

AGENDA MANAGEMENT SHEET

Name of Committee **Adult & Community Overview and Scrutiny Committee**

Date of Committee **11 October 2005**

Report Title **Fair Access to Care Services (FACS) Eligibility Threshold**

Summary The question is discussed whether the eligibility threshold for Adult Social Services, as set out in the FACS Framework, should be lowered, and other options are described. The cost implications of the options are outlined.

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Would the recommendation decision be contrary to the Budget and Policy Framework? [please identify relevant plan/budget provision]

Background papers Local Authority Circular (LAC) 2002 13. Reports to Cabinet 13 March 2003, 20 November 2003 and 24 June 2004.

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members
- Cabinet Member Cllr Colin Hayfield
- Chief Executive
- Legal Jane Pollard
- Finance David Clarke, Martin Jones
- Other Chief Officers

District Councils

Health Authority

Police

Other Bodies/Individuals

FINAL DECISION No

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by
this Committee

To Council

To Cabinet

To an O & S Committee

To an Area Committee

Further Consultation

**Adult & Community Overview and Scrutiny Committee
11 October 2005**

Fair Access To Care Services (FACS) Eligibility Threshold

Report of the Director of Social Care and Health

Recommendations

That the Committee:

1. Considers the contents of this Report.
2. Notes the potential financial implications of a change to the eligibility threshold.
3. Decides whether they wish to recommend to Cabinet a change to the eligibility threshold to include some or all Moderate band needs subject to appropriate funding being made available in the budget for future years.
4. Notes that the financial implications of any changes will be incorporated as a revenue budget issue to be considered by this Committee at its next meeting in November.

1. Introduction

1.1 Fair Access to Care Services (FACS) introduced in April 2003 a new national framework for eligibility for adult social care services which was made up of four bands of eligibility: Critical (High), Substantial, Moderate and Low. The Cabinet decision in March 2003 was that the eligibility threshold in Warwickshire should be below the Substantial and above the Moderate bands. Cabinet decided in October 2004 to retain the eligibility threshold at that same level. A recent survey of local authorities in the West Midlands revealed that eight out of nine authorities have the same eligibility threshold as Warwickshire. There is one authority which currently has its threshold set to include the moderate band, but is considering whether to raise it to substantial. Two of the authorities with thresholds at the substantial band raised their thresholds from moderate this year.

1.2 In the light of a number of new policy drivers which have emphasized the importance of prevention services, it is timely to consider whether the current eligibility threshold is appropriate, and to consider other alternative options.

2. Reasons for Reviewing the Eligibility Threshold

2.1 There has been a growing emphasis in Government policy and consultation documents on the importance of shifting the emphasis from meeting the most serious and immediate needs to also meeting needs at an earlier stage with a view to preventing deterioration and enabling people to remain in their own homes for as long as possible.

- 2.2 The report “All Our Tomorrows: Inverting the Triangle of Care” was published by the ADSS and Local Government Association in October 2003. The report suggests that there needs to be a rebalancing of service provision from a model which focuses most resources on those with the most severe needs, to one which gives a higher priority to preventative services and which encompasses a broad community strategy involving partnerships with a wide range of agencies.
- 2.3 The Green Paper “Independence, Well-Being and Choice” (March 2005) is a consultation document on the future of adult social care and suggests a greater focus on preventative services to allow for early, targeted interventions and to ensure greater social inclusion and improved quality of life. The paper draws on the “All Our Tomorrows” report and endorses that model. The Green Paper acknowledges that it is not currently the core business of Social Services or Local Authorities to address the wider well-being issues which as a consequence attract relatively low levels of resources.
- 2.4 Warwickshire’s Strategic Review of Older People’s Services which was considered by Cabinet on the 16 June 2005 echoed the themes of the “All Our Tomorrows” report and the Green Paper “Independence, Well-Being and Choice”. It proposed a corporate and multi-agency approach to meeting the needs of older people, including a greater emphasis on a preventative approach.
- 2.5 The Department’s recent annual performance appraisal by the Commission for Social Care Inspection has highlighted a reduced performance in the numbers supported to live at home. This is largely due to a redefinition of this indicator which excludes cases which are not care managed because they do not meet the eligibility criteria, with the result that many cases are excluded which are supported indirectly for example by funding voluntary organisations to provide services on our behalf. The Department of Health has acknowledged that the performance indicators need to be reviewed so that they better reflect the priorities set out in the Green Paper “Independence, Well-Being and Choice”. Warwickshire has agreed to be a pilot site for a performance indicator which counts the numbers of people supported who are not care managed by the Social Services Department.

3. Current Situation

- 3.1 The FACS eligibility criteria are set out in the matrix in Appendix 1. To ensure consistency the exact wording of the Department of Health framework has to be used. The eligibility criteria must apply to all adult social care user groups. The application of the eligibility criteria depends on an assessment of the risk to the person’s independence posed by a particular need, and the different bandings reflect the extent and urgency of those needs. The top two bands include higher risk factors which are not present in the lower two bands including health and other life threatening conditions (Critical band only), choice/control over environment and abuse. The Moderate and Low bands are only concerned with personal care, support systems and involvement in work/education, and social roles and responsibilities. The

FACS framework is explicitly concerned with prioritising the greatest needs and ensuring resources are targeted at them, so it could be argued that this runs counter to a preventative approach. This has been acknowledged in the Green Paper “Independence, Well-Being and Choice” where the question was raised whether FACS would be an impediment to refocusing on preventative services.

- 3.2 It should be noted that prevention can be defined in different ways . For example many of our current services are preventative in the sense that their aim is to prevent the risk of admission to hospital or residential care and to enable people to remain in their homes for as long as possible. Prevention can be defined more specifically to focus on needs which are a less immediate risk to independence where lower level interventions could prevent or delay that risk increasing. It is this latter category which is currently excluded by falling below the eligibility threshold.
- 3.3 The current situation is that generally speaking the resources available to Social Services are only sufficient to meet the needs at a Critical or Substantial level. A relatively small amount of resources are dedicated to lower level prevention services which are delivered by voluntary organisations on our behalf. As mentioned above our performance assessment framework scores for the numbers of people supported to live at home with the exception of mental health have decreased in the last year due to the new definition which excludes such cases. This affects our overall performance rating.

4. Options

- 4.1 The threshold could be lowered to include all of the Moderate category. This would have a significant impact on resources. It should be noted that because the FACS criteria apply to needs rather than the person any increase in service provision would not be fully reflected in the numbers of people supported to live at home, since people already in receipt of services would have additional needs that would become eligible. As well as the financial implications of this change which are described in 5.1, there are other pressures which can be anticipated. Staffing levels would need to be increased to keep pace with the increase in referrals and to avoid an increase in waiting times for assessment which have been successfully reduced recently. These factors could also lead to a worsening performance in other performance indicators such as timeliness of assessments and service provision, and reviews.
- 4.2 The FACS guidance allows for the eligibility bands to be sub-divided so that the Moderate band could be split into a higher and lower level with the threshold falling between the two. This would require careful guidance for both staff and the public to define the different levels in a way that allowed for clear and consistent interpretation.
- 4.3 Another approach, which is referred to in the Department of Health guidance, is to take a less formal approach and instead of reclassifying the Moderate band, we could encourage staff to interpret the Critical and Substantial bands in a more flexible way which encompasses the risk to the person’s independence not only at the present time, but also in the foreseeable future.

- 4.4 Another approach to increasing the provision of preventative services would be to increase the funding to other organisations such as the voluntary sector to provide services on our behalf to those who are not eligible for our services. Members will be aware that a review of the contracts with the voluntary sector is currently under way and gives us the opportunity to ensure that we obtain best value from such contracts. It should be noted that the Strategic Review of Older People Action Plan encourages a corporate and multi agency approach to lower level preventative services as they include a much wider range of needs than those addressed by social care services. It should be noted that this option would not increase our performance against the current indicators for numbers of people supported to live at home, but as mentioned above we are engaged in a pilot return to count cases that fall outside of that definition.
- 4.5 It should be noted that any change to the eligibility threshold would have to include carers, but they are not included in the performance indicator of numbers supported to live at home if the service is primarily for the carer rather than the service user.
- 4.6 The final option would be to make no changes at all. This would create difficulties in addressing the new prevention agenda and would mean that there would be little prospect of improving the performance indicator of numbers supported to live at home. This would have implications for our overall Adult services performance rating, which in turn has implications for the Council's CPA rating.

5. Estimated Cost of Changing Warwickshire's Eligibility Criteria

- 5.1 Calculating the cost of lowering the threshold to include the Moderate band is complex as there are a number of variables and unknown factors. However we can estimate costs by using the current (2004/05) figures of recorded assessments of needs where the overall assessment for the individual was that they had Moderate needs: this applied to 1200 clients. Based on the recorded types of need for these clients it would be reasonable to assume that about 75% are likely to receive a continuing package of services if they were eligible. National research by the PSSRU at the University of Kent 2004 calculates the average cost of a "low" package of care at £62.40 per week. This would result in an additional gross cost of around £3.9M. There would be other service costs eg equipment and additional staff would need to be recruited to undertake the additional assessments and reviews. This would cost an additional £350K. To this total of £4.25M would need to be factored in the growth in requests for services if the threshold were reduced. A growth of 50% (or 600 people) would push the total gross cost up to £6.375M and a doubling of demand in this Moderate category could push the cost over £8.5M. Increased numbers would of course increase income to mitigate this.

While these calculations would require refinement before providing the basis for a targeted investment proposal, they do serve to illustrate the very large potential increase in costs to the Department should the eligibility threshold be reduced to include the Moderate band. This is the likely scale of additional investment that the Council will need to make if it is to achieve a significant increase in its performance against certain of its statutory indicators, including the extent to which adults are helped to live at home.

- 5.2 The cost of the option described in 4.2 would be a proportion of the figures quoted in 5.1, depending how the sub-bands were defined, but it would still represent a significant increase in cost.
- 5.3 It is hard to estimate the impact of the option described in paragraph 4.3, since to some extent staff already apply an assessment of the likelihood of deterioration in the foreseeable future, but it would help to increase the number of situations where early intervention would enable independence to be maintained. It would also enable us to achieve a modest increase in the numbers of people supported to live at home, subject to the limitations described in paragraph 4.1. Experience from a neighbouring authority suggests the cost of this could be in the region of £1M.
- 5.4 The option outlined in paragraph 4.4 would require an increase in investment to the voluntary sector. The extent of investment required would partly depend on success in obtaining commitments both corporately and from partner agencies to support the development of a wider range of preventative services, as outlined in the Strategic Review of Older People Services.
- 5.5 There will be a growing demand for services due in particular to the increasing numbers of older people. In the next 10 years the over 65 years population is predicted to increase by 26,000 people or 30%.

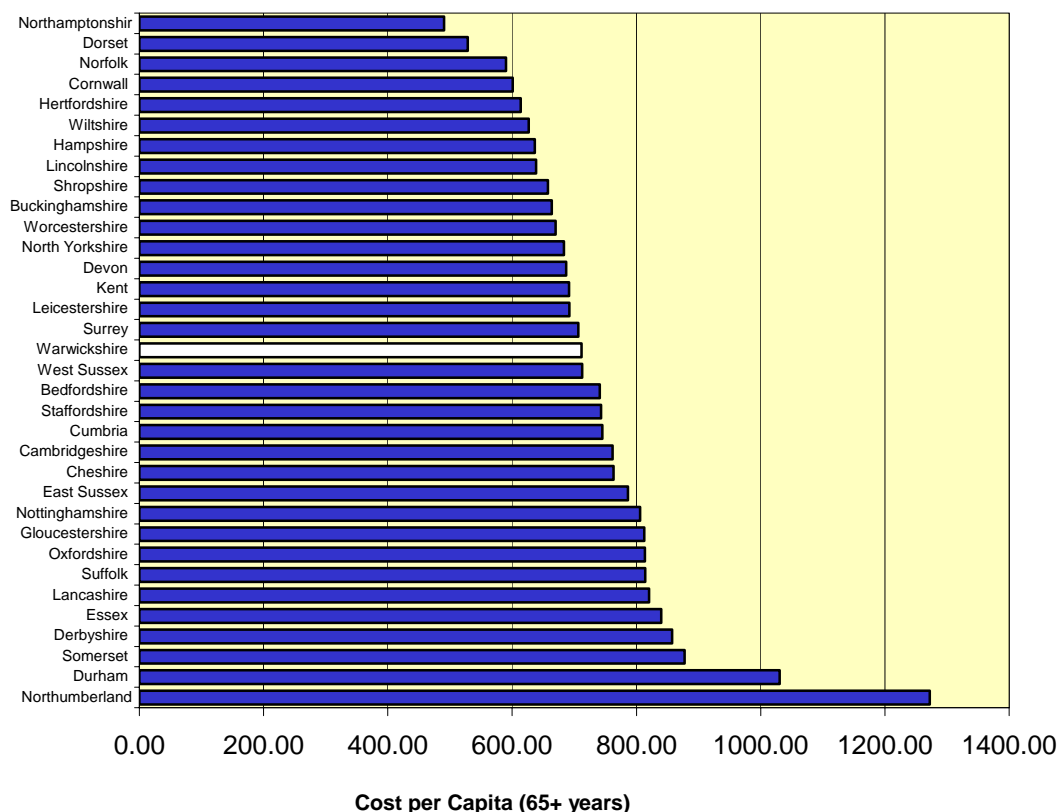
6. Existing Investment in Adult Services

- 6.1. In 2005/06 the Council budgets to spend £81.7m on adult social care services of which £44.3m is allocated for services for older people. The Council's Formula Spending Share for adult social care is £89.2m, £7.5m higher than budget. Although the Council budgets to spend at levels very close to its overall FSS for social services, the need to respond to steadily increasing numbers of Looked After Children means that its ability to respond to its overall aim of promoting independence for adults is limited.

	2005/06 Budget £m	2005/06 FSS £m	Variance £m
Older People social care	44.300	56.867	(12.567)
Older Adult social care	37.437	32.368	5.069
Children & families	31.748	24.891	6.857
	113.485	114.126	(0.641)

6.2. This investment profile is not unique to Warwickshire and is consistent across most social services authorities. The graph below shows Warwickshire's per capita (65+ years) investment in older people's services compared with other English shires.

**Older People Services - Budgeted Spend per Capita across all English Shires
2005/06**



Warwickshire's planned investment in older people's services is approximately 2% below the calculated average for all shires.

6.3. Warwickshire's rating for adult social care is currently 'serving some people well with promising prospects'.

The table below attempts to correlate planned investment with externally rated performance. It can be seen that there appears to be a clear link between the two.

	Budgeted per capita spend (older people)
Warwickshire serving <u>some</u> people well	£711.35
English Shire average	£726.41
Best performing authorities (serving people well)	£782.03

6.4. Currently, there are three English shires who are judged by the Commission for Social Care Inspection to be serving all adults well: Derbyshire, Somerset and Cornwall. All of these authorities have set their eligibility criteria, under FACS, to 'moderate'.

- 6.5. Whilst this report is concerned primarily with how the Council might respond to the need to develop preventative services by adjusting eligibility criteria, Committee should be aware that additional investment would be required to do this. However, changes to eligibility criteria are clearly linked also to attaining higher performance rating for adult social care. This theme will be built upon as part of this department's budget submissions and will be brought for consideration by this Committee at its next meeting in November.

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Appendix 1: Adult Services Eligibility Criteria Framework

Assessment of risk is based on maintaining an individual's independence over time. A person is only eligible for services where needs are identified above the threshold, that is critical or substantial, and they need help to meet those needs. This eligibility criteria framework also applies to carers.

Key Factors Central to an Individual's Independence	Critical Risk to Independence	Substantial Risk to Independence	THRESHOLD OF ELIGIBILITY FOR SERVICES	Moderate Risk to Independence	Low Risk to Independence	
Health & Safety including freedom from harm, abuse and neglect.	Life is, or will be threatened; and/or significant health problems have developed or will develop; and/or <u>serious</u> abuse or neglect has occurred or will occur.	Abuse or neglect has occurred or will occur.				
Autonomy and freedom to make choices.	There is, or will be, little or no choice and control over <u>vital</u> aspects of the immediate environment.	There is, or will be, only <u>partial</u> choice and control over the immediate environment.				
Ability to manage personal and other daily routines	There is, or will be, an inability to carry out <u>vital</u> personal care or domestic routines.	There is, or will be, an inability to carry out the <u>majority</u> of personal care or domestic routines.			There is, or will be, an inability to carry out <u>several</u> personal care or domestic routines.	There is, or will be, an inability to carry out <u>one or two</u> personal care or domestic routines.
Involvement in family and wider community life including paid and unpaid work, learning, volunteering, leisure and hobbies.	<u>Vital</u> involvement in work, education or learning cannot or will not be sustained. ----- <u>Vital</u> social support systems and relationships cannot or will not be sustained. ----- <u>Vital</u> family and other social roles and responsibilities cannot or will not be undertaken.	Involvement in <u>many</u> aspects of work, education or learning cannot or will not be sustained. ----- The <u>majority</u> of social support systems and relationships cannot or will not be sustained. ----- The <u>majority</u> of family and other social roles & responsibilities cannot or will not be undertaken.			Involvement in several aspects of work, education or learning cannot or will not be sustained. ----- <u>Several</u> social support systems and relationships cannot or will not be sustained. ----- <u>Several</u> family and other social roles & responsibilities cannot or will not be undertaken.	Involvement in <u>one or two</u> aspects of work, education or learning cannot or will not be sustained. ----- <u>One or two</u> social support systems and relationships cannot or will not be sustained. ----- <u>One or two</u> family and other social roles & responsibilities cannot or will not be undertaken.