

ADULT SOCIAL CARE POLICY REVIEW
ELIGIBILITY CRITERIA POLICY

Responsible Cabinet Member - Councillor Veronica Copeland,
Adult Social Care and Housing Portfolio

Responsible Director - Murray Rose, Director of People

SUMMARY REPORT

Purpose of the Report

1. The purpose of this report is to seek approval for the revised Adult Social Care Eligibility Criteria Policy.
2. Members' attention is drawn to:
 - (a) the potential adverse impacts that, through consultation, individuals have identified would be a consequence of this policy revision. Cabinet are therefore recommended to consider the impacts of the decision within the context of the Council's wider budget strategy.
 - (b) this policy was previously approved by Cabinet on 22 November 2011 but was subsequently revoked in February 2012, following the receipt of legal advice in response to a challenge by a group of disabled residents in Darlington, by way of a letter before claim in Judicial Review proceedings.
 - (c) this further report has remedied the area of possible legal challenge and again recommends that Cabinet approve the review of the Adults Social Care Eligibility Criteria.

Summary

3. Efficiencies identified from a review of the Eligibility Criteria Policy were included in the Medium Term Financial Plan (MTFP) 2011-12 and approved by Council on 3 March 2011. However, in consideration of the potential impacts identified during the consultation and EIA carried out on the MTFP, Cabinet deferred the decision on the review of Eligibility Criteria Policy.
 4. Following extensive consultation, a further report was submitted and approved by Cabinet on 22 November 2011 to implement the change in policy. However, in response to a challenge by way of a letter before claim in Judicial Review proceedings, Members subsequently revoked the policy and the Director of People was authorised to further
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consult on a proposal to amend the eligibility criteria with all service users except those in receipt of residential care (the challenge was based on the public law requirement to consult and the duties arising under the Equalities Act 2010).

5. The current MTFP approved on 22 February 2012 confirmed that further efficiencies will need to be made in the budget from 2012 onwards and that efficiencies be made against Adult Social Care in the context of its future budget proposals and their impacts within the context of the 2012/13-2015/16 MTFP.
6. The review of the Eligibility Criteria Policy for social care funding outlined below was identified a potential area for efficiencies as it is a policy where Darlington is more generous than the majority of Councils, both in the North East and nationally.
7. The predicted growth in the Older Adult population is reflected in the Darlington Single Needs Assessment 2011 as follows:
 - (a) By 2020 over 40% of the population will be over 50yrs. 10% will be aged over 75
 - (b) The number of people aged 65 and over is projected to increase from 17,400 in 2008 to 23,800 in 2023 and 29,100 in 2033
 - (c) The number if people aged 85 and over is projected to increase from 2,400 in 2008 to 3,800 in 2023 and 6,000 in 2033
8. The rise in life expectancy should be celebrated as many of older people and disabled people will have assets that support communities and provide a greater volunteer base. However, the quality of a longer life and attaining a level of wellbeing is an important factor in reducing the need for services. Alongside the predicted rise in the numbers of people with long term illnesses it is recognised that some people will require social care as they cannot manage without support and care.
9. The policy 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 through developing a Darlington Community Support Network and embedding Intermediate Care Support.

Review of the Eligibility Criteria for Adult Social Care Funding (Appendix 1)

10. Initially work was undertaken to assess the efficiencies 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. In relation to Eligibility Criteria, the Council's approach was to classify individuals according to their most severe need i.e. critical, substantial, moderate or low. Those classified as moderate or low were consulted about the proposal to remove their services. However, following receipt of Counsel's advice (in response to a challenge by a group of disabled residents in Darlington, by way of a letter before claim in Judicial Review proceedings) that it was necessary to classify each individual need, not just the most severe need, as some people with an overall critical or substantial need may also have moderate or low needs. These individuals had not been identified and therefore had not been consulted on the proposal.

11. Although the Council had not intended the policy revision would affect those with critical and substantial needs, the Council may have erred as those with critical and substantial needs may also have had moderate or low needs and would therefore be affected by the new policy. The decision was likely to be held to be unlawful as they were then being treated differently than those with only moderate or low needs. Consequently the Council decide it should not implement the decision at that time.
12. The model of assessment of need within the Policy has therefore been reviewed to enable each area of an individual's needs to be identified and banded appropriately. A further series of consultation and impact assessment events has included consultation with service users, friends/family members of service users, carers, organisations and also some potential service users - including those previously excluded (in overall substantial and critical bands).

Complying with the Equality Duty

13. 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, who 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 2**) to inform their decision making.
14. A multi-strand impact analysis, of the MTFP 2010/11, highlighted that older people and disabled people would be the most affected by implementing the revised Eligibility Criteria Policy. Therefore, further consultation has had a focus on ascertaining how these individuals, their families and carers would be impacted upon by the policy change. This is recorded in an updated Equalities Impact Assessment detailed in the main report.
15. The Equality Impact Assessment indicates significant impacts from lack of independence, and social isolation to severe depression and adverse mental health which some people said would lead to self-harming and feeling like "giving up".
16. In carrying out the review of the Eligibility Criteria Policy, officers have identified impacts for individuals and included them in this report, to inform decision makers. The impacts and effects on individuals have been given careful consideration. In addition, since the proposal was first made, the numbers of people likely to be affected has reduced considerably, thus reducing the projected saving to the Council. Overall, there is less financial benefit to the Council than first predicted but the impact for individuals affected may still be high.
17. In reviewing the policy, mitigation was considered. The main report provides detailed analysis of the impacts identified and options for mitigation.
18. During the consultation, comments were received with regard to the policy. These comments have been considered and the policy has been amended as appropriate.

Recommendation

19. It is recommended that Cabinet considers the impact assessment against the need to achieve efficiencies within the context of the current MTFP.
20. It is recommended that Cabinet approve the revised Eligibility Criteria Policy for Adult Social Care for implementation from 1 December 2012.

Reasons

21. The recommendation is supported by the following reasons :-
 - (a) Members have approved 2012/13-2015/16 MTFP and given full consideration to the impacts as described in the Equality Impact Assessment and proposed mitigations in this report alongside all other budget proposals.
 - (b) That efficiencies are required to support the Council in meeting its overall budget efficiencies.

Murray Rose
Director People

Background Papers

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	Negative impacts have been identified for people who previously received Council funded care for low and moderate needs where their overarching banding is not substantial or critical. This is mitigated through new preventative support and reablement and intermediate care pathways.
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 Council’s Budget and Policy

	Framework.
Key Decision	Yes.
Urgent Decision	No.
One Darlington: Perfectly Placed	May have a detrimental effect on two key outcomes – that people are healthy and supported and are financially secure. However, mitigation is proposed to minimise the effect and also to ensure the outcomes continue to be met for the most vulnerable people.
Efficiency	The proposal to amend the Eligibility Criteria Policy for Adult Social Care is presented as a saving to the Council.

MAIN REPORT

Introduction

22. 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.
23. Reductions in local government funding have resulted in the Council losing an estimated 24.4% of grant funding by 2014/15 which could potential rise to 33% by 2016/17. The current MTFP has identified savings of £8.5m with a need to find a further £7.3m saving by 2015/16 which may increase to £9.4m by 2016/17 due to anticipated grant changes, increase in service demand and inflationary pressures.
24. The Council's grant figure is only certain until March 2013 as the Government plan to implement a fundamental review of local government funding from April 2013. There is therefore uncertainty in resource levels beyond this year, with a significant risk that grant could be less than are assumed in this report.
25. 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.
26. The Sustainable Community Strategy – One Darlington, Perfectly Placed provided the overarching framework for the development of the budget proposals and 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.
27. 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.
28. Whilst this report relates to Adult Social Care: the Review of the Eligibility Criteria, it should be noted that at all stages the assessment the impacts across the suite of budget proposals have fed into the process.

National Guidance and Local Policy Frameworks - The Review of Eligibility Criteria

29. 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.
30. 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”.
31. 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 through developing a Darlington Community Support Network and embedding Intermediate Care Support.

Assessments of People’s Needs

32. The Council has an Eligibility Criteria Policy which sets out how a person’s level of risk is assessed. The local authority has a duty to carry out an assessment of need for anyone who comes to its attention and has a presenting need.
33. 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 eligible need is identified, appropriate support is offered and arranged. Those who do not have an assessed eligible 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

34. 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.
35. **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.
36. **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.

37. **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.
38. **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?

39. Eligibility for support from Adult Social Care depends on which of the above levels of need a person has. The draft revised policy (**Appendix 1**) states that needs in the critical and substantial bands will attract social care funding (and be subject to financial assessment).
40. It is important to note that within the North East, Sunderland and Darlington are the only authorities to continue providing support to all four bands of need. Research has recently been 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 “Fairer Care Funding, Report of the Commission on Funding of Care”, July 2011, recommended 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 should be adopted until a full review of the social care funding system can be conducted.

The Dilnot Commission on Funding Care and Support

41. 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.
42. The report describes how the eligibility criteria framework for adult social care 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.
43. 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, efficiencies, 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.
44. 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.
45. In Caring for our Future, the White Paper for social care published on 11 July 2012, the Government has responded to the Dilnot recommendations and confirmed that “from 2015 we will introduce a national minimum eligibility threshold”.

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 Efficiencies

46. The proposal and efficiencies were initially estimated on information available in September 2010 when officers were required to identify Council efficiencies.
47. Significant efficiencies in the Community Care element of the budget for non-residential care were identified by revising the eligibility criteria for Council funded support. In identifying this area, 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.
48. It was estimated and agreed by Council in the Medium Term Financial Plan that if the proposals were implemented from 1 October 2011 the efficiencies would be:

Table to show initial proposed efficiencies estimates

	2011/12	2012/13	2013/14	2014/15
£000’s	375	675	675	675

(net of implementation costs)

49. The initial potential efficiencies were estimates calculated using data from the adult social care information system, Carefirst, regarding individuals receiving low and moderate bandings. 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.
50. In calculating the potential efficiencies 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 annual 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. The reduction of the projected efficiencies from the MTFP now means that the proposed efficiencies from the Adult Social Care non-residential budget in a full year is £266,000.
51. Whilst it was difficult to put actual figures to the efficiencies, national evidence on the implementation of re-ablement suggests that good performing councils 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.

Changes to Potential Efficiencies

52. The efficiencies profile has had to be revised for the following reasons:
- (a) Availability of updated and more robust information. All assessors were requested to ensure the eligibility criteria banding was accurate for current service users. This resulted in an upward banding for some people. The effect on the proposal is that it will lessen the speed as to which the efficiencies can be made, until the full effect of the redesigned pathway is seen (ie. reduction in new people receiving long term social care funding).
 - (b) Slippage in implementation due to the revoking of the policy following the challenge of a letter before claim in Judicial Review proceedings and as mitigation to reduce effects of the impact.
 - (c) Some individuals within an overarching band of critical or substantial, when assessed under the revised policy (which assesses each area of need individually) may have some needs within the moderate or low band which would no longer be met. It is not possible to calculate the efficiencies attached to these individuals until they have had their assessment, but it is estimated that any efficiencies will be small.

Table to show revised efficiencies profile

	2011/12	2012/13	2013/14	2014/15
£000's	£000's	£000's	£000's	£000's
Eligibility Criteria	0	10	211	266

(Source: MTFP 2012/13)

53. In addition, it should also be noted that the numbers of individuals receiving support from social care fluctuates as does the levels of their needs. Officers therefore regularly refreshed the data on to ensure it was as accurate as possible.
54. As outlined above there have been significant changes to the numbers of people within the low and moderate levels of need. The latest data as at 28 May 2012 shows an increase in people who have Critical and Substantial as their overarching banding. This reflects the availability of updated and more robust information. It is not envisaged that this will affect the financial projections. Changes in people placed in the bandings are illustrated in the table below:-

	31/03/11	13/05/11	31/05/11	08/07/11	15/09/11	09/11/11	28/05/12
Low	96	90	56	24	25	27	25
Moderate	414	396	408	351	304	303	198
Substantial	792	843	854	988	742	773	1002
Critical	584	615	627	771	927	1033	735
Total	1886	1944	1945	2134	1998	2136	1960

(Source: Carefirst report)

Financial Implications

55. Members will note that as a consequence of both the delay to allow the decision to be considered in context of the wider review to the MTFP and also the revoking of the policy following the threat of a legal challenge, the original saving target of £1.075M has not been achieved. However, the Eligibility Criteria Policy Review was also included in the MTFP 2012/13 which was approved by Members in February 2012 which identified efficiencies of £126k to be achieved from 2013/14.

How Decision-Makers were involved in Developing and Assessing the Proposal

56. 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 efficiencies proposals that were published for consultation both in November 2010 and 2011.
57. 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 were made on the basis of continuing to protect, as far as possible, vulnerable people, and to be fair in the approach.
58. 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 as possible from individuals on the Eligibility Criteria Policy proposal

as well as other changes that affected them and providing information on these cumulative impacts for Members when they are making decisions.

59. The Medium Term Financial Plans presented to full Council in 2011 and 2012, detailed the proposals and the impact assessment work undertaken. They 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. In both 2011 and 2012 Council officers carried out an Equality Impact Assessment to capture the information for decision-makers and provide rigorous challenge to the budget proposals (details of this approach were outlined in the Report to Cabinet of 22 November 2011).

Identifying the impacts of changes to Eligibility Criteria and what it could mean for individuals

60. Changes to the Eligibility Criteria for adult social care has the potential to impact adversely on service users, their carers and those most vulnerable in our community. In 2010 an exercise was undertaken to identify 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. However, as this information constantly changes, it was recommended that "multiple impacts are identified as part of the individual care review and any possible mitigating actions identified at the same time".
61. An extensive period of consultation (with specific events) took place between 28 May and 31 July 2012. It gathered the impacts identified by the general public, groups within the protected characteristics, and individuals and their carers. Information was received by letter, telephone calls and emails and also involved staff having 1:1 discussions with service users/carers to gather the impacts as well as general comments on the proposals. In total, 199 individuals gave their comments and potential impacts.
62. All information provided at the events was also available on the Council's website and case studies of the Fair Access to Care Services levels which would receive support were provided to help people understand the potential impact of the proposal. An "easy read" version of the proposal was also produced.

Key Impacts

63. From the feedback from consultation events and individual letters and emails received, the following key themes emerged:-
 - (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.

64. To inform the analysis of the impacts, these themes were used to collate the impacts identified by those involved in the consultation. Detailed feedback from service users, carers and staff can be found in **Appendix 3**. (All comments are anonymous to protect individuals' identities and are included in the report in italics to indicate they are the views of an individual and/or their family/carer).
65. It is clear in analysing the responses that service users and carers identified the proposals as having negative potentially life changing and devastating effects on their lives. No positive impacts were identified by respondents.

Decision-makers should note that service users and their carers expressed severe concerns about the negative impacts on them if the proposal was to be agreed and implemented. The views expressed were collected through detailed questioning of individuals, some of which were evidently distressing to the service users and carers. It was strongly indicated that the proposal had a disproportionate 'hit' on disabled people and older people. Some comments received from participants were:

There are lots of changes at the moment for disabled people. We are affected by all cuts in budget like everyone else. The changes to council funded transport probably won't affect me but other changes, such as the welfare benefit changes that the Government are making, will also affect me.

66. Staff facilitators reported that participants were very anxious, upset and angry and several had indicated that the impacts of the proposal will make their lives unbearable and unliveable and several expressed suicidal thoughts – *'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 changes taking place both inside and external to the Council are showing severe cumulative impacts on these vulnerable groups.

Multiple Impacts

67. In recognition that some individuals were being affected by a number of changes outside of the Council, in particular the welfare reforms, it was agreed that should the changes in Eligibility Criteria be approved, consideration would be given to actions which could mitigate these impacts. Officers agreed that should the change to the Eligibility Criteria 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. This approach was to prevent distressing people unnecessarily whilst the project was at the proposal stage and the impacts could not be fully quantified.

68. Impact assessment work undertaken in extra care housing identified some tenants with moderate or low level needs. This reflects the best practice model used to encourage a community with a range of levels of needs so that they could support each other. This raised a potential inequality issue if the policy change is approved, where tenants in extra care and people in their own home or tenancy may receive different services when their needs are similar. A separate review of extra care housing is almost complete and the above issue will be addressed as part of the review.
69. The supplementary report which was included with the MTFP, approved by Cabinet in February 2012, (**Appendix 4**) 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 service users are impacted not only by the Eligibility Criteria proposal but other Council changes e.g. transport and closure of the Arts Centre as well as external factors such as reviews within the NHS, economic impacts on a range of providers, and welfare benefit reforms.

The Process

70. The Equality Impact Assessment followed on from the MTFP impact assessment work was targeted at those individuals who were in receipt of adult social care support, but was also open for all residents of Darlington to contribute should they wish.
71. The review of the Eligibility Criteria Policy required a Type 2 Disability Equality Impact Assessment to be carried out in line with the Corporate Disability Equality Scheme. i.e. those who would be directly affected. In an attempt to engage as many people as possible who received support, events were held at venues that were known and regularly accessed by service users and their carers.
72. Detailed assessment of potential impacts on individuals was carried out by officers having 1:1 discussions with individuals at 21 events at 17 different locations throughout the borough. The process did not assess the impacts on 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.
73. Detailed and up-to-date information on those who would be affected (if they continued to be assessed as having moderate or low need) was produced on 28 May 2012. It was also identified that young disabled people aged 17 and 18 should also be consulted as they would soon be assessed as an adult and subject to the Eligibility Criteria Policy, and a separate event was arranged to enable them to give their views and impacts. Individuals were contacted by letter advising that they could be affected, if the policy were changed and invited them to attend an event or make telephone, letter or email contact to give their views and potential impacts.

Who we Consulted With and Why?

74. 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. 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.

What Impacts have been Identified and Key Themes?

75. Throughout the process of talking to people about the impacts of the proposals both individually and as family units, the following impact themes began to emerge:

- (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.

76. These impacts were identified by more than one person and at more than one event and the details of the prevalence of these impacts are shown in **Appendix 5**.

77. The recording of the impacts clearly demonstrates that a very high proportion of the people involved in the consultation consider that the impacts they foresee if the proposal is implemented are 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 Proposal was to be Approved

78. The detailed engagement events confirmed the initial assessment that this proposal does have a disproportionate impact on older and disabled people i.e. those who access adult social care.

79. It 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 Council's budget cuts.

80. 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 2**.

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 2**.

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

- (a) *If my support was stopped I would become withdrawn, I will keep to myself and will not interact with anyone. I would spend most of my time in the house.*
- (b) *If I lost my day services, I would become very lonely and maybe a bit depressed. I wouldn't have much of a life.*
- (c) *Attending day opportunities gives G some goals. He needs to get out of the house. Since going to day opportunities he doesn't punch the walls like he used to. He can get aggressive if he doesn't get out and we are worried that things could get bad again if he can no longer have this support.*

Analysis of Impact

81. 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 support.

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 policy, mandatory training for Adult Social Care staff has been delivered to ensure staff

understand that all needs 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) 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

- 82. Monitoring of the impact would be via the submission of cases to the Adult Social Care Validation Forum where support has ended.
- 83. 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.
- 84. 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) *Curtailment of any of the elements of support currently in place for my 84 year old mother (wheelchair bound, alzheimer sufferer) who is unable to attend to any personal needs, and her carer, my 86 year old father (hip replacement) would have life threatening consequences, for both of them.*
- (b) *X would not be able to attend to personal care needs - X would be covered in excrement.*
- (c) *My Personal Assistant supports me to go to Tai Chi. Going there makes me feel happy and helps my balance. It's really good.*
- (d) *As parents of K we are concerned that the effect of all of the changes will have an impact on K's dementia and may progress it further.*

Analysis of Impact

- 85. 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 policy, mandatory training for Adult Social Care staff has been delivered to ensure staff understand that all needs carry 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 efficiencies 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

- 86. Monitoring of the impact would be via the submission of cases to the Adult Social Care Validation Forum where support has ended.
- 87. 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.

88. 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) *I worry I may have to pay more for my care. I've paid my way all my life and my dues. I feel government is double taxing me.*
- (b) *I don't know what to do about money. I would struggle to keep above level. My money would go on anything as I don't know when to pay bills. I would feel like the end of the world had come as I wouldn't be able to pay my bills.*
- (c) *I try to be as independent as possible but there are something's I just can't do and can't afford to pay extra for. I don't know where the money would come from.*

Analysis of Impact

89. 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 for the support themselves if they were no longer eligible for council funded support.
90. 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.

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. 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 policy, mandatory training for Adult Social Care staff has been delivered to ensure staff understand that all needs carry equal weight to personal care needs. The training included the sharing of Practitioner Guidance on Financial Assessments with care management staff, to improve awareness of Disability Related Expenditure (DRE) and their role in confirming allowable expenditure. A DRE checklist was also developed to assist individuals to identify their own DRE.
- (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 have a welfare benefits check and support to claim additional benefits where these are identified, thus maximising their income.
- (i) In addition to proposals to make efficiencies 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

- 91. 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) *If didn't have carers 3 x day I would call it a day (suicide) - it would affect my mental health. I can't manage even one day. I have a voice in my head, my mother took her life and I would as well if I did not have carers.*
- (b) *I would feel very down and would feel like giving up.*
- (c) *If I become more unwell my self harming behaviours would get worse impacting on my whole life. It would also risk me being admitted to hospital.*

Analysis of Impact

- 92. 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.

93. 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 policy, mandatory training for Adult Social Care staff has been delivered to ensure staff understand that all needs carry 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 efficiencies 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

94. 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) *If I did not have the respite services I would not be able to go out socially with other family members or friends. My life would totally change for the worse and my own health would suffer.*
- (b) *If I had to provide the care for my mother, I would be so stressed, it would affect my health. I would have to travel 3 times a day to care for her. I already support her at other times of the day.*
- (c) *I wouldn't have a life, if my son couldn't go to day services. It gives me some respite.*

Analysis of Impact

95. 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.
96. 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 efficiencies 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

- 97. Monitoring of the impact would be via the submission of cases to the Adult Social Care Validation Forum where support has ended.
- 98. 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 didn't have support with my cooking I could only eat Pot Noodles which I can do myself.*
- (b) *Mum suffers from diabetes and needs prompting with food to ensure she eats her meals to ensure she doesn't have any effects from having a "hypo".*
- (c) *My dad would not be able to prepare a meal for himself. He would just eat biscuits or would say he has had eaten when he hadn't (he has dementia.) The home care staff in XXX support my dad to go down to the restaurant for his lunch every day, so I have peace of mind that he is having a decent meal.*

Analysis of Impact

99. 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 policy, mandatory training for Adult Social Care staff has been delivered to ensure staff understand that all needs carry 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 efficiencies 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

100. 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) *B would not be able to do the laundry and it starts to smell in bathroom by end of week (due to continence problems).*
- (b) *I haven't got a clue what would happen if I didn't live here 'cos I can't wash, or iron. I can push a Hoover if I take the foot rests off my wheelchair and push it with my feet but I can't wash the floors in the other rooms.*
- (c) *I need support with domestic tasks - I can't bend to pick up and sort clothes for the washing machine or stand to do the ironing. If I didn't get support I wouldn't be able to keep on top of things.*

Analysis of Impact

101. 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 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 policy, mandatory training for Adult Social Care staff has been delivered to ensure staff understand that all needs carry 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 efficiencies 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

102. 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 Home and Community

- (a) *Pressure on mum already because she has to support him when out in the community, for example when K crosses road, as he has no traffic sense.*
- (b) *My daughter is capable of doing some things for herself, but she would not be safe to do these without some supervision.*
- (c) *It would be dangerous if R went out in the community on her own as she has no road sense and is not aware of her own personal safety.*

Analysis of Impact

103. 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 policy, mandatory training for Adult Social Care staff has been delivered to ensure staff understand that all needs carry 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 efficiencies 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

104. 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) *T has medication for depression and heart problems. They are kept in a locked cabinet, and the staff support T to take them. If T did not have the support to take her medication, the potential implication is that she would overdose.*
- (b) *My main need is medication and I couldn't manage my own medication "my tablets are the most important thing" - would end up in hospital if I couldn't take my tablets, I would be dead.*
- (c) *Mum would have to go into care if she had no care workers supporting her especially with medication as she would either forget to take them or take them all in one go.*

Analysis of Impact

105. 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) Social care need in relation to support associated with medication has been clarified in the revised Supported Self Assessment Questionnaire to ensure that eligible needs will be met.
- (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 policy, mandatory training for Adult Social Care staff has been delivered to ensure staff understand that all needs carry 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 efficiencies 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

106. 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) *Without the support that D gets, she would not be able to look after herself, she would become ill and would end up in hospital.*
- (b) *My main need is medication and I couldn't manage my own medication "my tablets are the most important thing" – I would end up in hospital if I couldn't take my tablets, I would be dead.*
- (c) *I need help to put cream on my legs as I can't do it myself - if I don't put cream on they get bad and I would end up in hospital.*

Analysis of Impact

107. 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 policy, mandatory training for Adult Social Care staff has been delivered to ensure staff understand that all needs carry 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 efficiencies 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

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

109. 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 two case studies have been provided using information provided from service users to inform their decision-making.

Case Study 1: Mondays to Thursdays I go to Techworx, the Council provides transport for me get there. I have been going to Techworx since 2001. My mam is 90 years old and she is happy to know that I am safe, and that I am going to a place where the staff know me and understand my needs. I like most of the staff at Techworx and would miss them if I couldn't come here. I have Direct Payments - and am supported to access social activities by Mencap. I go out and about in town - having meals & drink, going to the friendship group at the Dolphin Centre. I enjoy this time, and I look forward to the 1:1 support. I am worried about the cost of paying towards my transport & day services. I would miss my friends & some of the staff if I could no longer come to Techworx. As my mam is 90 it is important for her to have a break as she gets tired. I am happy living at home and together my mam & I manage the shopping, cooking & laundry. This works because we have a break from each other during the day and my mam can have a rest. I would be sorry to lose my Direct Payment as I really enjoy looking round town & going out for meals. I wouldn't want to be stuck in the house all the time.

**Case Study 2:
My husband receives a few hours' help from a care agency when I am at work. He frequently needs assistance with a wide range of daily living activities, on account of severe pain, fatigue and other symptoms. His condition does not change so much and on the majority of days he requires a significant amount of support. Who would take care of him if you withdraw the help he requires. Caring for my husband has dramatically changed my social life and also my health. It is hard for me to get out and socialize. Friends no longer come to visit or include me in their activities. I feel lonely and isolated. We have worked many years of our lives and paid taxes, now when we are ill and disabled we expect society to take care of us.**

Areas of impact outside the Council's control

110. 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 3 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

111. 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 review of the Eligibility Criteria Policy.
112. The process to assess the proposal 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 proposal in terms of Adult Social Care but also the Council’s wider budget proposals outlined in November 2010 and 2011.
113. The information about adverse impacts gathered since November 2010 up to July 2012 clearly demonstrates that people will be significantly impacted upon by the proposal.
114. 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.
115. Decision-makers may consider the following options in reaching their decision about the proposal. 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
 - (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 proposal and seek alternative efficiencies elsewhere.

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.