a representative number, the truly randomised process ensures that any former client has at least an equal chance of being interviewed as any other; we believe that the findings will be reasonably reliable. We therefore believe that the findings from this project provide a *strong indication* of how the broader population of those affected by the change in FACS eligibility threshold have managed.

Additional quantitative analysis confirms that if we apply these results to the broader population of those affected (300), around 210 will have managed reasonably well and 90 less so.

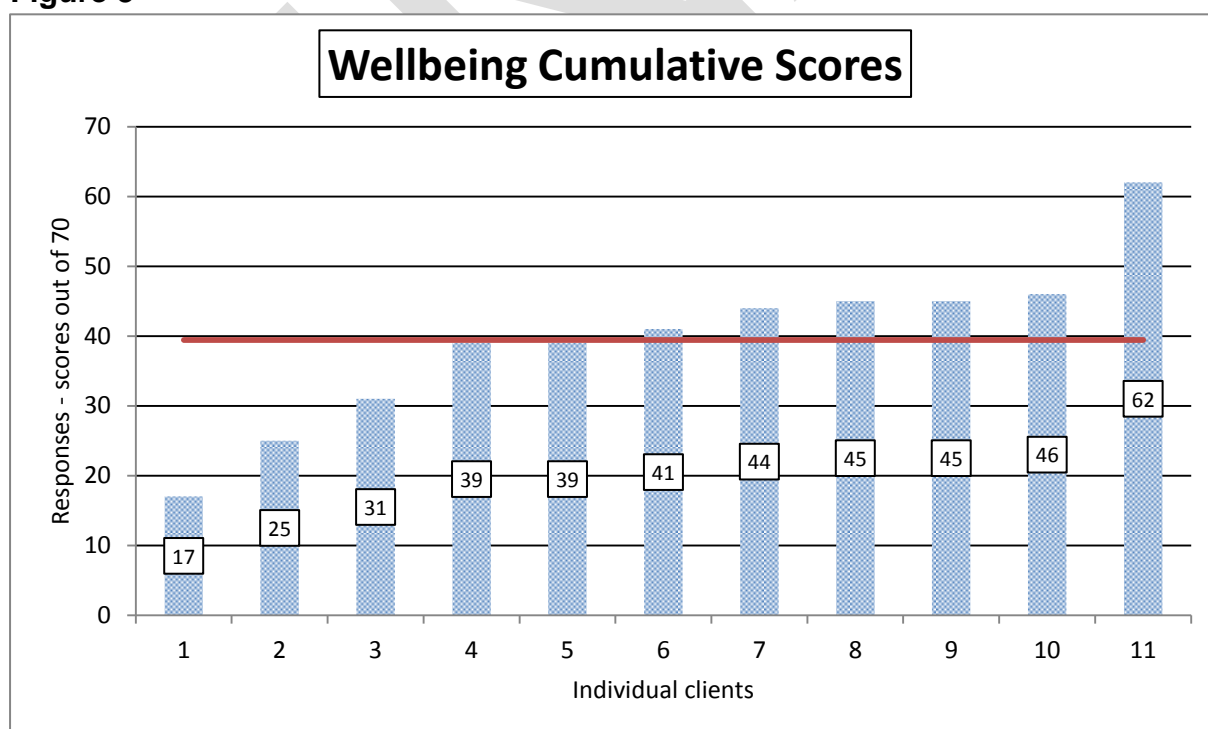
This small-scale research indicates that that the majority of former supported clients will have found a way to address their care needs reasonably well. They will have done this using a combination of formal and informal support, relying on friends, family, neighbours and community resources to help them to preserve their independence and general wellbeing.

Figure 2



- The minimum possible Activities of Daily Living score is 8 and the maximum possible 24; the lower the score, the easier the task. The line through the table indicates the average score (12).

Figure 3



- The minimum possible Wellbeing score is 14 and the maximum possible 70; the higher the score, the higher the level of wellbeing. The line through the table indicates the average score (40).

Figure 4

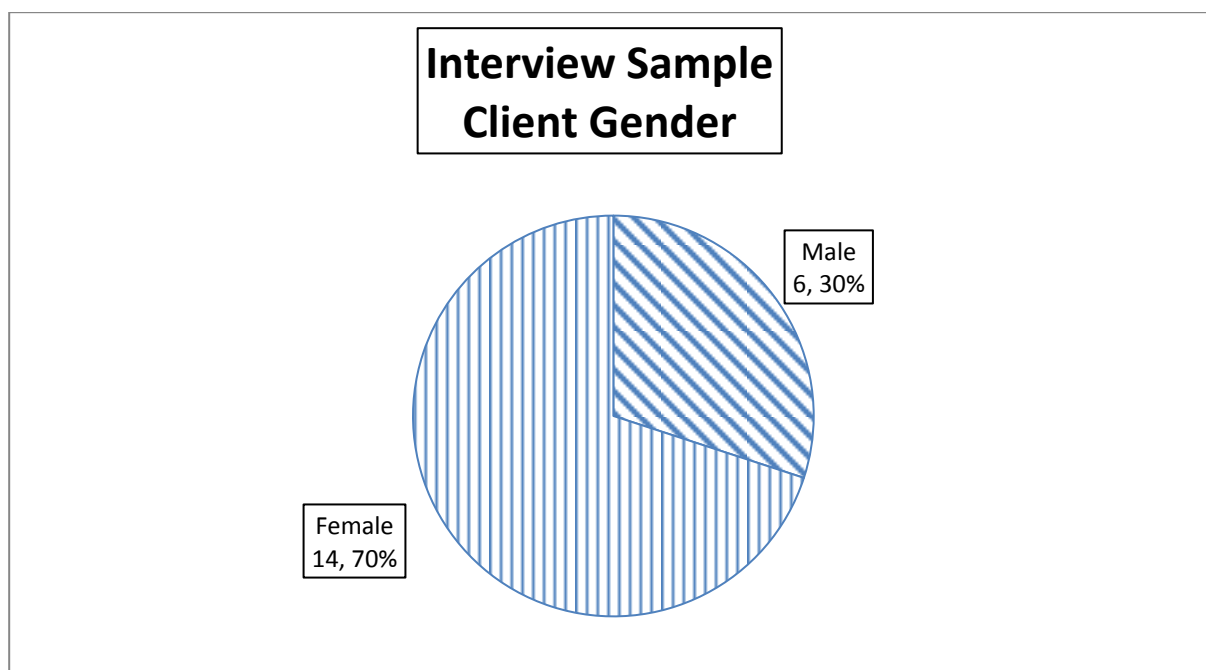


Figure 5

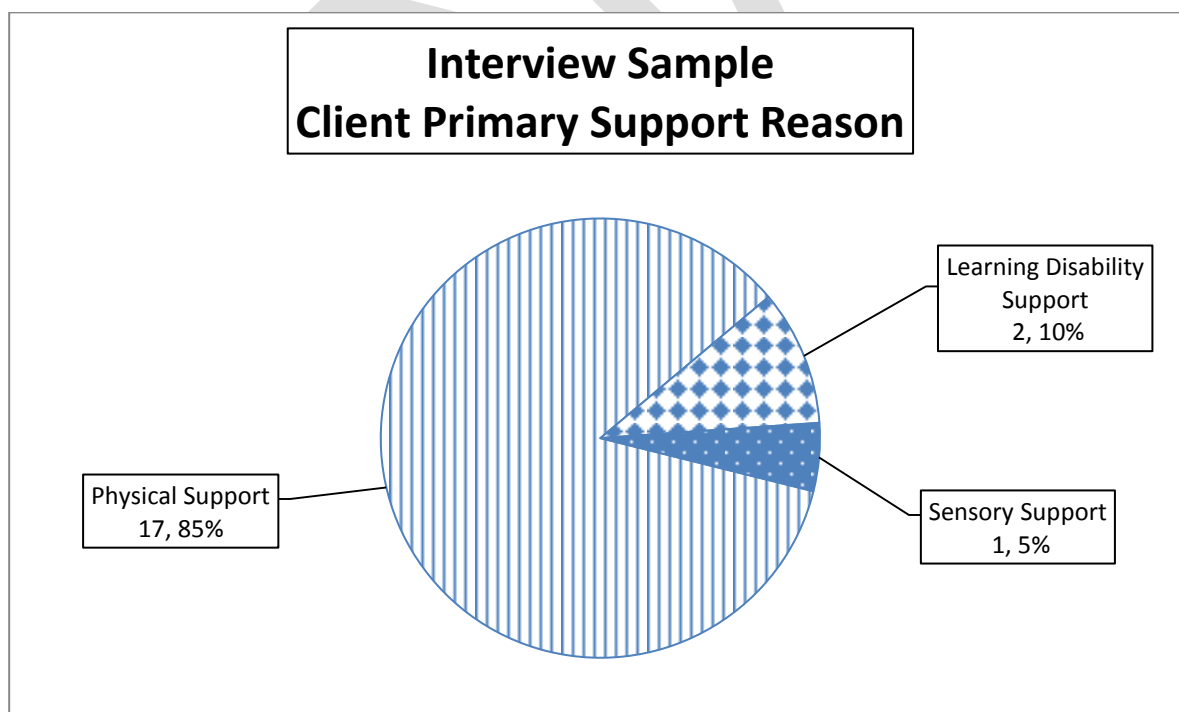
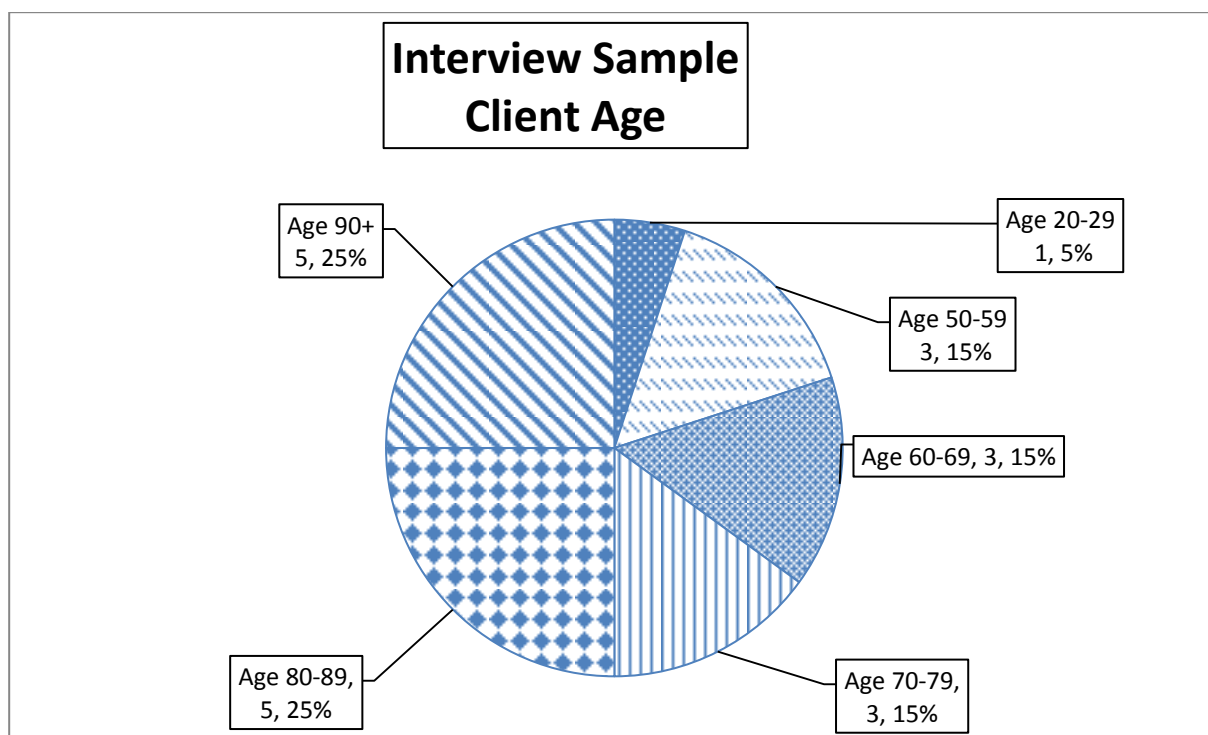


Figure 6



Appendix 1 - GERALD'S STORY

After Gerald was discharged from hospital following circulation problems and a fractured ankle, he needed assistance with personal care while he recuperated.

Due to problems getting around, Gerald had to have his bed downstairs for several months and visits from carers twice a day.

Referring to 'downstairs living' he said, *"I didn't like that"* and his intention was for his health to improve to the point that he could mobilise well again and therefore cope without the carers.

"I thought, when I started with [carers' visits] twice a day that I could get it down to once a day, and then finish."

He explained that the service appeared to end at around the right time; following reassessment he was told that unfortunately he no longer met the eligibility criteria. Gerald decided not to self-fund, thinking *"I am OK and I can cope on my own."*

Although he uses a wheelchair to get around downstairs, he can mobilise slowly, and is therefore able to access his upstairs bedroom and level access shower. The cleaner he has employed for years continues to come every week and also updates him with local news, so he feels that he is in touch with what's going on.

Gerald drives to the local shops and enjoys cooking; although his daughter lives nearby he says he doesn't need help from family and doesn't ask for it, *"You've got to look after yourself"*, he says.

Appendix 2 – ALICE'S STORY

When the service first began in 2014, Alice's family were aware that the support would only be in place for a short time due to the forthcoming eligibility change.

The 91-year-old widow had originally been assessed as 'higher moderate' and this had not increased when the criteria rose to 'substantial' a few months later; her Adult Care service was ended as a result.

While the service was in place, carers would come in for an hour every morning to assist with personal care, an arrangement Alice initially continued with on self-funded basis for several months after the change in eligibility threshold. However, she used to get agitated when they turned up late and on occasion missed her call, so she cancelled the support.

At around this time her daughter-in-law, Kath, who had just been made redundant, stepped in. Aside from cleaning (Alice had employed a cleaner for some time) Kath and her husband, Rob, now manage all of Alice's support.

Kath has to be up at six o'clock every day to ensure she arrives at Alice's house for 7am. *"Everything has to be done by the clock... she gets annoyed if I am late, so there's no lie-in at the weekend."*

"I help her to shower and dress, and get her breakfast sorted. I do all her washing, ironing, cooking and shopping; Rob collects her pension and keeps on top of the jobs in the house and the garden."

Although glad that she has been able to support her mother-in-law, Kath finds the situation difficult at times. Until her own mother recently moved into a care home, Kath was providing much of her care and support as well. With Rob working evenings and weekends, they don't get much quality time together.

The support the family provides has increased over time; up until a few months ago when Alice had a bad chest infection, she was managing reasonably well with certain tasks. She could do her own lunch and was using the microwave, but now Kath cooks her meals and takes them round; she's now concerned about her falling and isn't sure how much longer she can manage Alice's showers herself.

Due to her mother-in-law's increased frailty, and also keen for her to remain at home, the family has decided to contact Adult Care for a new assessment.

Appendix 3 – CAROL'S STORY

Carol suffers with a rheumatoid condition that results in pain, stiffness and fatigue; she also has mental health issues which affect her mood and general outlook on life.

Adaptations have been made to the ground floor property which enable Carol to manage her personal care, and grab rails outside to aid with mobility. She is able to live independently, supported primarily by her daughter, Simone.

Before the change in eligibility criteria, Carol was in receipt of a Direct Payment which was used to pay Simone for support with daily living tasks. This included cleaning, washing, ironing, shopping, plus reminders to take medication; her daughter would also accompany Carol to doctors' and hospital appointments.

Since the Direct Payment stopped, Simone has continued to help with these tasks. She rings daily and has her mother round for tea a couple of nights a week; another relative collects and delivers Carol's prescriptions. Carol does most of her food shopping online with family bringing round additional groceries in between deliveries.

"I worry about Mum not eating properly. I ring her and check if she's had something, even a sandwich. She can't stand for long because of her condition, and this gives her pain and the shakes. So she can easily drop a pan or a mug of tea, and sometimes forgets she's put the oven on."

Carol explains that she sometimes cancels family visits when she's feeling low, because she just doesn't want to see anybody. But on good days, she will take a taxi into town and meet up with Simone, or go to the local club for a couple of hours which she enjoys.

She does not like to have to depend on others for support, and although the family are happy to help she feels she is putting on them. *"I don't like having to ask Simone to help me. I like to do things myself, to be independent."*

Referring to the fact that the Direct Payment has ended, she says: *"We've just had to plod along; you just get on with it. That's life"*.

Appendix 4 - TRUDY'S STORY

"It's been such a nightmare. My sister has had to go from a 'Barbie doll world' to being classed as independent, and she's not. To take the funding away when she's gone through so much is harsh."

Trudy is a lady with learning disabilities who has lived in a supported setting following her parents' deaths. Before she was assessed as no longer eligible to receive a service, Trudy had received a Direct Payment for five hours per week of a support worker's time. This funding was designed to help Trudy become more independent after a lifetime of effectively living *"like a child"*.

Trudy's sister, Alice, explains that, up until the loss of their parents, Trudy had never had to think about buying food, preparing meals or dealing with money. The support worker used to help her manage these tasks, ensuring she had food in the fridge, that it wasn't out of date, that Trudy was getting to her medical appointments on time, and travelling from A to B safely.

Alice believes that her sister's capabilities were over-stated at the time the decision was made to end the Direct Payment, and that she was not managing as well as was portrayed. She believes the family were not asked enough what they thought about Trudy's capabilities. *"Trudy will say she can do something, but she can't"*.

Since the Direct Payment ended she believes that Trudy's needs have remained the same, *"but she's not better; she's just found another way to do things"*, relying, for example, on some of the elderly residents to cook for her. But when things don't go to plan - and recently one of these residents was admitted to hospital after a fall - it is not unusual for Trudy to ring six or seven times a day in a stressed and anxious state, unable to cope with the situation.

Alice now pays privately for a friend, who is a carer, to support Trudy once a week, but ideally would like the same person going in three or four times a week to look after Trudy's wellbeing, *"someone on her wavelength"*.

What else would help improve things? She thinks that the staff where Trudy lives do not always comprehend the true picture of the capabilities and vulnerabilities of a person with a learning disability. Better training is needed, Alice says.

Appendix 5 - THEMES ARISING FROM THE INTERVIEWS

People had found different ways of managing

There was an expectation that the provision of 'informal' support would help to fill the gap for those individuals whose care packages had ended due to the change in eligibility criteria, and this was indeed found to be the case for some of those clients that were interviewed.

Although individuals fell within three categories in terms of how they were managing, these did not correlate directly with the way that support was provided. For example, seven of the clients managed without a formal care package at all (three of whom fell within the 'Gaining Independence' category). Six continued to self-fund the same level of formal care and seven reduced the size of their formal care package. For the majority of clients (16) at least some support was provided by family, friends and neighbours; six also employed cleaners.

Family helped with domestic tasks such as cleaning, laundry, shopping and meals. They also assisted with personal care including bathing, showering and hair washing. They helped with transporting clients to day-care and accompanying them to medical appointments; sometimes they helped with managing bills and paperwork. Neighbours helped by being 'in situ' and keeping an eye on the clients' wellbeing.

There was also a mixed approach to support in which help was provided by family, neighbours, the community shop, plus self-funded care.

Overcoming isolation was a feature of both informal and formal support

Several of the interviewees talked about the impact that poor health and mobility had on the ability to get out. Some spoke of the relationship they had built with their carers and the added value they brought in terms of friendship and social contact.

Community based resources were valued as means of overcoming isolation. One client said how much she enjoyed the weekly lunch club; another spoke about getting together for 'chair-based' exercises and the fun they had with friends at these classes.

Three clients mentioned the Community Bus which enabled them to go out and meet with friends, take part in social events, to go on trips and days out, saying if it were not for the bus *"people wouldn't get out"*.

There were mixed responses to the FACS eligibility change

The interviews indicated that there was a mixed response to the fact that the clients' care packages had ended.

The majority of those interviewed (13) had, to a varying degree, accepted that this had happened, and 'just carried on', in some cases the withdrawal of support had not been unexpected. Of the remaining seven, some were unhappy about having to pay for support which had previously been provided free of charge, often for many years.

Appendix 6 – THOSE DIRECTED TO OTHER FORMS OF SUPPORT

During the progress update given to the *Improvement & Scrutiny Committee (People)* on 18 May 2016, we were asked to provide additional data in the final report that confirmed the *number of people that had been directed to other forms of support as a result of the FACS eligibility threshold change*. This information was discussed with Jem Brown, Group Manager – Prevention, with details outlined below.

It is difficult to provide a precise figure although it is possible to gain a sense of numbers of individuals who have been redirected, by looking at assessments handled by Call Derbyshire.

Upon initial contact with Call Derbyshire¹⁰ the caller will speak with a Customer Care Assistant (CCA) with Adult Care knowledge, whose role it is to provide information and assistance, including directing the caller to a solution that may not be a Derbyshire County Council provided service.

This conversation seeks actively to introduce preventative interventions. Our initial response mechanism is known as the Universal Offer which comprises provision of information, advice, offer of a Welfare Benefits check, sign-posting to other services via First Contact scheme pathways, request for 'simple' pieces of equipment to support daily living, referral to the Adult Care Brokerage Team and/or a conversation about possible social care needs, either through a social worker at Call Derbyshire or a social worker based in one of Adult Care's area based teams.

Sign-posting includes being put in touch with services and community based opportunities and resources, such as fire safety and home security checks, support groups, housing options, falls prevention, community alarms and befriending. For enquiries that are more complex and cannot be resolved through straightforward information provision and/or sign-posting, the CCA will complete an *Adult Contact Plus* assessment which will be sent to the relevant area office for allocation to a social worker. Some of these calls are closed after further investigation, others may result in a formal assessment for services, which may or may not result in Adult Care funded support.

Taking the period 2014/15¹¹ as an example, there were 12,421 Adult Contact Plus assessments generated at Call Derbyshire. Of these, 10,895 'decision required' outcomes were referred to area based social work teams for further investigation. After work undertaken by the social work teams 6,076 (56%) of these referrals required *no further action* and were effectively 'closed' on the system. This leaves 4,819 (44%) cases requiring further work, 3,998 resulting in an extended assessment.

It is therefore difficult accurately to isolate the number of cases that have been redirected due to the eligibility threshold change because the eligibility of such individuals will have been considered at various points in the process. Whilst only a

¹⁰ Non-telephone referrals are also received by fax, on-line forms, post and encrypted accounts.

¹¹ As the eligibility threshold changed on 27 June 2014 these figures include data generated prior to this point.

proportion continues through to full extended social care assessment (which may or may not result in a support package) during the previous stages people may also have received Universal Offer-type support, for example a Welfare Benefits check.

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