

**ADULT SOCIAL CARE POLICY REVIEW**  
**1. ELIGIBILITY CRITERIA POLICY**  
**2. FAIRER CONTRIBUTIONS POLICY**

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**Responsible Cabinet Member - Councillor Veronica Copeland,  
Adult Services Portfolio**

**Responsible Director - Murray Rose, Director of People**

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**SUMMARY REPORT**

**Purpose of the Report**

1. The purpose of the report is to advise Cabinet of work undertaken with regard to the Adult Social Care Policies covering:
  - (a) Eligibility Criteria for Adult Social Care
  - (b) Fairer Contributions Policy.
2. Members' attention is drawn to the potential adverse impacts that, through consultation, individuals have identified would be a consequence of any policy revisions. Cabinet are therefore being recommended to defer any decision relating to this policy review until such time as it is able to consider it in the context of the Council's wider budget strategy. This will impact on planned savings in the current MTFP.

**Summary**

3. The Medium Term Financial Plan (MTFP) was approved by Council on the 3<sup>rd</sup> March 2011. To aid this decision Elected Members received a comprehensive suite of budget proposals across all service areas and had the potential to impact on every member of the population. Cabinet had anticipated the government grant reduction and formulated the initial proposals on this basis to commence consultation with the public in November 2010. Decisions made about specific proposals have been made on the basis of continuing to protect, as far as possible, vulnerable people, and to be fair in the approach.
4. Some of the proposed savings are within the Adult Social Care budget and these were incorporated into the Adults Transformation Programme, redesigning the "Customer Journey". The aim was to ensure that they were in the context of delivering personalised support that promotes independence, choice and well being, maximises outcomes and value for money, in line with the national direction for social care. The Council has invested the £1.3 million social care funding and £143,000 re-ablement (half year guaranteed) in Intermediate Care and re-ablement services to offer a new pathway for people accessing

Adult Social Care. It is also developing community preventative initiatives to promote health and wellbeing.

5. In developing the proposals alongside improving the Customer Journey the ongoing commitment to providing social care funding to the most vulnerable people has been paramount. Without reducing eligibility to focus on people with substantial and critical needs or maximising the Council's income, the cost of social care will continue to rise due to population increases forecast for older people and those with long term conditions (Single needs Assessment 2010).
6. The two areas identified for significant savings, as outlined below, were identified as policies where Darlington Council is more generous than the majority of Councils both in the north east and nationally.
7. In the context of point 4, the Council's the Medium Term Financial Plan included two proposals which would affect some Older People and Disabled People, their families and carers. These are:-
  - (a) Reviewing the eligibility criteria for long term and ongoing social care funding.
  - (b) Reducing the level of Severe Disability Premium disregard given in the financial assessment under the Fairer Contribution Policy.
8. Reviews have taken place of the two existing policies, as outlined below:
  - (a) **The Eligibility Criteria for Adult Social Care Funding (Appendix 1).** Work has been undertaken to assess the savings which could be made, and the impact on individuals, of removing the low and moderate bandings of eligibility for ongoing Council funded social care support. Within the review, people with substantial and critical levels of risk to independence would continue to receive a personal budget or care package to meet their assessed needs even where some elements of support could be deemed as moderate.
  - (b) **Fairer Contributions (Appendix 2).** Work has been undertaken to assess the savings which could be made, and the impact on individuals, of removing the current 50% disregard of the Severe Disability Premium from the financial assessment which is carried out to determine an individual's income and calculate their contribution to the cost of their social care support. This would bring the level of disregard for this additional benefit to nil.
9. The Council must ensure that decisions are being taken correctly in terms of equality legislation. The Equality and Human Rights Commission (EHRC) issued guidance for local authorities which reinforced the requirements. This guidance was used in training for senior decision-makers were issued with a copy of "Using the Equality Duty to make fair financial decisions [EHRC, Sept 2010]" which states that local authorities have legal duties to pay 'due regard' to the need to eliminate discrimination and promote equality. Members' attention is drawn to this document (**Appendix 3**) to inform their decision making.
10. A multi strand impact assessment, prior to the Council decision to approve the proposals, highlighted that older people and disabled people would be the most affected by implementing the proposals. Therefore, the consultation on the policy revisions has had a focus on ascertaining how these individuals, their families and carers would be impacted

upon by the policy changes. This is recorded in a full Equalities Impact Assessment detailed in the main report.

11. The Equality Impact Assessment indicates significant impacts from lack of independence, being isolated and a lack of a social life to severe depression and adverse mental health which some people said would lead to self harming and feeling suicidal.
12. The impacts and effects on individuals have been given careful consideration. In addition, since the proposals were first made, the numbers of people likely to be affected has reduced considerably and the projected saving to the Council has also been reduced. Overall, there is less financial benefit to the Council than first predicted but the impact for any individuals who would see changes is still high. This is a sufficiently significant change in circumstances for Cabinet to review their previous decision in the context of any future savings required to be made.
13. In carrying out the current review of Adult Social Care policies, officers have identified impacts for individuals and included them in this report, to inform decision makers. However, the current MTFP has identified that further savings will need to be made in the budget from 2012 onwards and Cabinet should only consider savings against Adult Social Care in the context of its future budget proposals and their impacts and these are not currently available.
14. It is important to note that, within the North East, Sunderland and Darlington are the only Authorities to continue providing to the four bands of need. National research is currently being conducted on the application of eligibility criteria in order to assess the disparity of application. The most recent information is based on an incomplete survey which indicates that out of the 152 adult social care systems, 65 responded and of those less than 20% always provide support to those with moderate needs. The low number responding may reflect that the majority of local authorities are still considering how to meet the reduction in grant funding. The recent "Fairer Care Funding, Report of the Commission on Funding of Care, July 2011, recommends that eligibility criteria should be set on a standardised national basis and, in the short term, a minimum threshold of 'substantial' in the current system until a full review of the social care funding system can be conducted.
15. In reviewing the policies, mitigation was considered. The main report provides detailed analysis of the impacts identified and options for mitigation.
16. During the consultation, in addition to impacts, comments were received with regard to the two policies. These comments have been considered and have been fed into a training programme for Care Management staff.

### **Recommendation**

17. It is recommended that Cabinet defers making a decision about the Eligibility Criteria for Adult Social Care and Fairer Contributions Policy until such time as it considers its wider budget strategy and associated impacts.

### **Reasons**

18. The recommendation is supported by the following reasons :-

- (a) That full consideration is given to the impacts as described in the Equality Impact Assessment and proposed mitigations in this report alongside all other budget proposals.
- (b) As a consequence of the changes in predicted savings and in the numbers of individuals now likely to be affected since the original proposal was made to review the policies.

**Murray Rose**  
**Director People**

**Background papers**

Draft Intermediate Care Plus Strategy- DBC and NHD CDD 2011

Telecare Strategy- DBC- 2011

Adults Early Intervention and Prevention Strategy DBC 2010

Vision for Adult Social Care: Capable Communities and Active Citizens Department of Health, 2010

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S17 Crime and Disorder	None noted.
Health and Well Being	None identified by deferring any decision to review policies. Some individuals may be anxious because of the deferral but they will continue to receive all services that they are currently entitled to, to mitigate the anxiety.
Carbon Impact	None identified.
Diversity	The consideration of all budget proposals together aims to provide an equitable approach to all those presenting to the Council services.
Wards Affected	All.
Groups Affected	Older people and adults with long term care needs that require social care funding.
Budget and Policy Framework	This falls within the Councils Budget and Policy Framework.
Key Decision	Yes.
Urgent Decision	No.
One Darlington: Perfectly Placed	Has implications for a number of key outcomes.
Efficiency	Yes.

## MAIN REPORT

### Introduction

19. Following the Government's Comprehensive Spending Review in October 2010 significant reductions in local government funding were announced. The Council faced its most significant financial challenge since becoming a Unitary Council in 1997.
20. Budget reductions in 2011/12 required the Council to manage a reduction of 12.1% in its non-schools government grant in 2011/12 with a further 4.7% in 2012/13. There is no certainty about grant funding beyond 2012/13 as the Government proposes a fundamental review of how local government is funded. Based on the Comprehensive Spending Review figures the Council had estimated a reduction of 24.4% of its non-schools grant funding by 2014/15.
21. The Government's confirmation that nearly half of the expected total over the four years will occur in 2011/12 provided very little scope for changes to the initial budget proposals published in November 2010 for consultation with the public. The stringency of the reductions in funding further consolidated the importance of the impact assessment process to ensure that senior officers and Members were made fully aware of the implications of the proposals on the whole population.
22. The Sustainable Community Strategy – One Darlington, Perfectly Placed has provided the overarching framework for the development of proposals. The development of the suite of proposals incorporated all areas of the Council's business: leisure and culture, environmental services and highways, services for children, young people and families and adult social care.
23. In November 2010, the Council published its budget proposals in the Town Crier outlining the budget reductions which would affect the Council and its services over the next four years. The process of gathering the views of residents began in November 2010 through a series of "Talking Together" events, two of which were specifically arranged for older and disabled people.
24. The areas which are covered by this report are those relating to Adult Social Care services: the Review of the Eligibility Criteria (A12) and the review of the Fairer Contributions policy to look at the financial disregards given the recipients of the Severe Disability Premium (A8). However, at all stages of assessment the impacts across the suite of budget proposals have fed into the process.

### **The Adult Social Care Proposals - National Guidance and Local Policy Frameworks The Review of Eligibility Criteria (A12)**

25. The NHS Community Care Act 1990 identified that local authorities should assess people's needs and arrange support to meet those needs with the overall aim of ensuring that people live safely in the community. Individuals' needs are assessed in order to determine whether they are eligible for support that the Council would be responsible for.
26. This is known as "eligibility criteria" and each Council is able to decide what level of support needs will attract Council funding through Adult Social Care budgets. In 2010 revised eligibility guidance was issued by the Department of Health, "*Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care*".

It includes:

- (a) Continuation of the current banding system (explained below) and associated criteria - focused on risks to independence.
- (b) “fairer, more transparent and consistent implementation of the criteria, with a greater emphasis on prevention and universal services”.

27. The aim is to promote self-care and independence rather than reliance on services, with the exception of the most vulnerable people. It should be possible to divert more people from requiring long-term care over time as community and alternative options become available.

### **Assessments of people’s needs**

28. The Council has an Eligibility Criteria Policy which sets out how a person’s level of risk is assessed. All individuals who are referred to Adult Social Care and have a presenting need are offered an assessment of need.

29. Using the overall picture of a person’s circumstances, the assessor will agree which level of risk the client has and consequently their eligibility for social care support. This is based upon the risk factors associated with independence, health, safety, managing daily routines and involvement in family and community life. Where an assessed need is identified, appropriate support is offered and arranged. Those people who do not have an assessed need are signposted to universal services and a six week follow up is done to check that they have been able to access appropriate support.

### **Risk Factors as Outlined in the National Guidance 2010**

30. The eligibility framework is graded into four bands, which describe the seriousness of the risk to independence and well-being or other consequences if needs are not addressed. The four bands are as follows.

31. **Critical** - Life is, or will be, threatened. Significant health problems have developed or will develop. There is, or will be, little or no choice and control over vital aspects of the immediate environment. Serious abuse or neglect has occurred, or will occur. There is, or will be, an inability to carry out vital personal care or domestic routines. Vital involvement in work, education or learning cannot or will not be sustained. Vital social support systems and relationships cannot or will not be sustained. Vital family and other social roles and responsibilities cannot or will not be undertaken.

32. **Substantial** - There is, or will be, only partial choice and control over the immediate environment. Abuse or neglect has occurred or will occur. There is, or will be, an inability to carry out the majority of personal care or domestic routines. Involvement in many aspects of work, education or learning cannot or will not be sustained. The majority of support systems and relationships cannot or will not be sustained. The majority of family and other social roles and responsibilities cannot or will not be undertaken.

33. **Moderate** - There is, or will be, an inability to carry out several personal care or domestic routines. Involvement in several aspects of work, education or learning cannot or will not be sustained. Several support systems and relationships cannot or will not be sustained. Several family and other social roles and responsibilities cannot or will not be undertaken.

34. **Low** - There is, or will be, an inability to carry out one or two personal care or domestic routines. Involvement in one or two aspects of work, education or learning cannot or will not be sustained. One or two support systems or relationships cannot or will not be sustained. One or two family and other social roles and responsibilities cannot or will not be undertaken.

**What Changes did the Council Propose Through the MTFP?**

35. Eligibility for support from Adult Social Care depends on which of the above levels of need a person has. The draft revised policy states that people's needs in the critical and substantial bands will attract social care funding (and be subject to financial assessment).

**The review of the Fairer Contributions Policy – Severe Disability Premium disregard (A8)**

36. People who have had their needs assessed and are eligible for support from Adult Social Care are financially assessed to work out how much they can afford to pay towards the support they receive.
37. In Darlington the types of support people will be required to contribute towards are:
- (a) Personal Care ie bathing
  - (b) Domestic Care ie cleaning, shopping, cooking etc.
  - (c) Sitting Services
  - (d) Direct Payments
  - (e) Sleepovers
  - (f) Day Care/Day opportunities
  - (g) Transport that is provided as part of the support you need
  - (h) Social Activities ie going to the cinema, bowling etc.
  - (i) Assistive Technology ie Telecare.
38. During a financial assessment, information about income, spending and savings will be recorded to calculate what people can contribute towards the cost of their care. At the same time a check will be carried out to ensure that people are receiving all the benefits they are entitled to.
39. The financial assessment is individual and takes into account personal circumstances. During the financial assessment people will have the opportunity to tell officers about household expenditure and any other exceptional expenditure or expenditure they have as a result of their disability or medical condition.

**What Changes did the Council Propose Through the MTFP?**

40. Severe Disability Premium is paid with Income Support or Pension Credit by the Department of Work and Pensions. Darlington's current policy is that 50% of the Severe Disability Premium will be ignored from a person's income when a financial assessment is being carried out. The draft policy would propose taking into account the full Severe Disability Premium as part of a person's income when carrying out a financial assessment.

41. This would affect all adults who are assessed for Social Care and are eligible for non residential support, and receive or are entitled to receive the Severe Disability Premium.
42. During 2009 the Department of Health refreshed the guidance on charging so that there is greater equality in the way in which contributions towards the cost of care are worked out. However, this is only guidance and local authorities decide how contributions to social care support are applied.
43. If implemented, the revised Fairer Contributions Policy, whilst removing the Severe Disability Premium disregard, will still leave individuals with basic Income Support or Pension Credit Allowances plus an additional 25% of the Income Support or Pension Credit allowance. This is in line with Department of Health guidance and provides an additional safeguard to prevent a persons' independence of living being undermined by charging policies. (For single pensioners this would be £137.65 per week and for those under 65 the amount will vary depending on age and/or disability).

### **The Dilnot Commission on Funding Care and Support**

44. The Dilnot Commission on Funding Care and Support published its findings in July 2011 and has made recommendations on how to achieve a fair, affordable and sustainable system for funding adult social care in England. It is proposing a partnership model in which costs are shared between the state and individuals who have sufficient means.
45. The report describes problems with the eligibility criteria framework for adult social care in some detail. The framework has led to huge, unacceptable variations in how people with similar needs are treated in different areas. It recommends that Government should work with social care experts to develop a new, objective eligibility framework with a nationally set threshold which allows assessments to be portable across local authority boundaries. In the short term, it recommends that the minimum threshold should be set nationally at Substantial. This means that support in the means-tested system would also start at this level.
46. It also recommends:
  - (a) That deferred payment for residential care should be mandatory but that councils should be able to charge interest.
  - (b) As well as services subject to Eligibility Criteria, councils should also provide a range of services to support their local population regardless of means such as community meals, telecare and information services.
  - (c) Individuals and families will need to consider how best to meet their contribution. This is likely to be through income, savings, property and other assets or through emerging financial products.
  - (d) The Law Commission's proposal for a statutory duty on local authorities to provide information should be implemented.
47. The Commission indicates that its reforms should not result in anyone losing disability benefits. A universal disability benefit for older people – Attendance Allowance – should continue to be available for support and care needs such as early intervention.

48. Andrew Dilnot – Chair of the Commissions said,

“The issue of funding for adult social care has been ignored for too long. We should be celebrating the fact we are living longer and that younger people with disabilities are leading more independent lives than ever before. But instead we talk about the ‘burden of ageing’ and individuals are living in fear, worrying about meeting their care costs.

The current system is confusing, unfair and unsustainable. People can’t protect themselves against the risk of very high care costs and risk losing all their assets, including their house. This problem will only get worse if left as it is, with the most vulnerable in our society being the ones to suffer.

Under our proposed system everybody who gets free support from the state now will continue to do so and everybody else would be better off. Putting a limit on the maximum lifetime costs people may face will allow them to plan ahead for how they wish to meet these costs. By protecting a larger amount of people’s assets they need no longer fear losing everything”.

**Decision-makers should note:**

- **The potential impacts of central Government Policy reviews such as Dilnot to further affect the impacts of local decisions on residents and service users especially the most vulnerable in our community receiving social care services and support.**
- **The proposal to amend the Eligibility Criteria Policy to provide support to those in the critical and substantial level would be in line with Dilnots’ recommendation for the minimum level for means tested support**

**Proposed Financial Savings**

49. The proposals and savings were estimated on information available in September 2010 when officers were required to identify Council savings.

50. The proposed savings are to be achieved through the Community Care element of the budget for non-residential care. The most significant savings were identified in revising the eligibility criteria for Council funded support and removal of the level of disregard at financial assessment for those in receipt Severe Disability Premium who are assessed as being able to contribute to their social care support. In identifying these areas, officers complied with the commitment made by Members at the initial budget consultation meeting that wherever possible they would try to protect the most vulnerable, as those with the greatest or more complex needs would be at the critical or substantial level and/or would be living in residential or nursing care, neither of which would be affected by the proposal. Similarly those who receive the Severe Disability Premium from the Department of Work and Pensions do so to assist with the additional costs which are incurred as a result of their disability.

**The Initial Proposed Savings were as the Table below:**

51. It was estimated and agreed by Council in the Medium Term Financial Plan that if the proposals were implemented from 1<sup>st</sup> October 2011 the savings would be:

Table to show initial proposed savings estimates

	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
£000's	£000's	£000's	£000's	£000's
Eligibility Criteria	375	675	675	675
SDPD	200	400	400	400

(net of implementation costs)

52. The initial potential savings were estimates based on:

**Eligibility Criteria**

53. The number of people shown on the Adults Care information system, Carefirst, as receiving low and moderate bandings were identified. This estimate was then reduced by 50% as it was evident that a number of bandings had not been amended following annual reviews for several years.
54. In calculating the potential savings it was also noted that support for those individuals within the lowest bands could not be withdrawn until their needs had been re-assessed. Therefore proposed efficiencies would be realised on an incremental basis as the reviews were completed. The proposal is aligned to the introduction of the re-ablement service which can be accessed by existing service users and new referrals. There is also greater consistency in allocation of personal and managed budgets. The reduction of the projected savings from the MTFP now means that the proposed savings from the Adult Social Care non-residential budget in a full year is £252,000, less than 4% of the total allocation of £6,754,378 in 2010-11.
55. Whilst it was difficult to put actual figures to the savings national evidence on the implementation of re-ablement suggests that good performers will reduce the need for long term care by approximately 56% of people requiring social care assessment (Care Services Efficiency Delivery-Homecare Re-ablement Toolkit, Department Of Health). This information was used to support what is potentially a conservative estimate over the longer term.

**Severe Disability Premium Disregard**

56. The information as to who is in receipt of the Severe Disability Premium disregard is not held on the Adult Social Care system. Individual records are only available to financial assessors as this is a Department of Work and Pensions benefit. The estimate was based on a month's sample. Further work to identify those individuals shows that the estimate was very close. The original estimate was based on a figure of 330 and the most up to date figure at the beginning of August 2011 is 326.

## Changes to Potential Savings

57. The consultation period was extended in order to communicate by letter with all those identified as being affected to enable individuals to identify impacts in order to provide feedback to the decision makers.
58. The savings profile has had to be revised for two reasons:
- Availability of updated and more robust information. All assessors were requested to ensure the eligibility criteria banding was accurate for current service users. This has resulted in an upward banding for a number of people. The affect on the proposals is that it will lessen the speed as to which the savings can be made, until the full affect of the redesigned pathway is seen (ie reduction in new people receiving long term social care funding).
  - Slippage in a provisional implementation date and as mitigation to reduce affects of the impact.

Table to show revised savings profile

	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
£000's	£000's	£000's	£000's	£000's
Eligibility Criteria	63	252	252	252
SDPD	54	352	400	400

59. The initial calculations were estimated on information available in September 2010 when officers were required to identify Council efficiencies. For the eligibility criteria the number of people shown on the Adults Care information system, Carefirst, who were listed in the low and moderate bandings was used. On further analysis it was evident that a number of bandings had not been amended following annual reviews for several years and care managers/ co-ordinators were asked to update the records prior to the consultation events. In addition, the number of individuals receiving support from social care fluctuates as does the levels of their needs therefore by regularly refreshing the data on a regular basis it was as accurate as possible.
60. As outlined above there have been significant changes to the numbers of people within the low and moderate levels of need and this is illustrated by the table below:

Table to show number of people within each band

	<b>31/03/2011</b>	<b>13/05/2011</b>	<b>26/05/2011</b>	<b>31/05/2011</b>	<b>21/06/2011</b>	<b>08/07/2011</b>
Low	96	90	56	56	27	24
Moderate	414	396	410	408	345	351
Substantial	792	843	848	854	961	988
Critical	584	615	627	627	744	771
Total	1886	1944	1941	1945	2077	2134

61. In relation to the people affected by the Severe Disability Premium disregard, the number of people (330) affected was initially estimated based on a month's sample. Further work to identify the actual people in order that they could be communicated with, provided a new figure which has been updated again at the beginning of August 2011 and is 326.

### **Alternative Budget Proposals**

62. This report recognises the impact of decisions on individuals currently in receipt of care services. When a decision is made on these proposals Members need to consider whether the impact could be prevented by achieving the savings through alternative savings proposals, or a refocusing of the Council's objectives towards services to individuals.
63. The Council's priorities are outlined in Darlington's Sustainable Community Strategy: *One Darlington, Perfectly Placed*. There are four priority outcomes under the One Darlington section, which focuses on the need to overcome differences in outcomes for people because of disadvantage (health, financial security, education and skills, cohesive communities). The three Perfectly Placed outcomes relate to enabling the creation of the type of borough that we want to see in Darlington (economy and enterprise, community safety, local environment).
64. In agreeing budget decisions, the Council must have regard for the balance between the two elements; Perfectly Placed outcomes which mainly impact on the whole population, and those One Darlington outcomes that focus on support to individuals with specific needs. In order to effectively address the longer term pressure on budgets from the growth in individual need for support, it is important that the Council provides support for the wider community to provide low level support to individuals, rather than reliance solely on the Council for such support. If the Council were to focus solely on those existing identified needs without an approach to supporting the whole population, or without a focus on reducing long-term demand on its services, it would find itself in a position of not representing the whole population, whilst encouraging future spiralling costs for individual care services.
65. It is, therefore, appropriate that decisions relating to any policy revisions within Adult Social Care should be considered at the same time as all of the other budget proposals are brought forward and Members can see the range of options presented across the seven priorities within *One Darlington: Perfectly Placed*.

### **Financial Implications**

66. Members will note from the information included in this report that the original saving target of £1.075M would not be achieved if the Council do decide to implement the proposals at a future date; the revised estimate following implementation being £0.652M. In addition the deferral of the decision on the proposals reduces savings further in 2011/12. The decision to defer and the reduced savings target can be accommodated within the current MTFP and as the report recommends, a final decision on the proposals will be considered in the context of the wider review to the MTFP.

## **How Decision-Makers were involved in Developing and Assessing the Proposals**

67. As highlighted in the introduction, the frontloading of the grant reductions, with nearly half of the expected total over four years confirmed in the first year, meant there was very little scope to make changes to the initial savings proposals that were published for consultation in November 2010.
68. Elected Members received a comprehensive suite of budget proposals which cut across all service areas and had the potential to impact on every member of the population. Cabinet had anticipated the government grant reduction and formulated the initial proposals on this basis for consultation with the public. Decisions made about specific proposals have been made on the basis of continuing to protect, as far as possible, vulnerable people, and to be fair in the approach.
69. Older people and disabled people require more support from Council services. It is not possible in making changes of this scale, to avoid impacts on individuals or groups of service users and their carers. It was therefore vital to assess impacts thoroughly: gathering as much information from individuals on the Adult Social Care proposals as possible as well as the wider proposals and using information on these cumulative impacts when reaching decisions.
70. Following the initial feedback from the first stage consultation, Cabinet requested that further consultation be undertaken during January 2011 which, with further impact assessment work and involvement of Scrutiny Committees, would inform future discussions on the budget proposals on 22 February 2011.
71. The Medium Term Financial Plan was presented to full Council on March 3 2011, detailing the proposals and the impact assessment work undertaken. It informed Members of those groups which were disproportionately affected by the budget proposals – children and young people and older people and disabled people and carers and that further enhanced impact assessment work was required across the Council to inform decision-makers about more detailed impacts on individuals within the community particularly the most vulnerable.
72. A group of officers from across the Council were tasked with formulating an approach to Equality Impact Assessment which would capture the information for decision-makers and provide rigorous challenge to the budget proposals. This group formulated a multi-strand approach to identifying impacted communities, groups and individuals that would inform the deeper impact work to be undertaken by managers formulating the detailed proposals. As a result of this piece of work it was identified that none of the following nine Protected Groups apart from the age or disability groups were disproportionately affected:
  - (a) Age
  - (b) Disability
  - (c) Gender reassignment
  - (d) Marriage and civil partnership
  - (e) Pregnancy and maternity
  - (f) Race
  - (g) Religion or belief
  - (h) Sex
  - (i) Sexual orientation

**A visual representation of this overarching multi-strand assessment was presented to decision-makers to inform them of the multiple impacts of the suite of budget proposals on the population. A copy of the visual representation and an explanation can be found at Appendix 5.**

73. The Council developed a detailed and bespoke approach to equality impact assessment, incorporating guidance from the Commission for Equalities and Human Rights, The Equality Act 2010, and learning from other councils. This has encompassed the equalities impact assessment process and widened it to include other important elements such as poverty and partnership impacts, as well as the impact on the deliverability of the Sustainable Community Strategy.
74. The Equality Act 2010 which came into force in October 2010 introduced nine protected characteristics of Age, Sex, Disability, Race, Gender Reassignment, Sexual Orientation, Marriage and civil partnership, and Pregnancy and Maternity. It is illegal to discriminate against individuals or groups either directly or indirectly on any of these grounds.
75. Councils must ensure that decisions are being taken correctly in terms of equality legislation. The Equality and Human Rights Commission (EHRC) issued guidance for local authorities which reinforced the requirements.
76. Senior decision-makers were issued with a copy of *Using the Equality Duty to make fair financial decisions* [EHRC, Sept 2010] which states that local authorities have legal duties to pay 'due regard' to the need to eliminate discrimination and promote equality.

***Under equality legislation, your authority has legal duties to pay 'due regard' to the need to eliminate discrimination and promote equality with regard to race, disability and gender, including gender reassignment as well as to promote good race relations. The law requires that this duty to pay 'due regard' be demonstrated in the decision-making process. Assessing the potential equality impact of the proposed changes to policies, procedures and practices is one of the key ways in which public authorities can show 'due regard'.***

**This guidance has been widely issued to Members and officers involved in the development of the budget proposals and associated impact assessment work and targeted training given.**

77. To ensure that decision-makers and senior officers were familiar with the requirements of the new legislation; training in our approach to impact assessments including the disability duty and how to use impact assessments in decision-making was delivered by the Head of Communities.
78. The training included:
  - (a) the requirements of equalities legislation
  - (b) making fair financial decisions
  - (c) the local context of vulnerable groups
  - (d) the agreed methodology

79. This was delivered to senior officers, all Cabinet Members and was offered to all Members of the Council.

### **Identifying the Impacts**

**To ensure that decision-makers are fully aware of the impacts of the proposals this section highlights the key impacts at the beginning followed by information on the methodology and processes.**

### **Identifying the impacts of Adult Social Care Proposals and what they could mean for individuals**

80. Adult Social Care proposals were clearly identified as having the potential to have adverse impacts on service users, their carers and those most vulnerable in our community. An exercise was undertaken to identify those individual service users and their carers who were likely to be affected by, not only the Adult Social Care budget proposals, but also some of the ‘change’ projects which may affect services that are currently available. This information will be used when individual annual care reviews are undertaken so that the positive and negative impacts can be identified with individuals and consideration given to how any potential negative impacts may be mitigated.
81. It should be noted that due to the nature of the client group, the baseline information of individuals receiving services is constantly changing. Establishing a baseline of individuals who may be affected by one or both of the proposals proved difficult due to a number of factors:
- (a) Constantly changing client group
  - (b) Historical recipients of services who hadn’t been assessed
  - (c) Data capture.
82. An extensive period of consultation (with specific events) took place from November 2010 concluding on July 22, 2011. It gathered the impacts identified by the general public, groups within the protected characteristics, and individuals and their carers on the two proposals. Information was received through letters, telephone calls and emails which involved staff having 1:1 discussions with service users/carers to gather the impacts as well as general comments on the proposals.
83. Following on from the initial “Talking Together” sessions in November 2010, 16 further targeted events took place during May and June 2011 which were attended by 265 individuals. It is important to note that the latter targeted events have had the added value of ‘disability experts’ from Darlington Association on Disability whose role was to support the Council to identify impacts of the proposals on those participants who were potentially affected. There was further support from independent advocates from Advocacy Together to explain and support vulnerable service users. (**Appendix 7**).
84. All information provided at the events was also made available on the Council’s website and included case studies of the FACS levels which would receive support were also provided to help people understand the potential impact of the proposals. An “easy read” version of each of the proposals was also produced.

## Key Impacts

85. From the consultation events and individual letters and emails received by the Council it became apparent that groups of older people, disabled people and carers were greatly impacted upon and key emerging themes were identified. Residents and service users gave the following examples of how the proposals would impact on them:
- (a) Lack of independence, unable to go out alone, go shopping
  - (b) Being isolated and a lack of a social life
  - (c) Unable to be a volunteer without support
  - (d) Difficulties managing medicines safely which could result in being admitted to hospital
  - (e) Severe depression and adverse mental health eg ‘suicidal’ and ‘self harming’
  - (f) Physical dangers such as falls if no support is provided
  - (g) Relationship breakdown caused by stress and financial pressures
  - (h) Unemployment due to lack of support
  - (i) Financial implications – making choices between food and utility bills
  - (j) Cumulative impacts of existing proposals with other Council proposals and external factors
  - (k) What does the future hold in terms of further savings?
86. To inform the analysis of the impacts, eleven themes were used to collate the impacts identified by those involved in the consultation sessions and responses received via letter, e-mail, internet forums and phone calls. Detailed feedback from individual service users, carers, disability campaign groups, and staff can be found in **Appendix 8**. All comments about impacts are anonymous to protect individuals’ identities and are in boxes to indicate the views obtained from an individual and/or their family/carer.
87. It is clear in analysing these impact responses that service users and carers identified the proposals as having potentially life changing and devastating effects on their lives. The small number of respondents who did highlight positive impacts (in italics below) is outweighed by the negative impacts expressed by the majority.
- (a) It will encourage me to get up and do things.
  - (b) I have always been surprised that all the £55.30 wasn’t used as necessary! If it means more people get good support then go ahead. Good things – more people get good support.
  - (c) Good things – will give me independence, greater confidence.
  - (d) My husband and I deal with all financial matters regarding my mother, aged 90. We do not foresee any difficulties arising should the Council deem it fit to take into account the full Severe Disability Premium as part of a person's income when carrying out a financial assessment.

**Decision-makers should note that service users and their carers expressed severe concerns about the negative impacts on them if the proposals were to be agreed and implemented. The views expressed were collected through detailed and probing questioning of individuals, some of which were evidently distressing to the service users and carers. It was strongly indicated that the proposals delivered a disproportionate ‘hit’ on disabled people and older people.**

**Some comments received from participants were:**

**‘Life would not be worth living’**

**‘I would self-harm or worse’**

**‘Without support I would not be able to survive’**

**‘I am usually very independent but when I am having an episode I find it very hard to communicate and I need to know that there is a safety net, to know that someone is there to help when I need it.’**

88. The staff facilitators reported that participants were very anxious, upset and angry and several had indicated that the impacts of the proposals will make their lives unbearable and unliveable and several expressed suicidal thoughts – that *‘life would not be worth living’*. Clear messages have been received about what is seen as the disproportionate ‘hit’ being taken by service users and their carers/families. The very real impacts of the many proposals are showing severe cumulative impacts on these vulnerable groups.

### **Multiple Impacts**

89. The analysis of this information was fed back to the Disability Equality Steering Group, and discussions took place as to how it could be used, should the budget proposals be approved, to ensure that consideration would be given to actions which would mitigate the impacts for those individuals identified as being impacted by a number of the changes. Following the discussions, officers agreed that should the two Adult Social Care budget proposals be approved, then individual impact assessments would be carried out as part of the annual or unscheduled care review, whichever occurred first. At this stage multiple impacts on the individual would be identified and consideration be given on a case by case basis as to whether actions could be taken to mitigate these impacts, as officers felt that this was a proportionate response.
90. This was to prevent distressing people unnecessarily whilst the projects were at the proposal stage and the impacts could not be fully quantified. The rationale to support this was that the transformation of Adult Social Care has begun with the shift to prevention and increasing opportunities for pro-active alternatives to receiving social care funding, for example; re-ablement has been introduced in Darlington and the Fairer Contribution Policy introduced on 1 October 2010 allows short term rehabilitation and re-ablement to be provided without charge.
91. It was agreed that should the two Adult Social Care budget proposals be approved, then individual impact assessments would be carried out as part of the statutory care review. At this stage multiple impacts on the individual would be identified and consideration be given on a case by case basis as to whether actions could be taken to mitigate these impacts.
92. An important issue for the team undertaking the impact assessment is the fluctuating nature of the service user base. There are ongoing changes in the numbers of people accessing Adult Social Care and alterations in their levels of need, often occur on a weekly basis. (The data was refreshed twice during the consultation period). The numbers of people who are impacted by Adult Social Care proposals are shown in the following table.

Table 1: Individuals affected by Adult Social Care change projects/proposals

Number of impacts on an individual	Number of individuals affected in Oct 2010	Number of individuals affected in June 2011
1	830 (not including Eligibility Criteria banding, but including those who have items of equipment provided by Adult Social Care)	298
2	262	281
3	69	56
4	22	30
5	9	6
6	0	3
7	2	0

93. The impact assessment work undertaken in the extra care settings of Mayflower Court, Oban Court, Rosemary Court and Dalkeith House identified that there were tenants within these schemes not only with critical and substantial needs but other tenants had moderate or low level needs. This is because the best practice model used encouraged housing of a mixed client group with a range of needs so that they could support each other. This raises a number of issues in relation to potential inequalities if the proposals are implemented where tenants in extra care and people in their own home or tenancy may have access to different services when their needs are similar. A separate review of the four extra care housing schemes has recently commenced and the above issue will be addressed was part of the review.
94. In addition to the collation of the multiple impacts within the Adult Social Care proposals, extensive work has been undertaken to triangulate the impacts experienced from other Council proposals as well as factors outside Council control. The supplementary report at **Appendix 9** identifies the relationships between the other proposals and external factors which may impact on vulnerable individuals in our community.

**Multiple impacts for residents and especially older people and disabled people are significant. Decision-makers should be aware that many individual service users are impacted not only by the Adult Social Care proposals but other Council proposals e.g. transport and review of library services as well as external factors such as reviews within the NHS, economic impacts on a range of providers, and welfare benefit reforms.**

### The Process

95. The Equality Impact Assessment followed clearly defined processes reflecting the demographic make up of the Borough, the requirements of the Equality Act 2010, good practice from the Equality and Human Rights Commission (EHRC) and support from voluntary sector organisations. The Sustainable Community Strategy provided officers and Members with an overarching framework for the assessment of impacts across the suite of budget proposals.

96. The metaphor of ‘the funnel’ was used to communicate the approach to assessment, starting with a broad view of potential impacts across the whole community, leading down the funnel into detailed assessment of impacts on specific groups and individuals.
97. This high level approach to a multi-strand equality impact assessment across all of the budget proposals enabled a picture to emerge of where impacts would be felt in the community and within the protected characteristics groupings, as well as the effects on the 11 deprived wards and partners. This initial process identified children and young people, disabled people, older people and carers as having the potential to be disproportionately affected by the Council’s budget proposals.
98. Older people, disabled people and their carers were substantially at risk of discrimination and/or impacts related to the two Adult Social Care proposals. The assessment process did not assess the impacts of individual’s care packages as that process is part of the routine reviews of social care packages which are undertaken by Care Managers/Care Co-ordinators.
99. The graphical representation was used to inform senior managers and Members of the multiple impacts across the range of proposals and to identify the proposals requiring either Type 1 or Type 2 Disability Equality Impact Assessment. The Council’s Disability Equality Scheme provides clearly defined processes for the identification and process for Disability Equality Impact Assessments (DEIA) to be carried out. The two Adult Social Care proposals required Type 2 Disability Equality Impact Assessments to be carried out in line with the Corporate Disability Equality Scheme.

### **Challenging the impact assessments**

100. Senior managers responsible for the service areas subject to budget proposals were required to assess the impacts of their proposals against the methodology developed by the Corporate Equality Impact Assessment (CEIA) group. These assessments were then challenged as part of a roundtable exercise involving the senior managers and service managers by members of the CEIA group.
101. The Council’s budget proposals were initially subject to a self-assessment of the impacts across the equalities strands as well as added criteria decided locally to reflect the Darlington picture. These self-assessments were shared with the Disability Equality Steering Sub Group to identify the areas where further targeted disability equality impact assessment work may be required. As a result of discussions at the Disability Equality Steering Sub-Group, it was agreed to open up the consultation events to all older and disabled people, not just those with a package of support from Adult Social Care. I.e. a Type 1 assessment. It was also confirmed that any potential actions associated with mitigation would not be included in the consultation events and that staff training would be an key element of implementation should the proposals be approved by Cabinet. The Chair of the Disability Equality Steering Sub Group offered that members of the group were able to assist council officers at the engagement events to ensure that those attending were supported to identify potential impacts of the proposals. This offer was accepted by officers and members and other experienced staff from Darlington Association on Disability attended all events to offer support to individuals where required.

## **How we Gathered the Information**

102. Initial consultation events were open to the general public, and whilst many people who attended the events knew that they would be affected by the proposals, many others were not directly affected, or did not know whether they were affected or not. These individuals still gave their views on the proposals and what the potential impact on them would be if they were affected.
103. Analysis of those potentially affected highlighted that people who live in supported living, especially amongst those with a learning disability or physical impairment and those in extra care housing were disproportionately affected by the proposals. As a result, the detailed consultation events were held at venues that were known and regularly accessed by people with a learning disability or physical impairment and within extra care housing settings.
104. Detailed and up-to-date information on those who would be affected (if they continued to be assessed as having moderate or low need or continued to receive the Severe Disability Premium) was produced on 23 June 2011, so that people who were directly affected could be contacted by letter. These individuals were formally notified that they would be affected if the proposals were approved and invited to attend one of the events outlined above or make telephone, letter or email contact to give their views and potential impacts.
105. At the consultation events, staff, with the support of colleagues from Darlington Association on Disability (DAD) also carried out one-to-one discussions with individuals to identify potential impacts of the proposals and asked those attending if they had any suggestion as to where else the Council could make savings.

## **Who we Consulted With and Why**

106. To inform the assessment process for its decision-making, the Council has undertaken a number of actions to fully understand both views and opinions about its proposals and the public impact potential decisions. This began with early public engagement in November 2010. Two open-access public consultation events took place, attracting more than 185 people. This initial consultation was community-wide and aimed at all residents of the Borough.
107. These were supported by targeted engagement events aimed at older people and disabled people together with a focused event on rural transport, attracting more than 100 residents. A budget hotline was opened for telephone queries and a consultation email address, web forum and Twitter and Facebook feeds established. A SMS text number was also provided. In total 380 people responded through these communication channels.
108. The two proposals were also presented to the Learning Disability People's Parliament on January 16th 2011, invitations were sent to service users and carers directly, with additional publicity in GP surgeries.
109. Further engagement activity across all the budget proposals held in January and early February 2011 was facilitated by reopening all communication channels and supplementing these with a Talking Together event specifically for children and young people and their parents/carers.

**Decision-makers should note that impacts described were significant and potentially life threatening to some very vulnerable mental health service users.**

110. Darlington's impact assessment process has strived to ensure that the Council fulfils its legal duties to pay "due regard" to the need to eliminate discrimination and promote equality with regard to race, disability and gender, including gender reassignment, as well as to promote good race relations. To comply with the officers have followed the corporate model and have started at the "top of the funnel" and identified broad potential impacts from the general public and a range of sources of disability expertise.
111. More detailed engagement with those individuals who access adult social care has been carried out to identify the specific impacts that the proposals may have on them. This has been done through a series of events held with various user groups across the Borough.
112. Impact assessment is an integral part of the development of the proposal and as such it has been modified as impacts and issues have been identified. This has included:
- (a) One-to-one telephone consultations being offered to those individuals who were not able to attend one of the organised events.
  - (b) Events held in extra care housing as the tenants may be disproportionately affected by the SDPD proposal (at one of these events a BSL interpreter and lip speaker were present).
  - (c) Venues used by people who live in supported housing as the tenants may be disproportionately affected by the SDPD proposal.
  - (d) Home visits were made by the Financial Assessment Team Manager to those individuals who were not able to attend events but were affected by the Severe Disability Premium disregard proposal to explain the proposal and identify impacts.
  - (e) A meeting with disabled people at a rural sheltered housing scheme who had difficulties in accessing the town centre venues.
  - (f) A meeting with the Learning Disability People's Parliament where detailed discussions took place using the easy read format.
  - (g) A meeting with the Older Person's Direct Payment User Involvement Group
  - (h) Four drop-in sessions held for those who have been identified as directly affected by the proposals, with particular focus on those who are in supported living as they are disproportionately affected by the Severe Disability Premium disregard proposal.
  - (i) An additional event was held with people who currently attend mental health drop in services who potentially could be affected by the proposals following the outcome of a re-tendering of mental health day care services.
  - (j) Two established meetings for those who are deaf/ hearing impaired were attended, where a BSL Interpreter and lip speaker were present.
  - (k) Information about the proposals was distributed to the BME Network.
113. Colleagues from Darlington Association on Disability (DAD) attended all of the above events to offer support to identify potential impacts and trained advocates from the commissioned advocacy service also attended to assist those who may have had difficulty in putting their views and impacts across. This demonstrates that officers were fulfilling their legal duty i.e. treating disabled people more favourably than we might the general public in order to fully engage them; to ensure that there has been engagement among those on whom officers suspected any negative impact may be the greater.

## **What Impacts have been Identified and Key Themes?**

114. A significant number of individuals were involved in the consultation and face to face sessions (see **Appendix 6**). The ‘funnel’ approach adopted from the outset of the process enabled officers to gather impacts in a way which provided clear examples of impacts not only in terms of day to day living but also on people’s lives for example health, social interaction, work and volunteering, recreational activities and relationships.
115. Throughout the process of talking to people about the impacts of the budget proposals on them individually and as family units, impact themes began to emerge. These themes were:
- (a) Social Isolation
  - (b) Health & Well Being
  - (c) Social Interaction
  - (d) Financial
  - (e) Mental Health including self-harm and suicide
  - (f) Family and Relationships
  - (g) Healthy Eating (diet)
  - (h) Physical difficulty
  - (i) Personal Safety
  - (j) Medication
  - (k) Hospitalisation
116. These impacts were identified by more than one person and at more than one engagement event and the details of the prevalence of these impacts are shown in **Appendix 6**.
117. The recording of the impacts clearly demonstrates that a very high proportion of the people involved in the consultation and feedback sessions consider that the impacts they foresee if the proposals are adopted singularly or collectively is potentially devastating on their lives. The themes identified above cover all aspects of someone’s life, with clear multiple impacts being identified by several services users and their carers.

## **Impacts, Analysis and Options for Mitigation if the Proposals were to be Approved**

118. As stated at the beginning of this impact assessment, impacts on both of the adult social care budget proposals were carried out at the same time.
119. The detailed engagement events confirmed the initial assessment that the adult social care proposals do have a disproportionate impact on older and disabled people i.e. those who access adult social care.
120. It also confirmed that older people, disabled people and carers were also affected by the other Council budget proposals, such as changes to supported buses, review of third sector funding, review of the Arts and Libraries. This led to some disabled people stating that they felt that they were being “hit twice” by the Councils budgets cuts.

121. Although the cross cutting themes outlined above clearly emerge, analysing the potential adverse impacts on individuals is particularly difficult as they are unique to that person, their families and carers, with all aspects of their lives being affected, in some cases by multiple impacts. Decision-makers should be aware that multiple thematic impacts on individuals are clearly evidenced from the individual feedback available in **Appendix 8**. Examples of the impacts identified are shown in italics, and in the service users and carers own words in the bullet points below, but all impacts are set out in full in **Appendix 8**. Some of the impacts identified apply equally to each of the proposals therefore to avoid repetition, the analysis below and options for mitigation and monitoring includes impacts identified for both proposals.

### **Negative Impact 1: Social Interaction, resulting in social isolation and associated impacts of anxiety and loss of confidence**

- (a) X only leaves the house to come to Age UK so it would have a huge impact on her life if she unable to attend Age UK. She would be very lonely if she could not come and see her friends any longer.
- (b) Would be very disappointed if he was unable to come and would miss the staff and all his friends very much. He would become very lonely and socially isolated. His mental and physical health could deteriorate due to no social stimulation.
- (c) Has a direct payment, goes out to Pathways to Independence goes swimming/gym makes him feel happy and good about himself.

### **Analysis of Impact**

122. Many people identified social isolation as an impact on their everyday lives if they were no longer eligible for social care support. For some people, the support they received from adult social care provided their only source of social interaction and many had built up long term friendships with others who received the same service.

### **Opportunities to Reduce the Perceived Negative Impact**

- (a) For those who are currently in receipt of support, the review of the assessment would take into account the risk to the independence of the individual should the support be withdrawn. For some individuals the risk of doing so would be greater than the risks to someone who has similar needs but has not received services previously. In such situations this may result in the individual being placed in the substantial band and hence continue to receive support.
- (b) The individual review would also identify if an individual has been impacted by any other changes to adult social care. Where there are multiple impacts these would be taken into account and consideration be given on a case by case basis as to whether actions could be agreed to mitigate these impacts.
- (c) All reviews of care assessment would be carried out by existing, experienced staff.
- (d) Where appropriate individuals would be offered re-ablement or enablement services.

- (e) Improved advice and information would also be made available to those who are signposted to other agencies, activities and support. This would include a range of preventative services funded by Adult Social Care and the improved availability of universal services.
- (f) To ensure there is a consistency of application of the proposed revised policies, mandatory training for Adult Social Care staff would be developed. This would ensure staff understand that needs regarding social isolation have equal weight to personal care needs.
- (g) Reasonable notice would be given to those no longer eligible for support to enable them to make alternative arrangements.
- (h) Those who have their support withdrawn would be advised to contact Adult Social Care if there is a significant change in their circumstances.
- (i) In addition to proposals to make savings in long-term care costs, the Department of Health allocated social care funding and re-ablement to Primary Care Trusts to work with local authorities in developing new services and support for people to live independently. In Darlington, this funding is being used to develop intermediate care services and proposed preventative community support, providing a new “offer” to people who previously received the low and moderate levels of social care.

### **Options for Monitoring**

- 123. Monitoring of the impact would be via the submission of cases to the Adult Social Care Validation Forum where support has ended.
- 124. People signposted from Adult Social Care would receive a follow up telephone call after six weeks to ensure they have been able to access the alternative support they required and that their situation has not deteriorated.
- 125. The impact of the proposals would also be monitored via feedback and complaints received from those who had undergone an assessment or a review, or from their family carers.

### **Negative Impact 2: Health and Well Being**

- (a) “Without assistance I will have to go into care. With my medical problems I’m incapable of total self-care.”
- (b) Y would lose the help they have to get washed and dressed every day. This would lead to a big loss of dignity as she is cared for by her adult son and feels that it is not at all appropriate for her son to bathe and dress her or deal with her personal care. There are no female relatives to do this for her.
- (c) “My parents are on a limited budget and so they may decide to do without services rather than pay extra for them. This would lead to a gradual decline in their health and well-being, for example, not taking their medication at the correct time, if at all, also not having hot meals regularly and not washing clothing and bedding as often as is necessary.”
- (d) M has help with showering three times a week and is unable to manage her own shower and is prone to urine infections so health would deteriorate.

## **Analysis of Impact**

126. Many individuals identified that in relation to their personal care needs, they would have no one who could support them with bathing, dressing toileting if they did not receive this support from adult social care. For many this was fundamental to maintaining their dignity. Many people spoke about the impact that not feeling clean and tidy would also have on their mental health.

## **Opportunities to reduce the perceived negative impact**

- (a) For those who are currently in receipt of support, the review of the assessment would take into account the risk to the independence of the individual should the support be withdrawn. For some individuals the risk of doing so would be greater than the risks to someone who has similar needs but has not received services previously. In such situations this may result in the individual being placed in the substantial band and hence continue to receive support.
- (b) The individual review would also identify if an individual has been impacted by any other changes to adult social care. Where there are multiple impacts these would be taken into account and consideration be given on a case by case basis as to whether actions could be agreed to mitigate these impacts.
- (c) All reviews of care assessment would be carried out by existing, experienced staff.
- (d) Where appropriate individuals would be offered re-ablement or enablement services
- (e) Improved advice and information would also be made available to those who are signposted to other agencies, activities and support. This would include a range of preventative services funded by Adult Social Care and the improved availability of universal services.
- (f) To ensure there is a consistency of application of the proposed revised policies, mandatory training for Adult Social Care staff is being developed. This would ensure staff understand that needs regarding social isolation have equal weight to personal care needs.
- (g) Reasonable notice would be given to those no longer eligible for support to enable them to make alternative arrangements.
- (h) Those who have their support withdrawn would be advised to contact Adult Social Care if there is a significant change in their circumstances.
- (i) In addition to proposals to make savings in long-term care costs, the Department of Health allocated social care funding and re-ablement to Primary Care Trusts to work with local authorities in developing new services and support for people to live independently. In Darlington this funding is being used to develop intermediate care services and proposed preventative community support, providing a new “offer” to people who previously received the low and moderate levels of social care.

## **Options for Monitoring**

127. Monitoring of the impact would be via the submission of cases to the Adult Social Care Validation Forum where support has ended.

128. People signposted from Adult Social Care would receive a follow up telephone call after six weeks to ensure they have been able to access the alternative support they required and that their situation has not deteriorated.

129. The impact of the proposals would also be monitored via feedback and complaints received from those who had undergone an assessment or a review, or from their family carers.

### **Negative Impact 3: Financial Hardship**

- (a) “If these proposals were to come into force the impact this would have on me would be immense. I would not be able to afford to go out as much, as there would be less money to pay for fuel. If I was not to go out I would get further depressed. I already have depression and in the past I have found that if I am unable to go out and socialise with family I become very low, which results in me getting incredible upset and makes me doubt the point of living.”
- (b) “I currently have debts which I have repayment agreements in place for. These debts were occurred when I lost my job due to my disability. If the proposals were to happen then I would not be able to make the minimum repayments which would result in me losing my home.”
- (c) “I wouldn’t be able to keep house on. Don’t want to move – enormous impact on health if I had to move. Would end up in hospital again.”
- (d) “The impact of not been able to meet my gas and electricity bills would, obviously be, that I run the risk of being cold during the winter. A major side effect of my arthritis treatment is that it wipes out my immune system and chest infections can in fact put my very life at risk due to the medication. To have to face a winter cold winter without being able to run the heating due to financial concerns could potential put my life at risk and that £108 would nicely cover my monthly winter fuel bills.”

### **Analysis of Impact**

130. The financial impact on older people and disabled people was the most often identified impact from the engagement events. Individuals are concerned that they would not have sufficient income to pay increases in their care costs, should the severe disability premium disregard be removed or they are no longer eligible for council funded support and hence need to pay for the support themselves.

131. For some individuals the severity of the impact was small, and some people said that if they were no longer eligible for council funded care, then they would be able to afford to purchase the care themselves without any financial difficulty. Other people said that if they were not able to continue to receive care funded by the Council, then they would not be able to pay for the care themselves and would have to end their support.

132. In relation to the proposal to remove the 50% Severe Disability Premium disregard, information from the engagement events clearly showed that people had used this additional benefit as part of their weekly budget. Often they did not appreciate that it was awarded due to the fact that they lived alone, and it was to meet care needs, not met by someone receiving carer’s allowance. Similarly, many people were not aware that the purpose of Disability Living Allowance is to contribute towards the extra costs experienced by disabled people, and instead there was an assumption that disability related expenditure allowances, which form part of the financial assessment should cover all additional costs incurred as a result of disability. The consequences of this are that many disabled people have taken on financial commitments in the form of tenancies and loans, which they would be unable to afford without using the above disability benefits.

## **Opportunities to Reduce the Perceived Negative Impact**

- (a) For those who are currently in receipt of support, the review of the assessment would take into account the risk to the independence of the individual should the support be withdrawn. For some individuals the risk of doing so would be greater than the risks to someone who has similar needs but has not received services previously. In such situations this may result in the individual being placed in the substantial band and hence continue to receive support.
- (b) The individual review would also identify if an individual has been impacted by any other changes to adult social care. Where there are multiple impacts these would be taken into account and consideration be given on a case by case basis as to whether actions could be agreed to mitigate these impacts.
- (c) All reviews of care assessment would be carried out by existing, experienced staff.
- (d) Where appropriate individuals would be offered reablement or enablement services.
- (e) Improved advice and information would also be made available to those who are signposted to other agencies, activities and support. This would include a range of preventative services funded by Adult Social Care and the improved availability of universal services. This information would include the costs of this support where it is known.
- (f) To ensure there is a consistency of application of the proposed revised policies, mandatory training for Adult Social Care staff is being developed, which would ensure that staff understand that needs regarding social isolation have equal weight to personal care needs. The training would also include the sharing of Practitioner Guidance on Financial Assessments with care management staff, so that they have improved awareness of Disability Related Expenditure and their role in confirming that this expenditure is allowable on an individual basis.
- (g) For those who are currently in receipt of support, the review of the financial assessment would take into account any disability related expenditure that a person incurs as result of their disability or age.
- (h) As part of the Financial Assessment all service users would have a welfare benefits check and support to claim additional benefits where these are identified, thus maximising their income.
- (i) To support a more individualised approach to Disability Related Expenditure, a checklist and guidance notes have been produced which, should the proposals be approved, would be given to the individual as part of the Supported Self Assessment, to allow them time to identify relevant Disability Related Expenditure This can then be given to the Financial Assessment Officer to calculate the financial contribution. Practice Guidance will also be developed to support Financial Assessment staff to apply the more individualised approach.
- (j) An amount of £100,000 has been identified to assist those who are significantly affected by the proposals to allow them a transition period to adjust their budgets.

- (k) In addition to proposals to make savings in long-term care costs, the Department of Health allocated social care funding and re-ablement to Primary Care Trusts to work with local authorities in developing new services and support for people to live independently. In Darlington this funding is being used to develop intermediate care services and proposed preventative community support, providing a new “offer” to people who previously received the low and moderate levels of social care.

### **Options for Monitoring**

133. Disability Related Expenditure allowed as a result of financial assessments will be closely monitored. Monitoring of the impact will be via the submission of cases to the Adult Social Care Validation Forum where support has ended. People signposted from Adult Social Care will receive a follow up telephone call after six weeks to ensure they have been able to access the alternative support they required and that their situation has not deteriorated. The impact of the proposals will also be monitored via feedback and complaints received from those who had undergone an assessment or a review, or from their family carers.

### **Negative Impact 4: Mental Health including self-harm and suicide**

- (a) The impact of losing any of this would affect my mental and physical health and I already self harm but this would probably become worse.
- (b) No point of living at all – I have thoughts of killing myself. I suffer from a recurrent depressive disorder and am on the care programme approach. I am treated by a consultant psychiatrist. Attending MIND is very important because combating social isolation helps lift my mood and avoids me reminiscing about my sadness. Hopelessness and the point of living at all I have thoughts of killing myself. Negative impacts – lack of social contact. Lack of purpose and structure to my life. Increased amount of time alone with my negative and suicidal thoughts. Attending MIND is recommended by my psychiatrist. Attending MIND enables me to do things that give me a sense of achievement. If I cannot go to MIND I will be in a desperate place.
- (c) I am really worried as Reflections is a big part of my life. Without this support I could be at risk of suicide, hospital and become ill. I have been having this services for years and couldn't bear to be at home – would be at risk of taking an overdose.

### **Analysis of Impact**

134. The potential impact of the proposals on the mental health of individuals was highlighted at almost all of the engagement events. This was probably due to the fact that at the same time as the events were taking place, mental health day opportunities were being re commissioned. A number of users of day opportunities at Mind and Reflections attended the open events, and a separate event was also held at Mind where 50 people attended. From the events it was very apparent that the current service model had created service user dependency and many were extremely anxious at the possibility of not being able to access the service in the future. Many said that although similar activities, such as computer classes were available in the community, they would not feel comfortable accessing these as they would not receive the understanding and support that they also received from staff and other mental health service users.

135. The potential severity of the impacts was significant, with many saying that they felt that the services were preventing them from self harming and having suicidal thoughts. A number of people said that without the services they were worried that they may become unwell again.

### **Opportunities to Reduce the Perceived Negative Impact**

- (a) For those who are currently in receipt mental health day opportunities, the review of the assessment, (or in some cases the initial assessment as some people have been accessing mental health day opportunities without having received a social care assessment) will take into account the risk to the independence of the individual should the support be withdrawn. For some individuals the risk of doing so would be greater than the risks to someone who has similar needs but has not received services previously. In such situations this may result in the individual being placed in the substantial band and hence continue to receive support.
- (b) The individual review (or assessment as stated above) will also identify if an individual has been impacted by any other changes to adult social care. Where there are multiple impacts these will be taken into account and consideration be given on a case by case basis as to whether actions could be agreed to mitigate these impacts.
- (c) All reviews of care assessment will be carried out by existing, experienced staff.
- (d) Where appropriate individuals will be offered re-ablement or enablement services.
- (e) Improved advice and information will also be made available to those who are signposted to other agencies, activities and support. This will include a range of preventative services funded by Adult Social Care and the improved availability of universal services. This will be particularly important for mental health service users who are anxious about accessing community support.
- (f) To ensure there is a consistency of application of the proposed revised policies, mandatory training for Adult Social Care staff is being developed. This would ensure staff understand that needs regarding social isolation have equal weight to personal care needs.
- (g) Reasonable notice would be given to those no longer eligible for support to enable them to make alternative arrangements.
- (h) Those who have their support withdrawn would be advised to contact Adult Social Care if there is a significant change in their circumstances.
- (i) In addition to proposals to make savings in long-term care costs, the Department of Health allocated social care funding and re-ablement to Primary Care Trusts to work with local authorities in developing new services and support for people to live independently. In Darlington this funding is being used to develop intermediate care services and proposed preventative community support, providing a new “offer” to people who previously received the low and moderate levels of social care.

## **Options for monitoring**

136. Monitoring of the impact would be via the submission of cases to the Adult Social Care Validation Forum where support has ended. In recognition of the needs of the mental health service users it may be necessary for social work staff within the mental health teams to support individuals to access community activities during a transition period. People signposted from Adult Social Care would receive a follow up telephone call after six weeks to ensure they have been able to access the alternative support they required and that their situation has not deteriorated. The impact of the proposals would also be monitored via feedback and complaints received from those who had undergone an assessment or a review, or from their family carers.

## **Negative Impact 5: Family and Relationships**

- (a) “J” goes into respite. If no respite he would stay at home with parents. Parents wouldn’t have time on their own. They go away when J is in respite. Mum and Dad wouldn’t feel good and this would impact on J.
- (b) Man has 2 grown up sons who need care. He and his wife get respite. Need this respite, if one son didn’t get respite then no good to him and wife – they need both sons in respite at the same time. Otherwise they would have to walk away, couldn’t do it anymore.
- (c) R attends Dimensions. Without social care support he would not be able to get out of the house or take part in activities. R is disabled by brain damage following a criminal incident, and he knows from experience that without the outlet of attending Dimensions he will be more frustrated, disagreeable, attitude at home would change, he would feel isolated. He will be at home all the time, and this would affect family life.

## **Analysis of Impact**

137. Many carers came to the engagement events and explained that the support that Adult Social Care provided to the person that they cared for was also vital to them to as it “gave them a break” from their caring role, and so helped them to continue to support their husband/ wife/ son/daughter and also maintain the relationship without the valuable support provided by family carers.

138. If the person cared for has moderate or low needs and loses or does not start to receive social care support, in many cases this will put additional pressure on the carer and may threaten the sustainability of the caring role. There is also a risk that if the council does not support carers effectively, people’s informal support arrangements will break down, due to a negative impact on the carer’s health. It would be inappropriate to expect carers to take on additional caring responsibilities/continue to provide care that they are unwilling or unable to do.

## **Opportunities to Reduce the Perceived Negative Impact**

- (a) For those who are currently in receipt of support, the review of the assessment would take into account not only the risk to the independence of the individual should the support be withdrawn, but also the impact on the carers. For some individuals and their carers the risk of doing so would be greater than the risks to someone who has similar needs but has not received services previously. In such situations this may result in the individual being placed in the substantial band and hence continue to receive support.

- (b) In order to reduce negative impacts on carers, it is essential that carer's assessments are undertaken rigorously and that they are always taken into account when considering the needs of the person cared for.
- (c) All reviews of care assessment will be carried out by existing, experienced staff.
- (d) Where appropriate individuals would be offered re-ablement or enablement services.
- (e) All carers would be referred to the Council funded Carers Support Service, who would be able to signpost carers to alternative community based support.
- (f) Reasonable notice would be given to those no longer eligible for support to enable them to make alternative arrangements.
- (g) Those who have their support withdrawn would be advised to contact Adult Social Care if there is a significant change in their circumstances.
- (h) In addition to proposals to make savings in long-term care costs, the Department of Health allocated social care funding and re-ablement to Primary Care Trusts to work with local authorities in developing new services and support for people to live independently. In Darlington this funding is being used to develop intermediate care services and proposed preventative community support, providing a new "offer" to people who previously received the low and moderate levels of social care.

### **Options for Monitoring**

139. Monitoring of the impact would be via the submission of cases to the Adult Social Care Validation Forum where support has ended.
140. In addition requests for carer break funding and services for carers in their own right are also considered at the Validation Forum and decisions would be monitored to ensure that carers needs continue to be met. Performance information is routinely collected regarding the number of carer's assessments which are carried out. Close monitoring of this data would identify whether carers are adversely affected. Monitoring information from the Council funded Carers Support Service will identify any adverse affects on carers. The impact of the proposals would also be monitored via feedback and complaints received from family carers.

### **Negative Impact 6: Having a healthy diet**

- (a) "If I had no-one to take me shopping I couldn't do it myself and wouldn't eat properly."
- (b) "I wouldn't be able to buy the fresh food I need for my healthy diet. I would eat junk food and put on weight."
- (c) "I would not be able to afford to buy my weekly groceries which include foods which I need that are high in nutrients which I need for my health. Instead I would be forced to buy cheaper products which would have an impact on not only my health but my daughters."

## **Analysis of Impact**

141. Many people attending the events said that to have support to go to the supermarket, to do their weekly shop, not only ensured that they were able to buy reasonable priced fresh food, but it also gave them the opportunity to feel included in their community. Buying ingredients to make meals encouraged people to cook for themselves, and hence maintain their independence and reduced their reliance on pre cooked meals or “take aways”.

## **Opportunities to Reduce the Perceived Negative Impact**

- (a) For those who are currently in receipt of support, the review of the assessment would take into account the risk to the independence of the individual should the support be withdrawn. For some individuals the risk of doing so would be greater than the risks to someone who has similar needs but has not received services previously. In such situations this may result in the individual being placed in the substantial band and hence continue to receive support.
- (b) The individual review would also identify if an individual has been impacted by any other changes to adult social care. Where there are multiple impacts these would be taken into account and consideration be given on a case by case basis as to whether actions could be agreed to mitigate these impacts.
- (c) All reviews of care assessment would be carried out by existing, experienced staff.
- (d) Where appropriate individuals would be offered re-ablement or enablement services.
- (e) Improved advice and information would also be made available to those who are signposted to other agencies, activities and support. This would include a range of preventative services funded by Adult Social Care and the improved availability of universal services.
- (f) To ensure there is a consistency of application of the proposed revised policies, mandatory training for Adult Social Care staff is being developed. This would ensure staff understand that needs regarding social isolation have equal weight to personal care needs.
- (g) Reasonable notice would be given to those no longer eligible for support to enable them to make alternative arrangements.
- (h) Those who have their support withdrawn would be advised to contact Adult Social Care if there is a significant change in their circumstances.
- (i) In addition to proposals to make savings in long-term care costs, the Department of Health allocated social care funding and re-ablement to Primary Care Trusts to work with local authorities in developing new services and support for people to live independently. In Darlington this funding is being used to develop intermediate care services and proposed preventative community support, providing a new “offer” to people who previously received the low and moderate levels of social care.

## **Options for Monitoring**

142. Monitoring of the impact would be via the submission of cases to the Adult Social Care Validation Forum where support has ended. People signposted from Adult Social Care would receive a follow up telephone call after six weeks to ensure they have been able to access the alternative support they required and that their situation has not deteriorated. The impact of the proposals would also be monitored via feedback and complaints received from those who had undergone an assessment or a review, or from their family carers.

### **Negative Impact 7: Physical difficulty with everyday tasks**

- (a) The carers make my bed, take out my rubbish and do the housework. I couldn't do this as I have a heart valve problem and have just had a mastectomy.
- (b) I have a carer who does housework. I get dizzy and can't do things when I need to bend down. I also have help with laundry and if this did not happen it would mean I stayed in my room and I wouldn't go out if I looked a mess.
- (c) The support I receive enables me to spend quality time with my children (aged 6 years and 1 year). The Personal Assistant support means I am able to go to the park, swimming, soft plays, playgroups, the library etc. This support means I can go to and take part in activities the same as non disabled parents. This time spent with my children is so precious I cannot really put into words how I would feel if this was no longer available.

## **Analysis of Impact**

143. The impacts that people identified in relation to not being able to carry out everyday tasks due to their disability or age, were not only in not being able to carry out the specific task, but also on how that made a person feel. Many said that the support they received gave them a sense of having a "normal life" and that the value of this was huge.

## **Opportunities to Reduce the Perceived Negative Impact**

- (a) For those who are currently in receipt of support, the review of the assessment would take into account the risk to the independence of the individual should the support be withdrawn. For some individuals the risk of doing so would be greater than the risks to someone who has similar needs but has not received services previously. In such situations this may result in the individual being placed in the substantial band and hence continue to receive support.
- (b) The individual review would also identify if an individual has been impacted by any other changes to adult social care. Where there are multiple impacts these would be taken into account and consideration be given on a case by case basis as to whether actions could be agreed to mitigate these impacts.
- (c) All reviews of care assessment would be carried out by existing, experienced staff.
- (d) Where appropriate individuals would be offered reablement or enablement services
- (e) Improved advice and information would also be made available to those who are signposted to other agencies, activities and support. This would include a range of preventative services funded by Adult Social Care and the improved availability of

universal services.

- (f) To ensure there is a consistency of application of the proposed revised policies, mandatory training for Adult Social Care staff is being developed. This would ensure staff understand that needs regarding social isolation have equal weight to personal care needs.
- (g) Reasonable notice would be given to those no longer eligible for support to enable them to make alternative arrangements.
- (h) Those who have their support withdrawn would be advised to contact Adult Social Care if there is a significant change in their circumstances.
- (i) In addition to proposals to make savings in long-term care costs, the Department of Health allocated social care funding and re-ablement to Primary Care Trusts to work with local authorities in developing new services and support for people to live independently. In Darlington this funding is being used to develop intermediate care services and proposed preventative community support, providing a new “offer” to people who previously received the low and moderate levels of social care.

### **Options for Monitoring**

144. Monitoring of the impact would be via the submission of cases to the Adult Social Care Validation Forum where support has ended. People signposted from Adult Social Care would receive a follow up telephone call after six weeks to ensure they have been able to access the alternative support they required and that their situation has not deteriorated. The impact of the proposals will also be monitored via feedback and complaints received from those who had undergone an assessment or a review, or from their family carers.

### **Negative Impact 8: Personal Safety in the community**

- (a) “Don’t like to go out at night, don’t feel safe – go out in a taxi.”
- (b) “I am a 51 year old man who was diagnosed with bi-polar manic depression at the age of 35. I live in a garden flat supplied by MIND. I have lived there for 11 years and feel safe. I may not access their help on a daily basis. However their sheer presence is reassuring, bearing in mind my mother is 86 years old and frail and I have been sectioned under the 1988 mental health act on seven occasions.”
- (c) “Not get out of house; would feel vulnerable and there are a lot of windup merchants/bullies about.”
- (d) “If you close South park & Nubeck he will only see Mum and Dad, he can’t use public transport on his own, he goes to friendship clubs can’t go on his own so that will stop, no friends in walking distance, direct payment makes him have a better life doing leisure activities, pictures etc.”

### **Analysis of Impact**

145. Personal safety, particularly when out in the community was a real concern for people. Individuals (and their family carers) felt that they would be unable to go out without support from Adult Social Care. Often people said that they were unable to use public transport and

hence received transport as part of their care package. If this ended, people said that they would be unable to take part in many leisure activities.

### **Opportunities to Reduce the Perceived Negative Impact**

- (a) For those who are currently in receipt of support, the review of the assessment would take into account the risk to the independence of the individual should the support be withdrawn. For some individuals the risk of doing so would be greater than the risks to someone who has similar needs but has not received services previously. In such situations this may result in the individual being placed in the substantial band and hence continue to receive support.
- (b) The individual review would also identify if an individual has been impacted by any other changes to adult social care. Where there are multiple impacts these would be taken into account and consideration be given on a case by case basis as to whether actions could be agreed to mitigate these impacts.
- (c) All reviews of care assessment would be carried out by existing, experienced staff.
- (d) Where appropriate individuals would be offered re-ablement or enablement services.
- (e) Improved advice and information would also be made available to those who are signposted to other agencies, activities and support. This would include a range of preventative services funded by Adult Social Care and the improved availability of universal services.
- (f) To ensure there is a consistency of application of the proposed revised policies, mandatory training for Adult Social Care staff is being developed. This would ensure staff understand that needs regarding social isolation have equal weight to personal care needs.
- (g) Reasonable notice would be given to those no longer eligible for support to enable them to make alternative arrangements.
- (h) Those who have their support withdrawn would be advised to contact Adult Social Care if there is a significant change in their circumstances.
- (i) In addition to proposals to make savings in long-term care costs, the Department of Health allocated social care funding and re-ablement to Primary Care Trusts to work with local authorities in developing new services and support for people to live independently. In Darlington this funding is being used to develop intermediate care services and proposed preventative community support, providing a new “offer” to people who previously received the low and moderate levels of social care.

### **Options for Monitoring**

146. Monitoring of the impact would be via the submission of cases to the Adult Social Care Validation Forum where support has ended. People signposted from Adult Social Care would receive a follow up telephone call after six weeks to ensure they have been able to access the alternative support they required and that their situation has not deteriorated. The

impact of the proposals would also be monitored via feedback and complaints received from those who had undergone an assessment or a review, or from their family carers.

### **Negative Impact 9: Medication**

- (a) “The regular contact checks that I’m ok and I’ve taken my tablets. If it stopped it would be a risk to my independence.”
- (b) Tenant has osteoporosis & vertigo and support is needed to accomplish everyday tasks eg eye drops being administered to help with sight, moving around, showering and coping with everyday tasks. Impact of losing this care support would result in the loss of independence and confidence.
- (c) “When I felt isolated before, I took overdoses and I self-mutilated. This is the danger with people who have fluctuating conditions. My medications work well at the moment, but I could get very ill if support not there.”
- (d) Further impact of increasing care costs if person who currently copes at home is hospitalised as a result of losing support arrangements – daily situations can quickly become worse with no regular support back up and the eventual care costs would then be huge. A small amount of care now can mean independence and ability to cope is enhanced for longer before care needs increase.

### **Analysis of Impact**

147. From the events it was clear that many people received prompts for taking their medication, from Adult Social Care. This supported them to remain well and hence reduced the pressure on NHS service. In many instances this support was part of an inclusive package of care, and care workers were able to keep an unobtrusive eye on individuals, as to their well being and feedback any concerns, at an early stage, thus preventing crisis situations occurring.

### **Opportunities to Reduce the Perceived Negative Impact**

- (a) Support associated with medication would require a further review with NHS partners with regard to what is required from Adult Social Care.
- (b) For those who are currently in receipt of support, the review of the assessment would take into account the risk to the independence of the individual should the support be withdrawn. For some individuals the risk of doing so would be greater than the risks to someone who has similar needs but has not received services previously. In such situations this may result in the individual being placed in the substantial band and hence continue to receive support.
- (c) The individual review would also identify if an individual has been impacted by any other changes to adult social care. Where there are multiple impacts these would be taken into account and consideration be given on a case by case basis as to whether actions could be agreed to mitigate these impacts.

- (d) All reviews of care assessment would be carried out by existing, experienced staff.
- (e) Where appropriate individuals would be offered re-ablement or enablement services.
- (f) Improved advice and information would also be made available to those who are signposted to other agencies, activities and support. This would include a range of preventative services funded by Adult Social Care and the improved availability of universal services.
- (g) To ensure there is a consistency of application of the proposed revised policies, mandatory training for Adult Social Care staff is being developed. This would ensure staff understand that needs regarding social isolation have equal weight to personal care needs.
- (h) Reasonable notice would be given to those no longer eligible for support to enable them to make alternative arrangements.
- (i) Those who have their support withdrawn would be advised to contact Adult Social Care if there is a significant change in their circumstances.
- (j) In addition to proposals to make savings in long-term care costs, the Department of Health allocated social care funding and re-ablement to Primary Care Trusts to work with local authorities in developing new services and support for people to live independently. In Darlington this funding is being used to develop intermediate care services and proposed preventative community support, providing a new “offer” to people who previously received the low and moderate levels of social care.

### **Options for Monitoring**

148. Monitoring of the impact would be via the submission of cases to the Adult Social Care Validation Forum where support has ended. People signposted from Adult Social Care would receive a follow up telephone call after six weeks to ensure they have been able to access the support they required and that their situation has not deteriorated. Feedback from District Nurses or other Health colleagues would also be monitored. The impact of the proposals would also be monitored via feedback and complaints received from those who had undergone an assessment or a review, or from their family carers.

### **Negative Impact 10: Hospitalisation**

- (a) “If PA not in house when I bathe I could fall and end up in hospital. At risk of infection because of condition so regularly bathing important. I feel safe to have bath when PA there. I wouldn’t bathe as much if PA not there.”
- (b) “I won’t be able to attend “Stage” everyday which means I will be stuck at home. I would feel upset and angry. I would become stressed which would trigger increased seizures. I will end up in hospital.”

### **Analysis of Impact**

149. The fear of hospitalisation, either as a result of an accident in the home, for older people or by becoming unwell, for those with mental health problems was significant. There was concern that by being in hospital, people would lose their skills and hence their

independence. Many people pointed out the costs associated with a stay in hospital, when compared to the cost of a social care package and said that to place people at risk of being hospitalised was “false economy”.

### **Opportunities to Reduce the Perceived Negative impact**

- (a) For those who are currently in receipt of support, the review of the assessment would take into account the risk to the independence of the individual should the support be withdrawn. For some individuals the risk of doing so would be greater than the risks to someone who has similar needs but has not received services previously. In such situations this may result in the individual being placed in the substantial band and hence continue to receive support.
- (b) The individual review would also identify if an individual has been impacted by any other changes to adult social care. Where there are multiple impacts these would be taken into account and consideration be given on a case by case basis as to whether actions could be agreed to mitigate these impacts.
- (c) All reviews of care assessments would be carried out by existing, experienced staff.
- (d) Where appropriate individuals would be offered re-ablement or enablement services.
- (e) Improved advice and information would also be made available to those who are signposted to other agencies, activities and support. This would include a range of preventative services funded by Adult Social Care and the improved availability of universal services.
- (f) To ensure there is a consistency of application of the proposed revised policies, mandatory training for Adult Social Care staff is being developed. This would ensure staff understand that needs regarding social isolation have equal weight to personal care needs.
- (g) Reasonable notice would be given to those no longer eligible for support to enable them to make alternative arrangements.
- (h) Those who have their support withdrawn would be advised to contact Adult Social Care if there is a significant change in their circumstances.
- (i) In addition to proposals to make savings in long-term care costs, the Department of Health allocated social care funding and re-ablement to Primary Care Trusts to work with local authorities in developing new services and support for people to live independently. In Darlington this funding is being used to develop intermediate care services and proposed preventative community support, providing a new “offer” to people who previously received the low and moderate levels of social care.
- (j) Options for monitoring.

150. Monitoring of the impact would be via the submission of cases to the Adult Social Care Validation Forum where support has ended.

151. People signposted from Adult Social Care would receive a follow up telephone call after six weeks to ensure they have been able to access the alternative support they required and that

their situation has not deteriorated. The impact of the proposals would also be monitored via feedback and complaints received from those who had undergone an assessment or a review, or from their family carers.

**To ensure that decision-makers are aware of the complexity of the impacts identified by individuals three case studies have been provided using information provided from service users to inform their decision-making.**

### **Case Study 1: Resident of supported living with degenerative rheumatoid arthritis.**

Although the changes will not affect me at the present time I can foresee a time in the future when my care plan will require more hours. Having a degenerative condition such as rheumatoid arthritis, every year my joints get worse and there will surely come a point where what I can do for myself will become less and less.

I think anyone, whether they work or have to sustain themselves on state benefits would feel the impact of losing £108 extra per month. It was only at the turn of the year that the council decided to have a nibble at the disabled by removing the £10 hourly rate cap on what service providers could charge. In my case Broadacres charge £13.30 an hour so over night I had to find approximately an extra £30 a month to cover this policy change. Now six months on it looks like the council are coming back to not only have a nibble but finish the entire three course meal. Are the disabled the richest in society that can bail the district out of the financial crisis?

I also made the point in the meeting yesterday of why are the council seeking to take 100% of the SDP. This proposal is the sort of decision that, even if the economy was to make a recovery in the next few years, will never be reversed. We will never see the benefit of the SDP again so if 100% works out at £55 then if they have to, take £55, but don't take 100%, let us keep the loose change when the benefit increases over the following years.

After doing a little math I worked out my contribution could come in at £288 per month if, as my condition worsens, I required the care hours. This would represent somewhere between a third and a half of my total income spent on care. My main concern would be on whether I could afford to live on the remaining income.

#### **IMPACT**

Having to live hand to mouth would be very stressful, not knowing if I would have the money to cover my bills month-in month-out would lead to many sleepless nights of worry. The thought of having to borrow money from friends or family or even emergency council loans to cover the basics of living would be a humiliating experience not to mention the stress of having to work out if I would ever be able to repay them.

Secondly, the impact of not been able to meet my gas and electricity bills would, obviously be, that I run the risk of being cold during the winter. A major side effect of my arthritis treatment is that it wipes out my immune system and chest infections can in fact put my very life at risk due to the medication. To have to face a winter cold winter without being able to run the heating due to financial concerns could potential put my life at risk and that £108 would nicely cover my monthly winter fuel bills.

If I didn't have the ability to cover my basic living costs there is certainly no way I would be able to save any money. Ever since I was a child I've been taught the importance of having an amount of savings, no matter how small. Having some savings gives peace of mind that should any unexpected expense arise such as a household appliance failure then the money is there to cover the cost of replacing it at some point in the near future. We disabled cannot throw in some overtime to cover an unexpected expense.

### **IMPACT**

My PC is essential to my life, I do all my shopping, food, clothes and even Christmas shopping online. Not only that, I use it to stay in communication with friends and family. If my PC was to break and I could not replace it promptly or at all due to not having enough money I would be devastated as it is as essential to my life as my car is. The changes to my life from losing just this piece of equipment would be overwhelming. I would have to start using carers to take me grocery shopping, something that even in a wheelchair I hate doing. When you are in constant pain the last thing you need is to be dragged round a supermarket for two hours as your brain cannot focus on the task in hand, the noise and claustrophobia of being in that environment when you are not well is intolerable in comparison to taking 15 minutes to upload your order online.

Not to labour the point, but similarly at any point in time my fridge contains £00's if not £000's worth of medication. If my fridge were to fail and I could, for example, only afford a second hand replacement I would live in fear every single day that the fridge was unreliable and not maintaining the correct temperature which would result in the medication I inject every day could react to unstable temperatures.

I hope these two examples show the importance and comfort that is given from been able to maintain a small pot of savings.

I can honestly foresee the situation if my circumstances were to change and this proposal is passed that I would have to give up my motability car in order to take the mobility component of DLA in the form of cash just to cover my daily living expenses and bills.

### **IMPACT**

This would have a devastating impact on me. All my life I have been a prisoner of my body, from being a child and not being able to join in with a game of football or tennis with my childhood friends due to my physical disability and now this proposal could see me becoming not only a prisoner of my body but a prisoner of my actual home. My motability car gives me some freedom; granted I am limited in the distances I can drive due to my condition but at least I can escape my flat a couple of times a week.

During the last two bad winters we have had I spent three months each winter being confined to my flat; my weak bones cannot withstand a fall so the ice and snow kept me housebound. So I know the deep frustration and futility that is felt when you are restricted in your freedom of movement. After three months of snow I was so much more irritable and emotions became raw. There was a real sense of cabin fever brewing inside me and when I finally could get out and see something other than the view from my window I genuinely felt sensory overwhelmed by the change of scenery. So to potentially have my freedom of movement taken away from me would crush my spirit.

It would rob me of things such as, going to my mother's to have a Sunday dinner with her, going to see my father, meeting friends, going to the cinema, seeing my nieces in York grow

up more than just at Christmas time, seeing my brother, meals out, day trips away, perhaps to the coast or stately homes during the summer, something which I very much enjoy. It would also mean having to withstand long ambulance trips to the hospital for appointments. Living in a rural part of town means I am more isolated without my motability car. Even in the best case scenario that I could somehow retain my car and pay my bills the new proposal would impact on how much petrol I could afford to put in the car and that in exactly the same manner as I have outlined above would restrict my movement.

I would feel frustrated, my life would go stale, and boredom of being stuck indoors for vast stretches of the year would be intolerable. Being able to enjoy freedom of movement is a basic human right, one which Darlington Borough Council is potentially seeking to withdraw from not only me but a lot of disabled people and in all good consciousness I don't know how they can even consider it. We disabled people have been dealt a very poor hand in life with our limitations, suffering and pain and with these proposals you seek to make us suffer more so.

**Case Study 2: Disabled person and wheelchair user who spoke of the impacts on them if the proposal was to be adopted.**

I am really worried as I am affected but would find it impossible to cut as all my income now goes on electricity, gas, housing water and food I have stopped things like going to the theatre, etc a long time ago. I am already facing a cut to my independent living allowance.

If I had to cut back on time I had a carer I would begin to miss meals and skip showers.

I have pain all the time even with medication and part of this is morphine patches and I cannot put these on myself. If I had to cut back on care time to save money I couldn't manage and would get depressed.

I go shopping with a carer and wouldn't be able to get the high protein food I have been told to have and would become radically underweight again and my condition would get worse. This would mean I would end up in hospital on a ward that may not allow children as last time I was on a ward with terminally ill patients and this meant I couldn't play with my grandson.

Need a carer to help me get into a vehicle and when going to appointments such as doctors. I have regular checks at Darlington, James Cook or Durham and although I could get patient transport, if the carer didn't take me because I had to cut her hours it would be difficult. One of the reasons for this is that I would then have to get there at a set time as they tend to pick me up at 8am and I end up sitting in WRVS, etc for an appointment which may be hours later in the afternoon.

Also if I had to cut back I would not be able to buy new clothes or keep up with family birthdays and this would upset me.

If I had to cut back on my 'phone there would also be safety issues as I live on my own and it helps me call for back-up when I need it. It is part of a package with the TV and if I had to stop paying and lost the TV I would have nothing to do. I used to be an avid reader but I can't afford books now and I wouldn't be able to go to the library without help.

If I had to cut back I would also get more eczema problems as I have a sensitive skin and have to use more expensive wash powder not shops own brand and it costs more, same with shower products.

Personal care would also be a problem as I use a flat floor shower but still need the carer to help. In the past I have cancelled some care because of cost and become more stressed and depressed. 'I am also facing benefit cuts and you may as well sign my death certificate. It feels like I'm being punished for being disabled – it isn't a lifestyle choice.'

### **Case Study 3: A working mum, with four dependent children, receiving support from both adult social care and children's social care.**

The personal impacts of the proposals to make changes to the eligibility criteria i.e. if changes to the eligibility criteria meant my package would be reduced: I feel the impacts to myself and my family would be as follows:

- I would have to give up work
- I would be unable to parent my children adequately
- I would be stuck in my home
- I would be unable to keep my home clean
- My health would deteriorate
- I would lose my choice and control.

Without an adequate care package I would be unable to continue to work. Work provides me with self-respect, time out of the home and obviously financial rewards. Previously when my package has been minimal I have been subjected to a Section 37 report by Children's services. This meant I could have lost my children into care due to my disability. Thankfully this was not the case. If I was return to a reduced package this means I may be at risk of losing my children.

Part of my package allows me time to get out of the home with my children. We love to get out of the home and as you can imagine with four children it is very difficult when we are stuck in the home. The children's behaviour becomes unmanageable and this affects my mental health.

I rely on domestic support to keep our house clean and well organised enough to be able to manage my life and the children's. This would affect my physical and mental health and affect the independence of all us.

There are a lot of things which although I can do them (if they can't be avoided) makes my impairment worse, causing increasing pain and in the long-term makes me less independent. At present, support is available so I can manage my job and my family without it undermining my health, but if this was to stop the long-term effect would be serious.

There are also implications to the staff I employ, if I was to reduce their hours, they may have to take on additional work which means I would not have the flexibility to allow me choice and control.

All of the above would have a serious implication for my mental health. When I first became disabled six years ago, I receive a very basic care package that was not sufficient and

also did not include any time to leave home. Due to the insufficient package, I lost all confidence to go out; my mental health became so unstable at times I was severely suicidal. I ended up in secondary mental health services due to my distress and felt I had no future: to return to this would be incomprehensible.

I cannot see any positive impacts budget cuts through these proposals would have to any disabled person and certainly I am unable to think of any benefits it would have to me.

### **Areas of impact outside the Council's control**

152. As previously stated the collation of the multiple impacts within the social care proposals required extensive work to be undertaken to triangulate the impacts experienced from other Council proposals as well as factors outside Council control. The supplementary report at **Appendix 9** identifies the relationships between the other proposals and external factors which may impact on vulnerable individuals in our community.

**Decision-makers should be aware of the effects of these impacts across the community paying particular attention to the two vulnerable groups identified in the initial impact assessment process of older people and disabled people.**

### **Conclusion – the decision-makers' next steps**

153. The Council has been rigorous in its endeavours to ensure the fullest consultation and involvement of service users, their families, carers and support groups potentially affected by the two proposals before decision-makers.

154. The process to assess the proposals against not only the nine protected characteristics enshrined in the Equality Act 2010 but also other locally agreed criteria has proven invaluable in giving a full and detailed picture of the impacts of the proposals in terms of Adult Social Care but also the Council's wider budget proposals outlined in November 2010.

155. The information about adverse impacts gathered since November 2010 up to July 2011 clearly demonstrates that people will be significantly impacted upon by either one or both of the proposals.

156. The key message is one of multiple impacts not only within the social care portfolio but also the effects of other Council proposals such as transport and leisure as well as external factors including the major reviews of the welfare benefits system, housing benefit and economic concerns for the Third Sector and private sector providers.

157. Decision-makers may consider the following options in reaching their decision about the two proposals. The options to consider are: -

- (a) Firstly, to refer the proposal back for further consideration to mitigate the effects due to the breadth and scope of the adverse impacts identified for vulnerable people in the community e.g. phasing in the increase in the Severe Disability Premium disregard.
- (b) Secondly, to continue with the proposal acknowledging the adverse impacts and ensuring that mitigation proposals are clearly defined and appropriate action plans in

place to monitor the effects.

- (c) Thirdly, to rethink the proposals and seek alternative savings elsewhere.
- (d) Fourthly, to defer any decision on the proposals until all budget proposals can be considered together.

158. Decision-makers should be aware that the following suggestions and comments were received from people regarding alternative savings options for 2011-2015:

- (a) Reduce Councillors' expenses
- (b) Stop using consultants
- (c) Stop cutting grass verges
- (d) Pedestrian Heart – why was it needed?
- (e) “We have the worst facilities in town... Notice the “posh half” of town has been done.”
- (f) Traffic management – traffic islands, speed bumps, cycle lanes, etc.
- (g) Fancy road/street signs in some roads, then none on the next
- (h) Council will just say “it looks nice” without thinking of the cost
- (i) Priority should be the people.

159. During the consultations, a service user suggested that the reduction in the Severe Disability Premium disregard could have been applied in stages rather than all at once, to allow for people to adjust their expenditure accordingly. It should be noted that this “staged approach” did form part of the initial options for this proposal i.e. year one reduced to 20% and then in year two, 0% disregard. However, this option was discounted.

**Decision-makers must demonstrate ‘due regard’ in the decision-making process. Assessing the potential equality impact of proposed changes to policies, procedures and practices is one of the key ways in which public authorities can show ‘due regard’. It is also important to note that public authorities subject to the equality duties are also likely to be subject to the obligations under the Human Rights Act.**