

DERBYSHIRE COUNTY COUNCIL

CABINET

17th JUNE 2014

REPORT OF THE ACTING STRATEGIC DIRECTOR – ADULT CARE

PROPOSED CHANGES TO ADULT CARE POLICIES ON TRANSPORT, CLIENT CONTRIBUTIONS AND THE ELIGIBILITY THRESHOLD

ADULT CARE

1. Purpose of the Report

To inform Cabinet of the outcome of the recent consultation programme on proposals concerning the raising of the eligibility threshold; increasing the level of client contributions towards non-residential services; and the introduction of a transport policy which includes a transport charging policy.

To seek approval to make changes to the respective policies in the light of the consultation programme.

2. Information and Analysis

Due to reductions in funding from Central Government, the Council must reduce its expenditure by £157,000,000 by 2017/18.

In order to achieve this saving, Cabinet is reviewing all aspects of its services. On January 21st 2014, Cabinet considered two reports from the Strategic Director of Adult Care. These reports were entitled:

- Consultation on Proposed Changes to Eligibility for Adult Social Care and Increased Contributions for Non-Residential Care
- Consultation on the Introduction of an Adult Social Care Transport Policy

Following Cabinet approval for consultation to commence on the proposals contained within the reports, Adult Care embarked on a 12 week period of consultation, which commenced on January 28th 2014 and finished on April 21st 2014.

The consultation was carried out over a 12 week period. Leaflets and a questionnaire were sent to all clients who have been assessed under the Fair Access to Care Services (FACS) criteria. Staff from the Consultation and Engagement Team also attended meetings involving clients, carers and members of the public to gather view on the proposals. Voluntary sector groups and local statutory agencies were also invited to submit responses. In addition, the consultation was publicised through press releases and all the documentation, including the questionnaires, was made available on the Council's website. Appendix 1 provides a breakdown of the responses to the consultation as well as a detailed summary of how the consultation was carried out.

In relation to the Equality Impact Analysis carried out, focus groups were held involving representatives of groups with protected characteristics.

In parallel with this consultation, consultation was also taking place on proposed cuts to the Housing Related Support programme. Some clients will be affected by all four proposals. A separate Cabinet report will be prepared in respect of that consultation.

The Council recognises that the proposals will have a potential impact on other agencies such as the NHS and District and Borough Councils. For example, if an older person is not eligible for services such as home care and day opportunities they may become more socially isolated and, in the case of home care, they may not have support from a worker on such matters as general self-care and making the house safe. This may result ultimately in health conditions being undetected for longer, more accidents in the home and, as a consequence, more costly services being eventually provided at a later stage by the NHS and Adult Care.

The Council has a large scale investment in preventative services funded by Adult Care and Public Health. Traditionally, however, both the home care service and day opportunities have been an extremely important additional investment in prevention by providing direct contact with a number of clients who, should these proposals be accepted will, subject to a review of their needs, no longer receive a service.

The outcome of the consultation (Appendix 1) and the associated Equality Impact Analysis (Appendix 2) accompany this report.

As indicated in the Legal Considerations below, it is extremely important that Members have fully considered the two appendices to this report as well as the report itself. In considering whether or not to approve the proposals Members must have in their minds the adverse impact that these proposals, if implemented, would have on many vulnerable people.

Raising the eligibility threshold

An individual's eligibility for statutory support is determined following an assessment. Under Section 47 of the NHS and Community Care Act 1990, local authorities have a duty to assess the needs of any person for whom the authority may provide or arrange the provision of community care services and who may be in need of such services.

As part of the assessment, information about an individual's presenting needs and related circumstances should be established and recorded. The NHS and Community Care Act 1990 requires that, having conducted the assessment, councils must decide whether a person's needs call for the provision by it of any community care services. Councils have to use a national eligibility criteria framework to draw up their own eligibility criteria. These should then be used to identify the needs which call for the provision of services (eligible needs) according to the risks to independence and well-being, both in the immediate and longer term. There are five levels of FACS in Derbyshire – Low, Moderate, Higher Moderate, Substantial and Critical.

Section 13 of the Care Act 2014 contains provision for regulations to set a national minimum threshold for eligibility. It is anticipated that this will be set at an equivalent level to the current 'Substantial'. The implementation of the new national framework is currently expected to be in place with effect from April 2015. A copy of the draft eligibility criteria as set out by the Department of Health is available as Appendix 3. The Council's proposals currently subject to consultation will take place with immediate effect.

Under national guidance, the Council will need to exercise considerable caution and sensitivity when considering the withdrawal of support to clients who may fall below the 'Substantial' threshold. In some individual cases it may not be practicable or safe to withdraw support even though needs may initially appear to fall outside the eligibility criteria. The Council will also check any commitments it gave to service users or their carers at the outset about the longevity of support provided. If, following a review, the Council did decide to withdraw support from an individual, it will be essential to be certain that their needs are not likely to worsen or increase in the short-term and the individual become eligible for help again as independence or well-being was undermined. These points are addressed in section 7 of the Equality Impact Analysis.

It is now estimated that up to 1,240 clients would be affected, subject to review, by the proposed change in the eligibility threshold from Higher Moderate to Substantial. This number is less than was reported in the Cabinet report dated January 21st 2014, This reduction in numbers can be attributed to the normal cycle of reviews which has resulted in some clients no longer needing a service, some whose needs have increased resulting in

their having a new FACS banding and improvement to the quality of the data completed by staff as part of Adult Care's continuous improvement programme which has led to a more accurate recording of clients' FACS banding.

Consultation responses to the proposal are set out below.

The question asked in the consultation questionnaire was:

How strongly do you agree or disagree with this proposal to raise the eligibility threshold to 'substantial' needs and above?

This table sets out a summary of the 1621 responses to this question:

Strongly agree or agree	23.3%
Neither agree nor disagree	22.9%
Strongly disagree or disagree	53.7%

The principal themes which emerged from the consultation can be described as follows:

1. Removing services from existing clients in the Higher Moderate band would result in a major impact on their ability to manage as they would lose access to services which they have come to rely on to assist them in their daily lives by providing care and support
2. Additional responsibilities would fall on families and friends to support citizens through activities which up to now have been provided by Derbyshire County Council. This would also include support to carers themselves, who will not have the same opportunities for respite from their caring responsibilities
3. Additional work would fall on the NHS both in terms of demands on GPs and hospital services as without care and support in such areas as encouraging well-being citizens may neglect themselves resulting in worsening physical or mental health
4. People with a learning disability in the Higher Moderate FACS band who would potentially most benefit from supported employment opportunities would have fewer options to develop the skills they need in the job market
5. People with a learning disability in the Higher Moderate FACS band who would also potentially most benefit from services provided by Housing Related Support to enable them to have their own tenancies would no longer be able access this support.

Appendix 1 summarises the views and opinions which have been received in relation to this proposal.

The Equality Impact Analysis, which included further consultation with protected groups, identified potential areas of adverse impact which are set

out in Appendix 2. Steps to mitigate the impact of the proposal are set out in the Equality Impact Analysis.

While there are high levels of opposition to this proposal from respondents and this proposal will affect the quality of life of people who will have services withdrawn or, in the case of prospective clients, not provided at all, not proceeding with this proposal would result in deeper cuts to other services provided by Derbyshire County Council.

The Council remains committed to working with people with a learning disability to support them with employment opportunities, even if they are not still eligible to receive other services because of their individual FACS bandings. This is subject to further detailed work being carried out by officers under the Community Lives initiative, which is subject to a future Cabinet report.

Before any decision is made to stop services to an individual client, a review of their circumstances would take place to ensure that their needs have not changed sufficiently to warrant them being placed in a higher FACS banding. Should the review conclude that the client falls below the new eligibility threshold (and therefore that services should cease) then detailed advice will be given to clients and carers on other services which they may be able to access. Clients and carers have recourse to the Adult Care complaints process if they are not satisfied with the outcome of a review.

Work is continuing with Clinical Commissioning Groups to develop services in line with the national remit set out through the Better Care Fund. This places emphasis, amongst other matters, on the development of services to prevent avoidable hospital admissions.

The Council invests substantially in preventative services both through Adult Care and Public Health. The continued focus of this work will also assist in mitigating the impact of this proposal by signposting the public to other services.

The Equality Impact Analysis highlights the need to work with partner agencies, who also in a variety of ways assist citizens to maintain their independence. Work will continue via the Health and Wellbeing Board to develop strategies to develop this work further.

Cabinet recently approved a trading policy which will enable citizens who do not have an eligible need to purchase services. Once final detailed work on the policy has been completed this will be widely publicised.

Recommendations

The FACS eligibility threshold is increased to Substantial with immediate effect to bring the Council into line with the anticipated national minimum threshold which is being introduced through the Care Act.

Increasing the client contribution to non-residential services which are subject to FACS criteria.

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

Three proposals have been subject to consultation and these are set out below. The net effect of these would be to increase the level of contribution clients make to their package of care and support by increasing the standard rate of contribution; reducing the threshold of income clients may have before they start contributing as part of the Co-Funding scheme; and requiring all clients with over £50,000 capital to (excluding their main home) to pay 100% of their care costs.

At any one time, approximately 5,365 clients contribute towards the cost of the non-residential services they receive. A smaller number, potentially 2,391, who do not have sufficient income under the current scheme to contribute may now, under the proposals which have been subject to consultation, be drawn into the co-funding scheme.

Consultation responses to the proposal are set out below.

The questions asked in the consultation were:

How strongly do you agree or disagree with contributing more towards the support we provide through a personal budget or direct payment?

There were 1718 responses to this question. In total 24.7% agreed to an increase in the level of Co-Funding contribution. 59.4% did not want an increase at all.

Which level of increase would you consider appropriate? Presently you make a contribution of 50% from your low rate Attendance Allowance or middle rate Disability Living Allowance (Care) or standard rate of the Personal Independent Payment (PIP) even if you receive the higher rate. From 50% to 60%? From 50% to 75%? From 50% to 90%? No increase?

There were 1769 responses to this question.

34.3% of respondents agreed to an increase from 50% to 60%.
 8.4% of respondents agreed to an increase from 50% to 75%.
 1.8% of respondents agreed to an increase from 50% to 90%.
 55.5% of respondents did not wish to see an increase.

How strongly do you agree or disagree with lowering the amount of income a person can have before starting to contribute towards care?

There were 1765 responses to this question. This table sets out a summary of the responses to the questionnaire:

Strongly agree or agree	20.8%
Neither agree nor disagree	21.7%
Strongly disagree or disagree	57.5%

How strongly do you agree or disagree with the proposal that people with more than £50,000 in savings or assets (not including their main home) should pay for all the care they receive?

There were 1783 responses to this question. This table sets out a summary of the responses to the questionnaire:

Strongly agree or agree	36.4%
Neither agree nor disagree	21.7%%
Strongly disagree or disagree	41.9%

The principal themes which emerged from the consultation can be described as follows:

1. The impact of these proposed changes would have a significant impact on household budgets affected by cost of living increases and, in the case of younger disabled people, the government's welfare reforms and the introduction of the bedroom tax
2. A broad acknowledgement that those with over £50,000 in capital (less their main home) should pay the full cost of their care and support.

Appendix 1 summarises the views and opinions which have been received in relation to this proposal.

The Equality Impact Analysis, which included further consultation with protected groups, identified potential areas of adverse impact which are set out in Appendix 2.

Setting the increased Co-Funding contributions at 60% rather than 75% would result in a reduction of £900,000 in additional income achieved to the

Council. This would in turn place additional pressures on other areas of Adult Care's work where savings need to be made and it is felt that achieving this would be unsustainable, meaning that there would need to be another consultation about increasing it in the future. Setting the increased Co-Funding contributions at 90% would result in more significant income to the Council but put a greater strain on household budgets at a time when many clients are finding it increasingly hard to cope with the cost of living.

Similar considerations applied to the proposal to lower the amount of income a person can have before starting to contribute towards care.

Not proceeding with this proposal would result in the potential for the savings having to be found elsewhere with a subsequent further reduction in the number of services that Adult Care can offer.

The Care Act will result in further national guidance being offered on charging which may have future further implications for both clients and local authorities.

The Equality Impact Analysis highlights the requirement for further publicity to assist in raising citizens' income to ensure they are claiming all the benefits to which they are entitled. Consideration will be given to how this is best achieved.

Recommendations

- Co-Funding contributions being set at 75% of the lower rate Attendance Allowance or middle rate Disability Living Allowance (Care) or standard rate Personal Independence Payment;
- The income protection buffer being set at 25% above basic benefit rates;
- Clients with over £50,000 capital (not including their main home) paying 100% of the costs of their care

Introducing a transport policy

At present there are a variety of practices throughout the county in terms of how clients get to services provided by Adult Care. The proposal which has been consulted on would introduce a coherent transport policy which would standardise practice. In addition the proposal seeks to introduce a charge where Adult Care provides transport other than in specified circumstances.

It is estimated that approximately 1,150 people have transport funded by Adult Care. In addition to this a number of voluntary groups have historically been able to use transport provided by the Council at no charge. The total cost of the service is just over £3,000,000 per annum.

Consultation responses to the proposal are set out below.
The questions asked in the consultation were:

How strongly do you agree or disagree with the introduction of a new Adult Care Transport Policy?

There were 1579 responses to this question. This table sets out a summary of the responses to the questionnaire:

Strongly agree or agree	48%
Neither agree nor disagree	28.6%
Strongly disagree or disagree	23.3%

How strongly do you agree or disagree with the introduction of a £5 flat rate charge paid by clients to transport them to and from day services and activities that clients and voluntary groups who do not have an eligible need should pay up to the full cost of the journey?

There were 1578 responses to this question. This table sets out a summary of the responses to the questionnaire:

Strongly agree or agree	39.1%
Neither agree nor disagree	26.7%
Strongly disagree or disagree	34.1%

The principal themes which emerged from the consultation can be described as follows:

1. A concern that the proposed charge per journey was too high, especially so for clients with multiple journeys in one week
2. A concern that the combined effect of the introduction of the charge and the proposed increase in Co-Funding would have a significant impact on some clients' ability to budget successfully
3. A concern that the proposed 48 hours' notice for cancelling transport without paying for it was insufficiently flexible
4. A broad acknowledgement that the introduction of the proposed transport policy would be a positive move.

Appendix 1 summarises the views and opinions which have been received in relation to this proposal.

The Equality Impact Analysis, which included further consultation with protected groups, identified potential areas of adverse impact which are set out in Appendix 2.

Many of the comments received concerned the level of charge. If this were to be reduced then this would result in the majority of the charge being taken up by the administrative costs involved in collecting it. This in turn would mean a lesser contribution to the savings that Adult Care have to make and a greater level of cuts that would have to be applied elsewhere in the service.

Funding for voluntary sector groups who receive assistance with transport will be included in the broader Council-wide review of funding for the voluntary sector.

All councils will receive guidance this year on charging for services and this may result in future changes in charges for transport.

Recommendations

That the Council adopts the proposed transport policy and a flat rate charge of £5 per day for transport provided once officers have considered, in consultation with the Cabinet Member, amendments to the policy in the light of learning lessons from other local authorities as to the most equitable way to deal with cancellation of transport.

A further report to Cabinet is received for voluntary sector transport to day opportunities as part of the current council wide review of voluntary sector funding.

3. Financial Considerations

Over the next four years, Adult Care has to meet budget cuts of £52.9m.

The above proposals would generate the following contributions towards that total:-

Proposal	Saving realised over 9 months in 14/15	Additional saving realised in first 9 months in 15/16	Full year ongoing saving
Raising the eligibility threshold	£2,250,000	£2,250,000	£4,500,000
Increasing client contributions	£2,750,000	£2,750,000	£5,500,000
Introducing a transport policy	£0	£1,000,000	£1,000,000
Total	£5,000,000	£6,000,000	£11,000,000

Prior to the implementation of any changes to co-funding, it would be necessary to re-assess all clients receiving community-based services. It is estimated that this task would take approximately three months to complete and therefore the increased charges would be implemented from October 2014. The impact of this on the department is that only 50% of the increased income would be realised in 2014/15, with the full increase being achieved in 2015/16

4. Human Resource Considerations

The proposed changes will not in themselves have any immediate impact on staff working in Adult Care or Economy, Transport and Environment, who provide some transport currently for clients attending day opportunities. The overall impact of the changes may however result over time in less requirement for Adult Care to provide services or Economy, Transport and Environment to provide transport. A consequence of this may be that fewer staff are required to either undertake assessments, provide care and support or provide transport in future. In that event corporate procedures will be applied as appropriate.

5. Legal and Human Rights Considerations

In reaching a decision the Council has a duty to read and give conscientious, genuine consideration to the responses to the consultation process set out in the report (including its appendices). In assessing these proposals, the Council should also have regard to its statutory duties under the Equality Act 2010.

So far as the Equality Act 2010 is concerned Cabinet Members are reminded that they are under a personal duty, when considering a decision, to have due regard to, in short, the need to protect and promote the interests of persons with protected characteristics (ie. people who are vulnerable on account of age, gender reassignment, pregnancy or maternity, marriage/civil partnership, race, disability, religion or belief, sex, sexual orientation).

In order to discharge this duty, Cabinet Members will need to give careful consideration to what is said in the report, the consultation feedback document (Appendix 1) and the Equality Impact Analysis (Appendix 2) about the potential adverse impact of the proposed changes. Members will note that there are broadly different concerns between, for example, younger adults with a learning disability and older adults with personal care needs. Younger adults with a learning disability are more likely to be concerned about losing access to day services and are more likely to be concerned about having to pay charges over a long future period. Older adults with personal care needs are more likely to be concerned about losing

personal care in addition to having to pay more for them. Members should also consider for themselves the types of adverse impacts that could result.

Members are under a duty to consider whether these potential adverse impacts are justifiable and/or whether they should be mitigated and how. Members should also be aware that one of the available options is to decide it is not possible, because of the severity of the impact, to proceed with any or some of the proposals. In that event it would be necessary for the Council to consider alternative ways of making savings.

6. Equal Opportunities Considerations

In parallel with the consultation an Equality Impact Analysis has been completed and this is included as Appendix 2 to this report.

The purpose of an Equality Impact Assessment is to highlight issues of concern and seek to address the implications of the proposals. The Equality Impact Assessment contains monitoring arrangements and an action plan. Having considered the issues raised during the preparation of the Equality Impact Assessment it is recommended that Cabinet sets the Council's eligibility criteria at Substantial, increases the level of Co-Funding contributions as set out in the proposals and introduces a transport policy, including a charge. It is intended to report that change back to representative groups who were consulted during the Equality Impact Assessment process.

7. Transport Considerations

The proposals which were subject to consultation have two possible consequences on transport provided by the Council. Firstly, any reduction in the numbers of clients who access day opportunities as a result of raising the eligibility threshold may result in transport being provided by Economy, Transport and Environment being rationalised to make sure that it still represents value for money and maximises the occupancy of vehicles. Secondly, the proposed introduction of a transport policy will mean that more clients will make their own way, by a variety of means, to day opportunities or may alternatively opt not to attend for day care at all or as much. This too may result in Economy, Transport and Environment rationalising the provision of transport.

It is possible that increased emphasis on clients making their own way to services, where appropriate, will mean a small increase in the numbers using public transport. It may also mean that more traffic will be on the roads with a resultant increase in CO2 emissions.

8. Other Considerations

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

9. Background Papers

Cabinet reports of 21st January 2014:

- Consultation on Proposed Changes to Eligibility for Adult Social Care and Increased Contributions for Non-Residential Care
- Consultation on the Introduction of an Adult Social Care Transport Policy

10. Key Decision

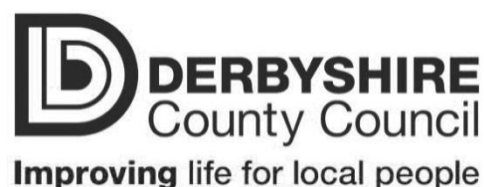
Yes

11. OFFICER'S RECOMMENDATIONS

That Cabinet considers the response to the consultation and the outcome of the Equality Impact Analysis and, having given due regard to the responses to the proposals and balancing these against the need to save £157,000,000 from the Council's budget:

1. Approves that the eligibility threshold for access to Adult Care services is raised from Higher Moderate to Substantial
2. Approves that Co-Funding contributions are set at 75% of the lower rate Attendance Allowance or middle rate Disability Living Allowance (Care) or standard rate Personal Independence Payment
3. Approves that the income protection buffer is set at 25% above basic benefit rates
4. Approves that clients with over £50,000 capital (not including their main home) will pay 100% of the costs of their care
5. Approves that the proposed transport policy is implemented with the exception of funding for voluntary sector transport to day opportunities
6. Approves that a charge of £5 per day for transport to Adult Care services is adopted.

Mary McElvaney
Acting Strategic Director – Adult Care
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MATLOCK



CONSULTATION REPORT on proposals to change eligibility thresholds, increase co-funding and introduce a transport policy including a charge

12. Purpose of the Report

On 28th January 2014 Cabinet approved consultation about proposals for changes to eligibility; increase proposals to co-funding, and the proposed introduction of a transport policy including a flat rate charge for transport. This report explains the detail of the consultation and outcomes.

13. Methodology and Approaches

The period of consultation about the 3 proposed changes to Adult Care took place between 28th January and 21st April 2014. This report will summarise views and opinions submitted by the people of Derbyshire during this period.

The consultation used a mixed method approach using both qualitative and quantitative ways to gather people's views about the proposed changes. We tried to enable as many people as possible to take part by offering different formats i.e. we sent easy read material to people with learning disabilities, contacted people with sight impairment and offered braille to those who used this form of communication. We also offered a range of ways in which people could share their views, see below:

1. All FACs eligible clients listed on our database received an information pack: detailing the proposed changes via 3 leaflets (one for each proposal); an introductory letter and a postal questionnaire with a pre-paid envelope.
2. The leaflets gave information about each proposal, detailed how people could have their say and signposted them to further information either via the Derbyshire County Council website www.derbyshire.gov.uk/challenge, a dedicated telephone helpline (supplied by Call Derbyshire) or via an email address: telladultcare@derbyshire.gov.uk.
3. The DCC website gave an outline of the proposals, all 3 leaflets and letters in standard format and in easy read format, case studies, a co-funding calculator, the cabinet reports and the questionnaires both word version and online version.
4. If the Call Derbyshire staff were unable to assist the caller fully then they passed the call to the specialist consultation team – Stakeholder Engagement and Consultation Team, who was able to answer all queries identified.

5. People were encouraged to send in their comments using the postal questionnaire, or by completing the questionnaire online.
6. Participants were also encouraged to write in to the Council via a letter or using email dependent on their preferred method of communication.
7. For those people having difficulty in having their say, the Stakeholder Team assisted them to take part either via a telephone interview or by a home visit.
8. The Stakeholder Engagement and Consultation Team also attended existing service user and carer meetings in day services for older people and for people with learning disabilities, learning disability partnership board meetings, the stakeholder engagement Board, 50+ and DOPAG meetings, dementia cafes, equality and diversity groups, pressure groups, voluntary sector meetings and partner agency forums, as well as the BME forums and Mental Health carer groups. In addition Cllr Clare Neill and Cllr Rob Davidson attended a range of stakeholder meetings across the County.
9. Leaflets and information was also made available via services and community centres. Staff employed by DCC and those contracted by the Council and partner agencies assisted clients and the public to take part in the consultation.
10. Press releases were sent to all media on a regular basis during the period of consultation; news releases were published on the Derbyshire County Council website and an article in the Derbyshire Gold Magazine (2014) and Your Derbyshire explaining the proposals.
11. All responses were collected and collated by the Stakeholder Engagement and Consultation Team based in Derbyshire Adult Care and a thorough analysis was made of the material.

The Analysis

The Consultation was not a referendum, but a range of opportunities for the people of Derbyshire to register their views about a number of important proposals. We have based our analysis on 2 approaches but have reported them side by side. Both approaches carry equal validity as both methods carry a mix of advantages and shortcomings. Lessons learnt from the consultation are considered at the end of the report.

Quantitative Approach

The tick box questions used in the postal and online questionnaires was analysed using SPSS (Statistical Package for Social Science). This gave people an opportunity to indicate whether or not they agreed with the overall proposals and shows the % of agreement and disagreement with each proposal.

Qualitative Approach

The open text material detailed in the questionnaires, letters, emails and comments given at meetings were all analysed using NVivo software. This allowed the information to be condensed into manageable summary categories or themes for analysis. Comments and quotes were coded by the researchers in the Stakeholder Engagement and Consultation Team which allowed themes to emerge directly from reading people's views. The software provided a sophisticated workspace that enabled the team to work through the complex information allowing classification, sorting and arranging of the information. This gave us an opportunity to widen our understanding of the views about the proposals and indicate some of the reasons behind people's opinions. It also allowed people to expand and give examples as to the potential impact of the proposed changes.

Who was encouraged to Participate?

All cases open to Derbyshire Adult Care services who were FACs eligible on the 20th January 2014 and people who were receiving reablement were sent an information pack.

Just fewer than 8,000 (actual number sent 7865) information packs were sent out.

Breakdown of who was sent the pack

Gender	Count of Person ID
Female	4915
Male	2938
Unknown	12
Grand Total	7865

Ethnicity	Count of Person ID
Asian or Asian British Any Other Asian Background	10
Asian or Asian British Chinese	2
Asian or Asian British Indian	29
Asian or Asian British Pakistani	2
Black or African or Caribbean or Black British African	1
Black or African or Caribbean or Black British Any Other Black or African or Caribbean Background	1
Black or African or Caribbean or Black British Caribbean	16
Mixed or Multiple Any Other Mixed / Multiple Ethnic Heritage	9
Mixed or Multiple White and Asian	4
Mixed or Multiple White and Black African	4
Mixed or Multiple White and Black Caribbean	7
Not Stated Information not yet obtained	40
Not Stated Refused	1
Not Stated Unknown	3
Other Ethnic Group Any Other Ethnic Group	3
Unknown	123
White Any Other White Background	91
White British	7478
White Irish	41
Grand Total	7865

Reason for Support	Count of Person ID
Abuse or Neglect	2
Family dysfunction	1
Family in acute stress	2
PSR Learning Disability Support	1400
PSR Mental Health Support	199
PSR Physical Support	5224
PSR Sensory Support	422
PSR Social Support	117
PSR Support with Memory & Cognition	497
Socially unacceptable behaviour	1
Grand Total	7865

Area	Count of Person ID
Out of Derbyshire	64
Amber Valley	1200
Bolsover	895
Chesterfield	1395
Derbyshire Dales	601
Erewash	992
High Peak	844
North East Derbyshire	1100
South Derbyshire	774
Grand Total	7865

FACs	Count of Person ID
BLANK	818
Critical	1536
Higher Moderate	1624
Low	5
Moderate	23
Substantial	3859
Grand Total	7865

Age	Count
18 – 24	319
25 – 34	407
35 – 44	476
45 – 54	653
55 – 64	669
65 – 74	910
75 – 84	1736
85 + above	2695
Total	7865

In addition to FACs eligible clients, a snapshot of people who self-fund their care and a snapshot of people who receive only equipment were also sent the packs. This gave us a view from people who potentially may in the future need support but who currently are not FACs eligible. We sent out the following packs:

Potential Clients	Count
Self-funding individuals	483
People receiving equipment only	1083
Total	1,566

Therefore the total number of people across all the above categories that were sent the consultation pack is 9,376 people.

Staff from the Adult Care Stakeholder Engagement and Consultation Team attended upon invitation 48 meetings including a meeting where disabled young people in transition were present. A list of all meetings attended is included as Appendix A;

Letters, leaflets and questionnaires were sent to 237 voluntary sector groups and to all local statutory agencies with an involvement with adult social care.

Response Levels

As a result of the mixed approach a good response level was achieved. This can be described as follows:

A total of **1681 paper questionnaires** were received back. Of which, **1392** forms were completed using the **standard format** and **289** forms were completed using the **easy read format**;

125 questionnaires were completed **on-line**.

Just **over 1,800** (actual No. 1806 returned) questionnaires were returned. The online and postal questionnaire responses have been analysed together as the forms were identical.

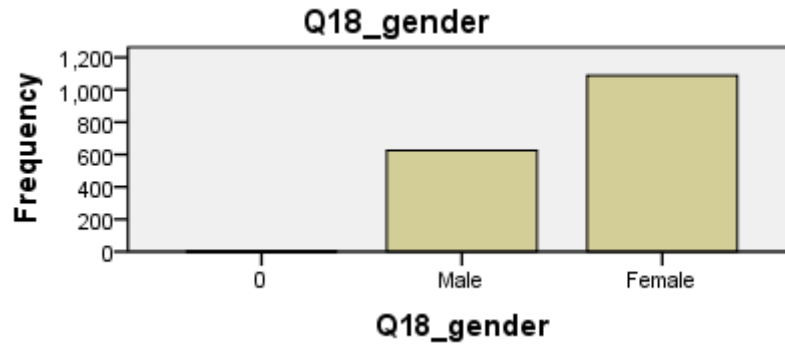
Return Rate

It is very difficult to give a return rate in % terms as we used a variety of ways of contacting people. Some of the ways we contacted people are quantifiable for example we know exactly how many packs were sent out in total to people who are FACs eligible and to those that may potentially use the service in the future. However it is very difficult to estimate how many people may have received information about the consultation from other sources including letters sent via the voluntary sector, information displayed in community settings, other disability campaigning groups and the number of people coming along to the group meetings. For this reason we have not quantified the % return rate.

Demographics of who replied via the questionnaires

Gender

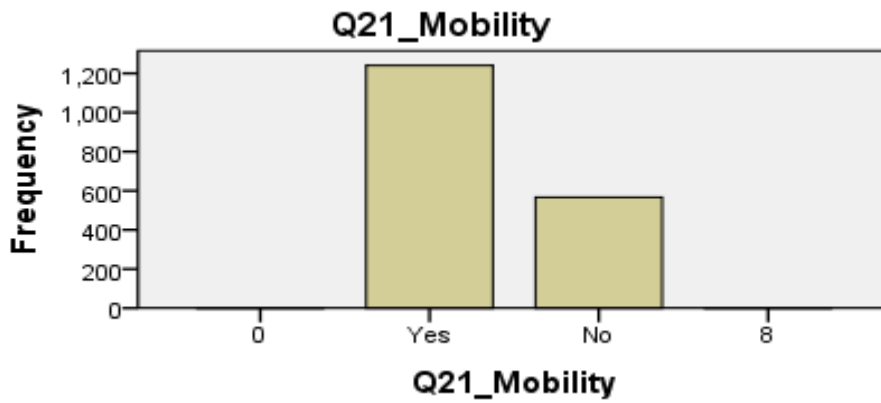
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	.1	.1	.1
	Male	626	34.6	36.5	36.6
	Female	1088	60.1	63.4	100.0
	Total	1716	94.9	100.0	
Missing	-9	93	5.1		
Total		1809	100.0		



Disability

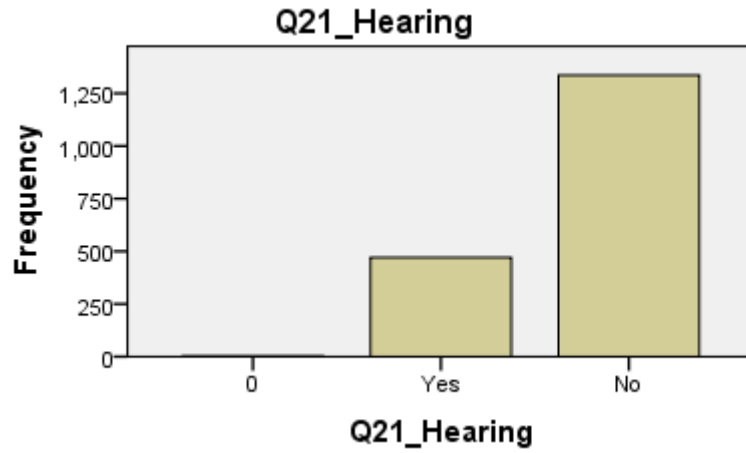
Q21_Mobility

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.1	.1	.1
	Yes	1240	68.5	68.5	68.6
	No	567	31.3	31.3	99.9
	8	1	.1	.1	100.0
	Total	1809	100.0	100.0	



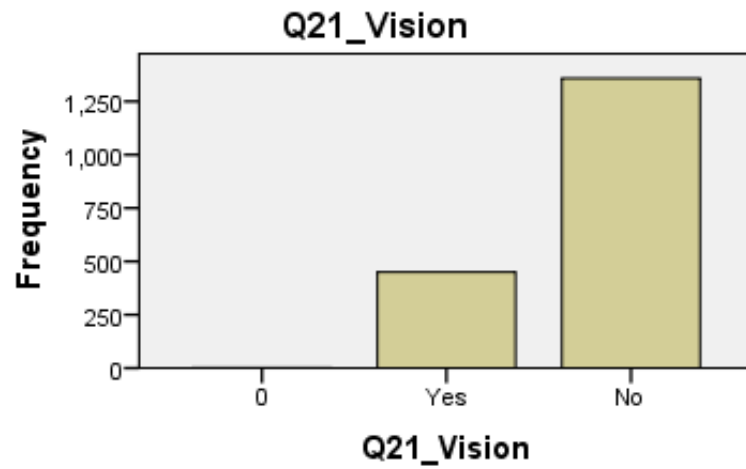
Q21_Hearing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	.2	.2	.2
	Yes	470	26.0	26.0	26.1
	No	1336	73.9	73.9	100.0
	Total	1809	100.0	100.0	



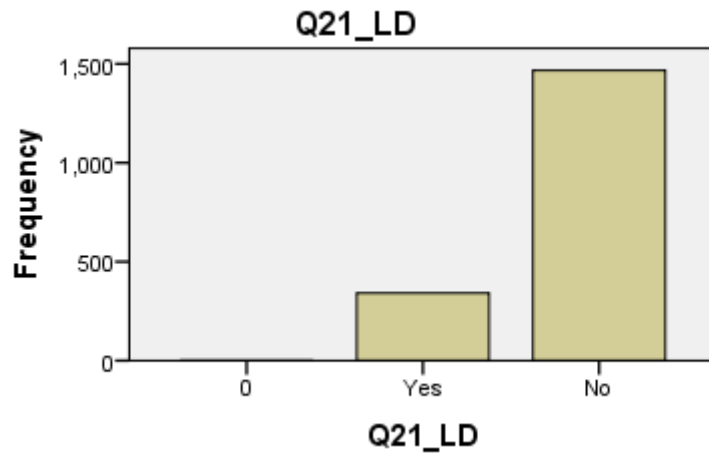
Q21_Vision

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.1	.1	.1
	Yes	450	24.9	24.9	24.9
	No	1358	75.1	75.1	100.0
	Total	1809	100.0	100.0	



Q21_LD

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.1	.1	.1
	Yes	341	18.9	18.9	18.9
	No	1467	81.1	81.1	100.0
	Total	1809	100.0	100.0	



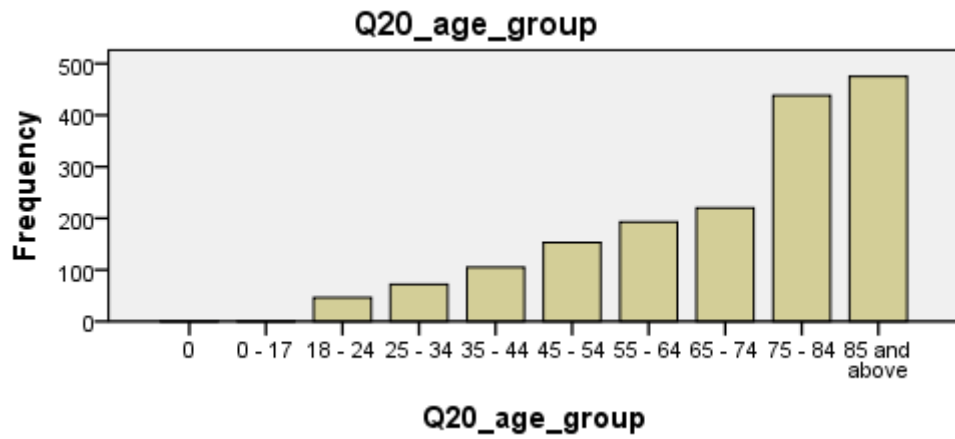
Q21_MH

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.1	.1	.1
	Yes	265	14.6	14.6	14.7
	No	1543	85.3	85.3	100.0
	Total	1809	100.0	100.0	

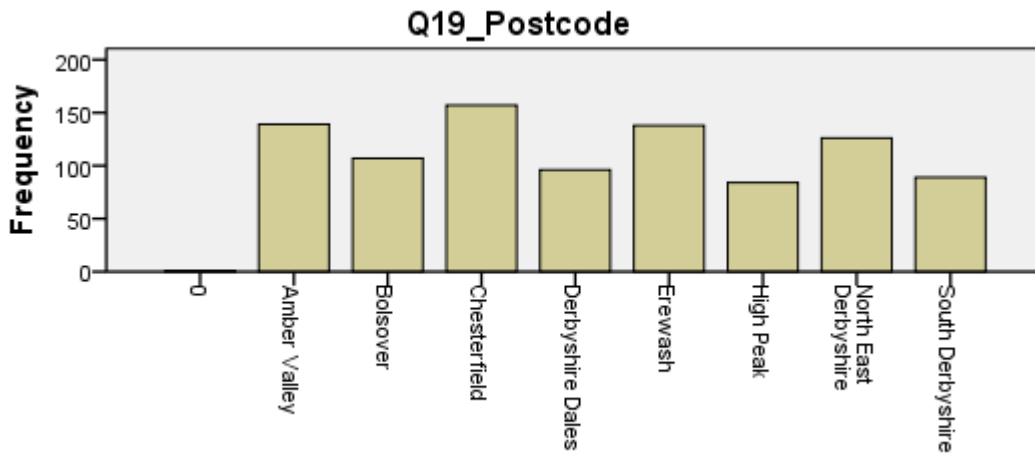
Other Conditions – Self defined disability categories

CONDITION	NUMBERS AFFECTED
ARTHRITIS	29
BED BOUND	7
BREATHING DIFFICULTIES	19
CANCER	8
DEMENTIA	63
DIABETIC	8
EPILEPSY	6
GENERAL OLD AGE FRAILITY	6
HEARING IMPAIRED	3
HEART CONDITION	28
KIDNEY FAILURE	4
LEARNING DISABILITY	8
LOSS OF LIMBS	4
MEMORY PROBLEMS	15
MULTIPLE SCLEROSIS	17
NEURALOGICAL DISORDERS	16
OSTEOPOROSIS	8
PARKINSONS	22
SPINAL PROBLEMS	5
STROKE	20
TERMINALLY ILL	3
OTHER CONDITIONS	64
TOTAL	363

AGE		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.1	.1	.1
	0 - 17	1	.1	.1	.1
	18 - 24	46	2.5	2.7	2.8
	25 - 34	72	4.0	4.2	7.0
	35 - 44	105	5.8	6.2	13.2
	45 - 54	153	8.5	9.0	22.2
	55 - 64	193	10.7	11.3	33.5
	65 - 74	220	12.2	12.9	46.4
	75 - 84	438	24.2	25.7	72.1
	85 and above	475	26.3	27.9	100.0
	Total	1704	94.2	100.0	
Missing	-9	105	5.8		
Total		1809	100.0		

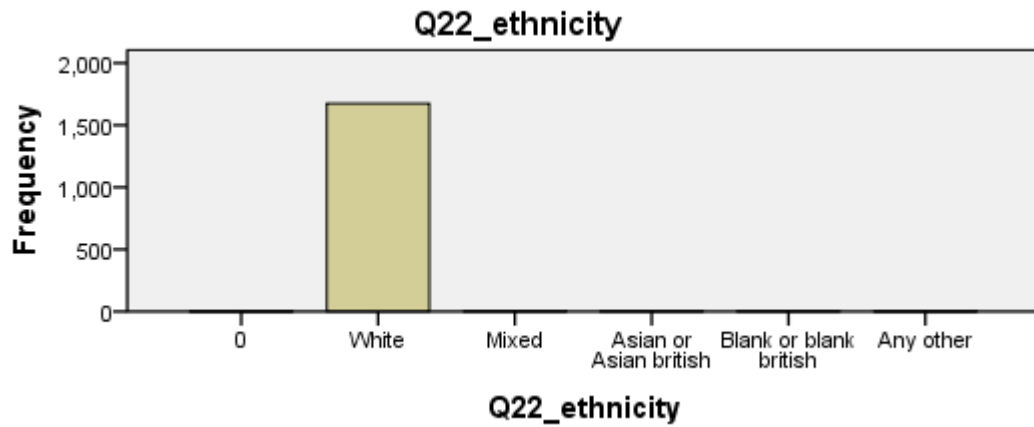


POSTCODE		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.1	.1	.1
	Amber Valley	139	7.7	14.8	14.9
	Bolsover	107	5.9	11.4	26.4
	Chesterfield	157	8.7	16.8	43.1
	Derbyshire Dales	96	5.3	10.2	53.4
	Erewash	138	7.6	14.7	68.1
	High Peak	84	4.6	9.0	77.1
	North East Derbyshire	126	7.0	13.4	90.5
	South Derbyshire	89	4.9	9.5	100.0
	Total	937	51.8	100.0	
Missing	-9	872	48.2		
Total		1809	100.0		



**Q19 Postcode
Ethnicity**

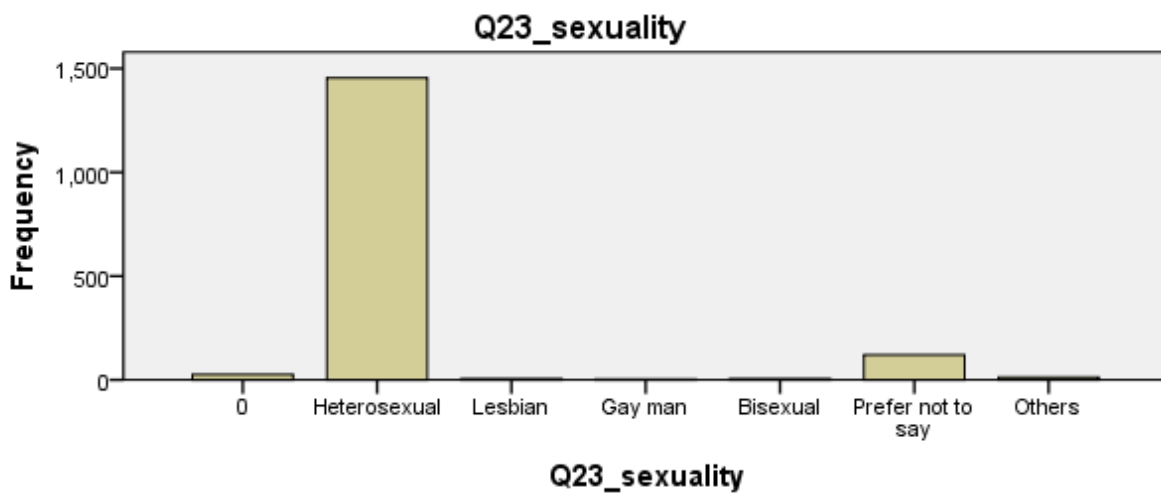
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	.1	.1	.1
	White	1675	92.6	98.9	99.0
	Mixed	5	.3	.3	99.3
	Asian or Asian British	5	.3	.3	99.6
	Blank or blank British	4	.2	.2	99.8
	Any other	3	.2	.2	100.0
	Total	1694	93.6	100.0	
Missing	-9	115	6.4		
Total		1809	100.0		



Sexuality

Q23_sexuality

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	26	1.4	1.6	1.6
	Heterosexual	1455	80.4	89.4	91.0
	Lesbian	6	.3	.4	91.4
	Gay man	3	.2	.2	91.6
	Bisexual	5	.3	.3	91.9
	Prefer not to say	120	6.6	7.4	99.3
	Others	12	.7	.7	100.0
	Total	1627	89.9	100.0	
Missing	-9	182	10.1		
Total		1809	100.0		



Relationship to adult care

Q24_client

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	9	.5	.5	.5
	Yes	1299	71.8	71.8	72.3
	No	485	26.8	26.8	99.1
	3	12	.7	.7	99.8
	4	3	.2	.2	99.9
	5	1	.1	.1	100.0
	Total	1809	100.0	100.0	

Q24_carer

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	.1	.1	.1
	Yes	135	7.5	7.5	7.6
	No	1672	92.4	92.4	100.0
	Total	1809	100.0	100.0	

Q24_staff

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	.1	.1	.1
	Yes	154	8.5	8.5	8.6
	No	1652	91.3	91.3	99.9
	3	1	.1	.1	100.0
	Total	1809	100.0	100.0	

Telephone Helpline and follow-on calls

Over 900 calls were received by the dedicated helpline hosted by Call Derbyshire. Just under 1/3 of these calls (235 calls) were passed to the Stakeholder Engagement and Consultation Team. Callers were generally seeking reassurance that they understood the proposals correctly or were seeking clarification of the details of the proposal.

People sought clarification about what effect the changes would have on their individual circumstances, for example some people did not know whether they fell into the higher moderate category or not. A frequent point to be clarified was around capital and whether a couples assets would be taken into account or just the individuals.

There were 26 telephone calls where people requested assistance with the form, which resulted in a home visit or assistance over the phone. 6 telephone calls requested the consultation papers in an alternative format.

Derbyshire Challenge Webpage

People were directed to the Derbyshire Challenge webpage which gave additional information and stored all the consultation pack materials for people to browse and download at their leisure. It also provided the link to complete the questionnaire online. At the time of the Adult Care consultation 2 other consultations about mobile libraries and transport in CAYA were being run and therefore it is difficult to be clear as to the proportion of people accessing the Derbyshire Challenge page solely for the Adult Care Consultation. However the breakdown of number of hits on the overall Challenge page and subsequent documents specific to Adult Care are detailed below.

Views 28 Jan-21 April 2014

	No. of hits
Derbyshire Challenge Page	2015
Consultation Page	3136
Attached Documents	
Excel (in total)	265
Consultation CoFunding Calculator	248
Consultation CoFunding Calculator April	17
PDF Documents (in total)	2370
Client Letter 1 (those people with substantial or above level of need)	218
Have your say on increasing the amount you pay	213
Have your say on changing who qualifies for council care	186
Derbyshire Challenge	166
Client Letter 2 (those people with higher moderate level or below)	161

Letters and Emails

26 letters and emails were received concerning the consultation of which 10 were from clients, 10 were from carers and 6 were from voluntary organisations or pressure/campaigning groups.

CASE STUDIES – In addition 5 case studies were sent in from clients. They were predominantly from people with learning disabilities and one person had a physical disability.

Meetings

A total of 1,226 people attended meetings across Derbyshire during the consultation. Approximately 384 clients, 348 carers, 316 staff and representatives of agencies and 178 members of the public were present at these meetings at which the consultation was discussed with a member of the Stakeholder Engagement and Consultation Team. At the meetings many questions were asked about the proposed changes which allowed people to have a better understanding and so helped them to send in their comments via email, telephone, postal and online questionnaires or by writing a letter.

What people said?

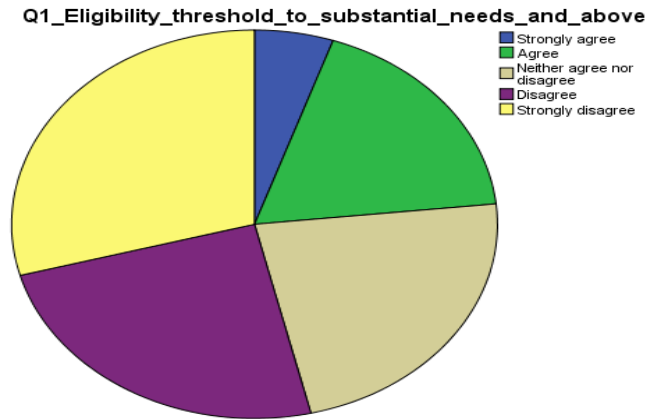
Proposed raising of FACs Eligibility Criteria

Quantitative Analysis

Q1 How strongly do you agree or disagree with this proposal to raise the eligibility threshold to 'substantial' needs and above?

Q1_Eligibility_threshold_to_substantial_needs_and_above

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	85	4.7	5.2	Strongly agree + agree 23.3
	Agree	293	16.2	18.1	
	Neither agree nor disagree	372	20.6	22.9	Neither agree nor disagree 22.9
	Disagree	397	21.9	24.5	Disagree + strongly disagree 53.7
	Strongly disagree	474	26.2	29.2	
	Total	1621	89.6	100.0	100.0
Missing	-9	188	10.4		
Total		1809	100.0		



Qualitative Analysis

Free text boxes - Questionnaires

The most common responses given was that by bringing in the change to the eligibility criteria then Adult Care would be putting vulnerable people at risk, would result in putting additional pressures on carers and family members and would greatly reduce the level of independence, choice and the quality of life of people with disabilities.

Impact on Clients:

'I understand you need to save money but why do people need to pay when they will not be able to afford to pay for care+support' (client 68)

'People who are currently supported less than 'substantial' may face a great possibility in the decline of their health (mental health) the support enables many people to live in the community and in some cases could be the difference between living and being supported in the community or having to give up their home and independent living and live in a residential home. I speak from personal experience.....'(Client)

This is of great concern that people will slip through the net that really need support. This may make more vulnerable people more vulnerable (Client)

The care and level of support is very important to improve quality of life and makes a massive difference to people unable to care for themselves (Client)

Disagree with the threshold changing because some people may look more able bodied than they actually are....(Client)

This service could threaten disabled people's ability to hold down jobs if their social care support is disrupted through change of eligibility threshold..... I need this service due to progressive deterioration of sight. - Without support it will increase my tiredness and more likely make me consider decreasing my hours or give up work. (Client)

Impact on carers:

Any needs not met by services have to be met by carers. (Who are under pressure already?) (Client)

Without the help given to David I would not be able to cope and there would be great risk to us both with a possibility of him having to go into residential care. (Client)

Others commented that one of the impacts of reducing the number of people eligible for support would be to move the burden of support to other agencies and in particular would shift the pressures to the voluntary sector, GP's and possibly to A&E.

People who are assessed as needing care that will no longer be eligible will find it very difficult to adjust to not being entitled to this care. I agree to changes to newly assessed people but it will be very hard especially without help for staying in own home it will cost more to go into residential home

It would leave more vulnerable people without the help they need to live independent lives. Could end up costing more as more chances for accidents in home requiring hospital admissions-permanent care

A little help for people below substantial will prevent further deterioration of condition and thereby save future needs and expenses to all services, NHS etc.

Many people commented that whilst they were greatly unhappy with the Coalition Government and did appreciate that Derbyshire County Council was not to blame for the cuts, there was seemingly a lack of campaigning and lobbying of Central Government by the local authority.

When people have had personal support and don't have much money it is not fair that they may have to give it up just so the government save money (Client)

I think it's diabolical that once again the elderly and infirm are to be targeted by this governments cuts when the people who caused the problems swan about and carry on as normal. These old people have fought for this country paid their dues all their working lives and then are to be penalised - shocking! (Client)

It was also evident that people did not fully understand FACs and so felt that they could not indicate whether they agreed or not with the policy.

Don't really understand how this affects me. Sorry.

A few people commented on the need to have a National, standardised FACs criteria that was the same everywhere in the Country and they felt that a good quality, standardised assessment process was necessary.

This proposal is outrageous. It is subjective because it relies on different Social workers being equal in determining the threshold. I doubt this is achievable or fair. High risk means High Risk and if they are excluded may lead to calling on other public sector organisations so is Counter Productive.

Complement

'I do think the services provided are good value and would not mind a small increase! The meals could do with some improvement' (client 45)

Meetings, emails, letters

Meetings: The most common themes highlighted in the meetings was that if the proposal went ahead then it would have a large negative impact on both clients and carers. For clients it was suggested that

'Going to the day centre raises mum's self-esteem and the quality of care she receives is excellent.....going to the centre gives mum a reason to get up in the morning, if she loses this service she will not have anything to look forward to.....elderly people need social contact with other people not just from their family.' (*Alzheimer's Society Carers*)

'If there is less support then disabled people will become more vulnerable, they will face potentially more abuse in the community and their independence will be put at risk.' (BME Forum)

'This will disadvantage the lower levels and lead to more crisis cases.....(*Chesterfield Equality and Diversity Forum.*)

'Not having a service will affect their mental health.....I would not see my friends any more.....I would be bored at home ...(*Parkwood client*).....They would lose all structure in their lives.....' (*Parkwood Carer – LD day service.*)

People who do have a higher moderate level are still very vulnerable – if they don't get support then they will suffer (abuse, isolation, health/wellbeing, no safeguard, no CRB)..... People's wellbeing will suffer – no social contact with someone their own age.....There is nothing else for people to do as an alternative.' (*County LD Board*)

For carers.....'As a carer if I didn't receive care for the person I care for anymore it would severely impact on my life as I need that respite and support in place to help me cope.....Caring for a person with dementia can sometimes be violent and we need a break from caring.' (*Alzheimer's Society Carers.*)

If the support goes then it will have a detrimental effect on carers.....and what about the hidden carers....young carers – if their parents have less to spend on support what impact will this have on young carers..... (*Chesterfield Equality and Diversity Forum*)

'If carers refused to provide their services free of charge there would not be a saving by changing the eligibility threshold' (*Derbyshire Carers meeting*).

'If it goes ahead it will have a massive impact on carers – how will they cope without support – it's respite – it allows them to be able to cope with the hours that they care – without just a little support many carers could crumble.' (*Disabled Joint Consultative Group.*)

'To be a carer for a long time takes all your energy and often results in broken relationships and mental health issues – these proposals will add further stress to carers' (*Fairplay, young people with LD and carers meeting.*)

' If the service was not provided I would not be able to work whilst my son comes to the service' (*Parkwood LD Carer*).....if I didn't come to Parkwood my mum would not be able to cope as she is poorly too' (*Parkwood LD Client*)

Participants also felt that the voluntary sector and GPs would be put under even more pressure if the proposal went ahead as well as people being fast tracked into residential care.

'And the voluntary sector can't pick up the pieces – they are getting burnt out too.....their funding is being reduced too.....(*BME Forum.*)

'Don't agree – to be told you can no longer have help would accelerate people needing to go into a home.' (*Buxton Memory café.*)

'GP's need to understand the impact that not having support to higher moderate clients will have on their service.' (*Disabled Joint Consultative Group*)

'What plan is in place for people under the higher moderate, how are they going to be supported. Impact of other services like NHS, Mental Health Services.' (*County LD Board*)

Emails: Again many respondents who chose to comment via email, felt that the proposed change would have a negative impact on individuals' independence and ability to choose. One carer was angry that the support provided by the family carer was off-set against the person's level of need. They said that 'if someone was assessed as having an overall substantial need but the carer was happy to provide a generous level of support, then that person's eligibility level would be reduced to higher moderate even though their core needs had not changed. If the proposal then went ahead then this person would no-longer be eligible for any support and all the support needs would have to be picked up by the carer.' In addition many clients gave personal accounts of how they would feel if the cuts went ahead.

' I don't think I would qualify for support after I have been re- assessed this would make me angry and upset ,it's not fair! I would be sat at home with my Elderly Father and I would probably become his carer. It would knock my confidence and make me feel useless. My independence would be taken away from me. My Father and I would not have time away from each other which is important to us both, our quality of life would suffer.' (***Elected learning disability rep from NE and Bolsover Partnership Board***)

'The life chances of the people in receipt of adult care services are already far below those of the general population and reductions in services would take them even further below that level.' (***Chair of the County LD Partnership Board***)

'I am able to do the things that I want to do, be independent, make good choices in my life and give the community something back with my volunteer work due to the help and support that I receive. Cuts to these services will affect disabled people's lives and so I think other ways need to be looked at to find funding so that people continue to receive the

care they need and for those who need it in future. So that people don't suffer, become unwell or harmed. (*Service user*)

Letters:

Equally people responded to the consultation using a written letter with similar views. Clients illustrated what would happen and how they would feel if the FAC's criteria proposal went ahead.

If the centre closes what happens to my course that I am doing? I can't go to college and do my courses because the help and support won't be there and college work is a fast pace.

I would be embarrassed to go to college because I wouldn't like people telling me what I can't do.

How would I get to college?

Who would help me?

What do you think we would do all day if the centre shuts or we can't come as many days.

LD clients from Parkwood day services.

'My Mum attends Shirevale, it gives her a reason to continue to look after her appearance, the staff are kind and understanding, she feels safe and cared for. I truly believe that without it she would deteriorate rapidly, mentally and physically. I would go so far as to say that without this service she would lose the will to live.' *Carer of elderly Mum*

'As a person with cerebral palsy who relies very much on social care support to live an independent life – the proposal to raise FACs means that people like me, with higher moderate needs, will no longer qualify for support. I get assistance with minor tasks like doing buttons up and meal preparation and whilst people like myself can do these things it takes an inordinate length of time and effort. This has a major impact on our ability to get out and undertake a day's work and lead an active social life.' *Client with cerebral palsy*

One carer put forward a business type scenario saying that 'if you cut back on any business, it gets smaller.....so in order to increase a business you need to increase numbers of customers and add income from new service offers whilst maintaining the same cost base and staff levels, savings can undoubtedly be made by cost cuttings but cutting services or customer base only leads one way.'

Another carer of a person with learning disabilities felt that 'going forward if we lose our services and respite care it will be very hard to sustain what our son has already achieved.'

Many respondents commented about the cumulative effect of these proposals.....

'By raising the FAC's at the same time as reducing the resources available for universal offer services such as supported housing and those available for the voluntary sector.....it means many more people will be left in very vulnerable positions.....the cumulative effect of these proposals will be to significantly increase poverty and social exclusion of disabled people and put major stress and pressure on carers.' LD Carer Derbyshire Dales.

Proposed changes to Co-Funding

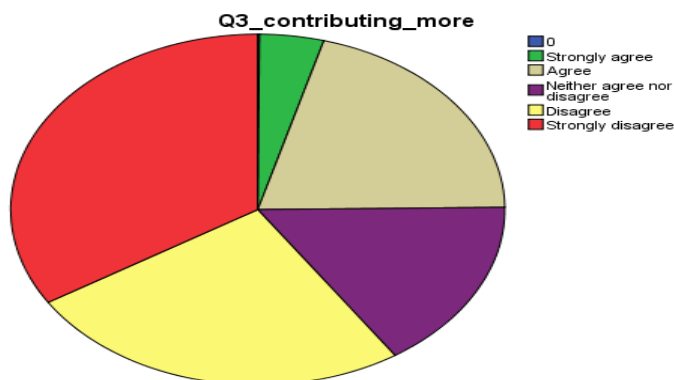
Quantitative Analysis

OVERALL

Q3 How strongly do you agree or disagree with contributing more towards the support we provide through a personal budget or direct payment?

Q3_contributing_more

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	.1	.1	
	Strongly agree	72	4.0	4.2	Strongly agree + agree 24.8
	Agree	352	19.5	20.5	
	Neither agree nor disagree	272	15.0	15.8	Neither agree nor disagree 15.8
	Disagree	438	24.2	25.5	
	Strongly disagree	582	32.2	33.9	Disagree + strongly disagree 59.4
	Total	1718	95.0	100.0	100.0
Missing	-9	91	5.0		
Total		1809	100.0		



Qualitative Analysis

Free text boxes - Questionnaires

Whilst people were still not entirely happy with this proposal, overall this proposal received the most positive comments as long as it was a 'fair' increase.

'A small rise would probably not be too bad for most people.' (Client)

They also commented on the equity of who pays and that if they were going to be paying more then they wanted the service to be of good quality.

Providing my father received quality & appropriate care for his needs we have no problems using his attendance allowance to pay for it. (Carer)

Happy to pay more for a good level of services. (Client)

However again many people also commented on the affordability of the increases and raised concerns over the cost of living increases coupled with the reduction in benefits meaning that vulnerable people were further being 'penalised.' It was felt that by reducing the amount of DLA left after Co-Founding increases less money would be available for vulnerable people to spend on buying extra help like laundry, gardening – which allowed them to keep their independence and supported them to continue to live in their own homes.

I have to care for my daughter full-time in a variety of ways and it would be very difficult to make any higher contribution without it affecting her day-to-day life and her wellbeing. (Carer)

In my case an increase would mean even more financial support from my parents as my current DLA allowance does not cover my: direct payment contribution, additional expenses at my DCC arranged care service board and travel expenses to and from doctors/hospital appointments for the other disabilities I have i.e. Hearing problems and medication reviews. (Fairplay - Chesterfield),

I strongly disagree with these proposals; I have up until my illness worked right from leaving education and had paid national insurance contribution. Whilst there are people who claim fraudulently, there are people like myself who genuinely need this support

Day to day life is a struggle at best. Increasing the burden of paid care will historically be seen as a 21st century form of euthanasia! (Client)

People who have a learning disability should not be penalized for having a disability and should receive all the help and support they need to live as 'normal a life' as possible

Meetings, emails, letters

Meetings: On balance the consensus of people attending the meetings was that they would prefer to keep a service and pay more rather than not have a service at all.

'I would gladly give more to keep a service'if there had to be an increase then 60% is probably fair'*Older People's day service carers meeting.*

Although there were participants who didn't agree.....

'People don't have any surplus to pay for the proposed increase. Everything costs more when you are disabled, e.g. a feeding cup costs £15 where as a normal cup costs £2 – that's what the DLA is there for.' *Hadfield Rd LD carers group*

It's an accident waiting to happen – if you ask people to pay more of DLA people couldn't afford it and so would not be able to attend which could lead to isolation, ill health, mental ill health and possibly death.' *Disabled Joint Consultative Group.*

Parents of young people with a learning disability give up work to look after their children and this has huge financial implications on their lives – so paying more for care impacts even further.' *Fairplay*

Concerned that the changes to how much someone pays will have a greater impact on what money someone has to spend on other important things'..... LD County Board

'It would stop us from going out and having a life.....I wouldn't be able to go fishing....' Parkwood LD clients.

Others pointed out that contributions should be proportionate to the level of service provided and only when people attended as well as suggesting that the contribution scheme should be means tested.

Emails: Comments about the general proposal to increase the amount people paid towards their support was very mixed.

'Although not gaining approval, there was significantly less resistance to a change in or introduction of a pricing structure than to the reduction or elimination of services. All contributors recognised that the provision of adult services were vital to the conduct of their daily lives, not merely an additional convenience. Many stated that they would be prepared to pay more for some of the services they received provided that it was a reasonable amount. **(Chair, LD County Partnership Board)**

'How can a Labour-led administration ethically comply with central government policies which will undeniably make poor people poorer? (i.e. by increasing charges for local social care services. People on welfare benefits have a finite income - which is being eroded year-on-year. Hence the rise of food banks.) Surely this targeting of the poor and vulnerable is completely contrary to the Party's constitution and Labour representatives on councils should be actively challenging this on every level? Why did the council not refuse to set a balanced budget and go head-to head with the Coalition on behalf of the poor people of Derbyshire who voted it in? **(CARER, Derbyshire Dales)**

'There will come a point where people living in the Community will not benefit from doing so - because they will not be able to afford to access it! **(CARER, Derbyshire Dales)**

Letters:

The main comment coming from letters in response to the proposed increase in co-funding contributions was that it comes at a time of heightened reductions in state benefits for

disabled people coupled with increases to the basic cost of living. Many respondents felt this was unfair and unsustainable.

The second area of concern is the introduction of charges for care services, at a time when people like myself are having our DLA and PIP withdrawn as we no longer meet the new eligibility criteria. This will have a severe impact financially and take away any incentive for disabled people to secure employment. Furthermore, it raises the fundamental question of why should people have to pay for support with the basic tasks of personal care which are essential to daily living and are of a nature that most take for granted.

Client with Cerebral Palsy

In particular the plight of people with learning disabilities was stressed in many correspondences.

'Younger disabled people should **not** be discriminated against by a charging policy that leaves them with fewer resources than older people. Older people have mostly had some chance to build up assets and household goods before the onset of disability but this is not true of people disabled at birth or during childhood. They struggle to acquire the resources to fund the basics of life like cookers and coats let alone the normal accoutrements of modern life such as TVs, mobiles and computers.' *LD CARER DD*

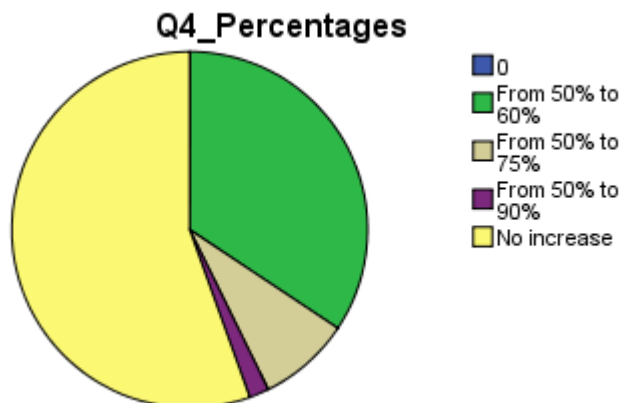
'You have also proposed changes to the fairer charging policy and I will remind you that people with a learning disability are amongst the most financially vulnerable people in society and when looking at the fairer charging policy, to take account of this factor coupled with the higher costs associated in other aspects of a disabled persons life such as heating, washing and specialist diets' *MENCAP*

CHANGE ONE

Q4 Which level of increase would you consider appropriate?

Q4_Percentages

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.1	.1	
	From 50% to 60%	572	31.6	34.3	
	From 50% to 75%	140	7.7	8.4	All levels considered appropriate 44.5
	From 50% to 90%	30	1.7	1.8	
	No increase	926	51.2	55.5	No increase 55.5
	Total	1669	92.3	100.0	100.0
Missing	-9	140	7.7		
Total		1809	100.0		



Qualitative Analysis

Free text boxes – Questionnaires

Positively, again many people saw that by paying more would 'help the council' to make savings but again most said that the increase should not be too high and that it should only be raised once – they did not want to be consulted again because the Council needed more money.

Disabled are on fixed income so only a small increase

Think that any increase should be limited only to the rate of inflation, if, for example, a 90% increase were introduced it would not even leave, per week, enough money to buy one packet of incontinence pants from Sainsbury's at least 2 or 3 packets before I qualified for prescription packs!

We are very much aware that Derbyshire county council is under financial pressure and therefore, even though it will affect adversely our personal income/budget, we are prepared to pay a minimum rise in weekly contribution.

The most frequent negative comments were again related to the impact that paying more would have on individual's income and the consequence this would have on the household budget be it either for families with people with learning disabilities or other disabilities or frailty.

How do you expect people to live on the already small amount of money they have, people are struggling to heat their homes etc., and will not afford increases in payments. (Client)

Think that the proposed change would have a severe impact on me and most other disabled people. I.e. let us take money from the most vulnerable (Client)

I pay enough because with all other bills going up in price I would not be able to afford it. (Client)

No one who does not have DLA/PIP or attendance allowance should be exempt from co-funding! (Carer)

if someone has higher rate they should pay more! (Carer)

DLA is not only to cover care it is toward other areas of life ie preparing food etc.

If recipients should top up ie if dcc asks for 60% and if 50% then they should pay 10% to dcc for it.

Meetings, emails, letters

Meetings:

Of those meetings where a consensus prevailed, the maximum suggested was an increase of 60% and no more, that was fixed for a period of longer than one year with a guarantee of no further increases.

'60% should be the maximum someone has to contribute – (consensus of opinion at the group).....do not agree to applying more.....the figure set needs to be set for more than one year so people know where they stand.' *Alzheimer's Society Carers*

'Yes to increase a little, seems fair to pay out of Attendance Allowance as that's what it's there for.' (Buxton Memory Café)

Overall the group agreed to put up the contribution by 10%. (Derbyshire Carers Meeting)

On the other hand, others did not agree in any increases predominantly because of affordability.

'DLA has to cover so many other things not just paying for social service support needs to look elsewhere for savings.' (Chesterfield Equality and Diversity Forum)

'Carers take all the pressure for these changes; we are juggling time, money and energy all the time. (Derbyshire Carers Meeting)

Do not agree with any increase at all as we are struggling to manage now (Dronfield Memory Café)

Letters:

Again the letters acknowledged the difficult position that DCC is faced with due to Central Government budget reductions and many felt that 60% contribution was the most fair of all the increases. However, many respondents wished to also highlight the situation faced by disabled and vulnerable people.

'The DLA care component was never intended to fund individual care but to support the 'hidden costs of disability'. This phrase was always used by current and previous governments as a reason not to extend winter fuel payments to disabled people of working age. It is for special equipment and myriad other individual needs, too. It's already a struggle to pay £26.50 a week. Even an increase to a 60% contribution (a word implying a voluntary act) would be very difficult. A 75% or 90% raise is unthinkable. I would need support from a food bank and be unable to pay my bills.

Also, please be aware that the bedroom tax has hit disabled people disproportionately harder than any other group

I cannot give my Wheelchair Accessible Vehicle (WAV) back to Motability, thus saving the DLA mobility component, because I would never be able to go out. Doveridge is miles from anywhere so an accessible taxi – only seen in cities – would be unfeasible. I also need to be able to afford diesel'... *Disabled service user*

Carers also wanted to give their perspective.....

'Family Carers never have a break from caring if the family member lives at home with them and this needs to be considered. Day services are a brief respite but the carer responsibility is still there. The same applies to respite'.....'Some carers are considering relinquishing their carer's responsibility and asking for family members to live in the community to protect their own health....*LD Carers*

Below are some suggestions put forward as amendments to the co-funding policy listed in people's letters: (*LD Carers*)

Fair and EquitableCo-funding needs to be charged on a pro rata basis, if a client does not receive enough funding for 5 days then the client contribution should be less. When in respite there is a further contribution the client makes each nightly stay. Currently £11.26.

Fair and equitable.....With enough notice to the services, Holiday periods, sickness, Closure days should not be charged to clients. After all the client is not receiving a DCC service but having to pay out for private care support.

Quality services that give value for money.....Before the DCC consider increasing any charges for the Day service, a full review should be undertaken. A curriculum similar to education introduced to stimulate the mind of clients. Staff to be re trained to remember the purpose of their job.

Look for local solutions to the cuts..... e.g. use existing resources more efficiently, in Erewash some facilities could be combined to save money. Charge for people to use existing services out of hours i.e. snoozlum. LD Carers in Erewash

Limit the increases.....If an increase in charges is essential it should be limited to 1% per annum as benefit rises are; or at least be no higher than inflation over the period since they were introduced. Disability related benefits are there to help with all the costs of disability, not just paying for the support the local authority provide.

People in employment....Disabled and elderly people in employment should pay for the support they receive from Adult Care rather than having employment income ignored because they are better able to afford the charges than those who, despite trying, are unable to obtain work because of their disability.

LD Carer in DD

Emails: Again the responses received via email matched those given elsewhere. Many people agreed that in order to meet the budget pressures then charging more for services was an acceptable option as long as it wasn't too much. For most people 'too much' was anything over 60%.

If the amount we pay increases to 90% I would not be able to go to the Day Centre four days a week like I do now I would only be able to go twice a week this would upset me, I would feel isolated, lonely and sad. It would mean that I miss out on some of the good things I do at the centre. **(NE and Bolsover service user rep)**

Myself and my Son fear the cuts. I fear being placed in the bottom level and therefore having my Home Care cut out. I fear for my son who has Home Care in the morning, goes to a Day Centre four days a week and Respite Care Once every two months in a year. Extra costs on these services will place a great deal of pressure upon us both, I know I would not be able to afford them all. *(LD Carer)*

However again one or two people felt that any increase was too much.

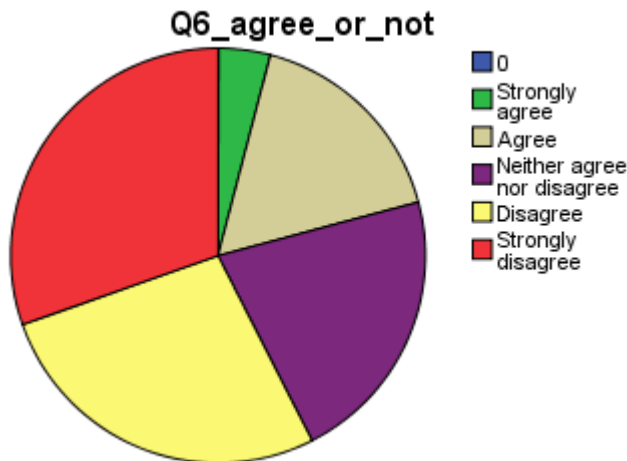
How can a Labour-led administration ethically comply with central government policies which will undeniably **make poor people poorer?** (i.e. by increasing charges for local social care services. People on welfare benefits have a **finite** income - which is being eroded year-on-year. Hence the rise of food banks.....Where will it end - there will come a point where people living in the Community will not benefit from doing so - **because they will not be able to afford to access it!** *(Carer, Derbyshire Dales)*

CHANGE TWO

Q6 How strongly do you agree or disagree with lowering the amount of income a person can have before starting to contribute towards care?

Q6_agree_or_not with lowering the amount of income a person can have before starting to contribute

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.1	.1	
	Strongly agree	67	3.7	4.0	Strongly agree + agree 20.8
	Agree	281	15.5	16.8	
	Neither agree nor disagree	363	20.1	21.7	Neither agree nor disagree 21.7
	Disagree	454	25.1	27.1	Disagree + strongly disagree 57.5
	Strongly disagree	509	28.1	30.4	
	Total	1675	92.6	100.0	100.0
Missing	-9	134	7.4		
Total		1809	100.0		



Free text boxes – Questionnaires

People commented in much the same way as in the other proposals. Many made reference to the impact that any reduction in overall income/benefits would have devastating results.

The majority of pensionable people cannot afford to pay more money On top of the crippling amount already charged £26.50

My cost of living will not have gone down so if the income goes down as you propose I will be in fact being financially worse off.

If you lower the income then a lot of people will be made poorer.

I strongly disagree with these proposals; I have up until my illness worked right from leaving education and had paid national insurance contribution. Whilst there are people who claim fraudulently, there are people like myself who genuinely need this support

People who have a learning disability should not be penalized for having a disability and should receive all the help and support they need to live as 'normal a life' as possible

Meetings, emails, letters

Meetings

The majority of participants did not agree with the lowering of the protected income level. Many clients and carers highlighted the fact that they were already struggling to meet all the bills and that it was not possible to meet both the raise in contributions at the same time as reducing the protected income level.

'If the protected income is lowered it doesn't leave much extra money for extras like holidays/food/clothing.....As a single parent who can't work due to caring responsibilities – the money my son gets contributes to the bills like food/electric etc – I am really struggling financially already.' *Parkwood Carer meeting.*

Letters:

In most letters, the protected income level proposed change was commented on only as part of the general comment about disabled and vulnerable people having less money in their purses already and giving evidence of how they may struggle to meet all the proposed increases in charging all in one go.

My Instinct is to condemn Change Two as illegal. ESA is calculated with the edict 'this is what the law says you need to live on'. Anything below that figure is beneath the poverty line, even as outlined by Iain Duncan Smith's department! Client

Emails:

Again for this proposal it was a mixed response. Some people commented that this proposal was ok and a few people commented on the impact this proposal if agreed would have on clients by further reducing people's already limited income resulting in limited life choices being available.

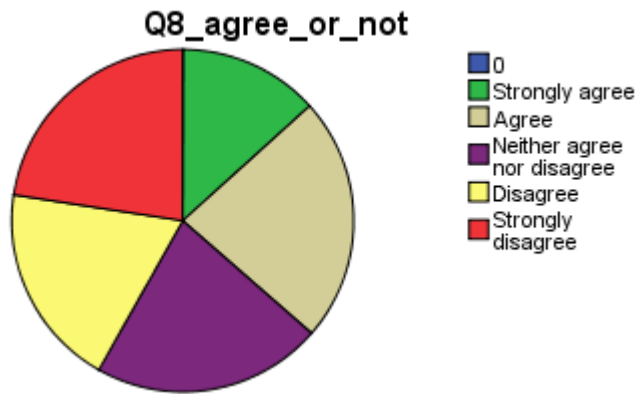
The cuts which Derbyshire County Council intend to impose upon Disabled, the Elderly and all others who use Services (Day Care Centres, Home Care and other services now available) will lead to a great deal of people being at the bottom end of the scale finding themselves having to find monies which they are unable to afford. *(Carer and Elderly Service user)*

CHANGE THREE

Q8 How strongly do you agree or disagree with proposed change three? (those people over £50,000 of saving would pay for all of their support costs)?

Q8_agree_or_not

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.1	.1	
	Strongly agree	223	12.3	13.3	Strongly agree + agree 36.4
	Agree	389	21.5	23.1	
	Neither agree nor disagree	366	20.2	21.7	Neither agree nor disagree 21.7
	Disagree	324	17.9	19.3	Disagree + strongly disagree 41.9
	Strongly disagree	380	21.0	22.6	
	Total	1683	93.0	100.0	100.0
Missing	-9	126	7.0		
Total		1809	100.0		



Free text boxes - Questionnaires

Many respondents felt that the proposal to ask people with savings of more than £50,000 to pay the full cost of their support costs was not a fair charge. People felt that this proposal was a way of penalising those people that had been careful with their money.

People with savings work hard to save all their life and should not be penalised. They will have paid high taxes all their working life (Client)

That is penalising older people who have saved all their life (Client)

There is no incentive to work and save. If you spend your money you are better off than someone who tries to budget for hard times (Client)

It should be taken into account if someone has worked all their life and saved for their retirement that this retirement fund should be exempt. (Client)

On the other hand, many others felt that the co-funding policy should be means tested and that people should pay a fair price that reflected their ability to pay.

Believe if the person eligible for services has savings or assets over £20.000 (not including their main home) they should pay for all the care they receive. This means for a couple if they have savings or assets of more than £40.000 they pay. I believe this is fair and £50.000 per person is far too generous. (Client)

Clients with lots of cash behind them should be the ones to pay a higher contribution rather than the people struggling to live/cope on benefits alone. £50,000 seems a reasonable cut off point. (Client)

Everybody needs help, regardless if they have savings they should pay a percentage. (Client)

Meetings, emails, letters

Meetings

Again the consensus view about this proposal was that it was a fair policy.

'If someone can afford to pay for their care then they should.....Alzheimer's Society Meeting.

However a few groups queried the cost of administering this charge and others felt that people with savings over £50,000 should pay for some of their care costs but felt that paying for all of them was too much.

'This should be a smaller % not 100% - why should we be penalised for having savings.'
Derbyshire carers meeting.

Letters:

Again letter correspondence produced a mixed response.

'I don't disagree with Change Three; I feel this would be entirely sensible. Stretched public funds should not extend to wealthier disabled people, in the current financial climate.' **Client**

In comparison, others wrote:

'We were then told that there will potentially be no funding for anyone with over £50,000 in assets. Our care bill is in excess of £70,000 per year after deducting the AA.....Our Dad could possibly live another 10 years, he is only 77 years old. If our Direct Payment contribution is taken away from us we will not be able to sustain the cost of care plus the cost of living for anything like this period of time. We really do not want to sell his house as we have already spent a significant amount of capital in adapting his home. I doubt anyone within the Council has thought about how people fund the gap in care costs from assets of £50,000 and what happens to these people when they can no-longer fund the gap.' **Carer of elderly Dad**

'Maureen does have some savings, however these have been invested for her to try and bring in some income to pay for her rent, her council tax, water, electricity and of course food. She is not living a fancy life, and her incomings in no way equal her outgoings currently, it is a very fine balance already. How is she supposed to find an extra £600 + a month to pay for the care that she cannot do without? (Carer)

We are trying to keep her where she is, to give her some quality of life, if these changes are introduced she may not be able to stay where she is, but I cannot see where else she can go, perhaps you have some suggestions that would help, as I said earlier she has no children.'
Carer Nephew of elderly Aunt

Emails:

On the other hand a few participants who sent in their comments via email felt that the proposal linked to the £50,000 saving was too harsh.

'Fritter my money away and you will pay for my care, if I am careful and have savings then I must pay.....is this fair?' (Elderly service user)

Proposed transport policy and £5 charge

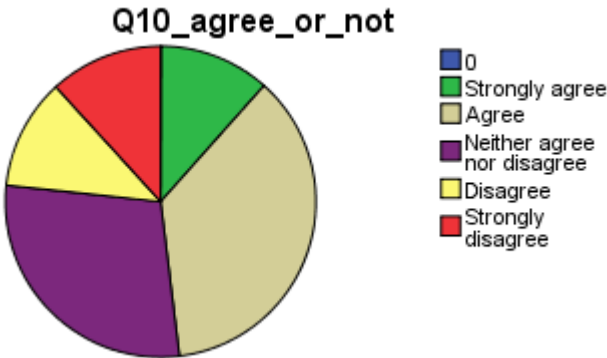
Quantitative Analysis

CHANGE ONE – THE POLICY

Q10 How strongly do you agree or disagree with the introduction of a new adult care transport policy?

Q10_agree_or_not

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.1	.1	
	Strongly agree	182	10.1	11.5	Strongly agree + agree 48.0
	Agree	576	31.8	36.5	
	Neither agree nor disagree	452	25.0	28.6	Neither agree nor disagree 28.6
	Disagree	182	10.1	11.5	Disagree + strongly disagree 23.3
	Strongly disagree	186	10.3	11.8	
	Total	1579	87.3	100.0	100.0
Missing	-9	230	12.7		
Total		1809	100.0		



Qualitative Analysis

Free text boxes - Questionnaires

Again many people acknowledged the need for a transport policy but wanted reassurance that the transport assessment would be transparent and fair.

As long as the travel arrangements are assessed correctly and fairly (Client)

It's fair only if an assessment is done that will allow everybody to have a fair transport system (Client)

If people are able to get to day centres themselves I agree they should use their own mode of transport. I would think the majority who are going to day centres have not and need social care.

Paying a fair price was also important. One of the most popular responses was that it was imperative that the policy allowed help to be directed to those people who most needed it.

If people have to use transport to get to use a service they should get it provided (Client)

Only provide transport for the very needy. People with £50,000 savings can afford taxis etc people with mobility allowance should be provided & own transport

Anyone who needs services should get them. Also environmentally it is better to have group transport.(Carer)

Transport to day centres should be kept. If taken away it means the carer has increased stress trying to take relative to public transport/taxi etc + reduces their respite time considerably. Respite time is precious as it is (Client)

Meetings, emails, letters

Meetings:

The overall opinion was that having a transport policy was a fair proposal.

'This is a good idea to ensure that transport is available for the people who need it.'
(*Derbyshire carers meeting*).

However, some groups felt that it might have a negative impact.

'Again it feels like you are picking on the vulnerable again.....it's an accident waiting to happen – if people can't get to day service they would not be able to attend which could lead to isolation, ill health, mental ill health.' (*Enable Carers Meeting*)

Letters:

From the letter correspondence, many people were concerned about the proposal for a transport policy. They highlighted areas where it would be unfair for particular groups of people.

'With reference to the significant increase in transport charges, you are undermining the point of the DLA mobility component - it is designed to serve as a kind of historic personal budget, in that it enables true choice and control, allowing an individual to choose how to meet their mobility needs based on their individual needs and people will have to make a choice now between using these monies to access services or retain independence in other aspects.' (*MENCAP*)

The group felt that the service could discriminate against service users who may not be physically or mentally capable of using alternative methods of transport. It was also feared that due to the rise in price it would deter users from using the transport and thus potentially isolating them even further.

(Disabled Joint Consultative Forum)

Views from a small voln group – asking not to reduce their funding – they are a lifeline to people over 80 in their area – *(Town end Friday club)*

Emails:

The Gold Card was highlighted as ‘**worth keeping**’ whilst overall people were concerned about the proposed transport policy putting people off attending day services because they did not want to pay, couldn’t pay or did not want to find alternative ways of getting themselves to the day service. People were concerned also that coupled with the proposal on FACs that this could remove some very isolated, rural individuals from being able to access a service adding to and contributing to their isolation, social removal with the potential of this leading to depression and other mental ill health.

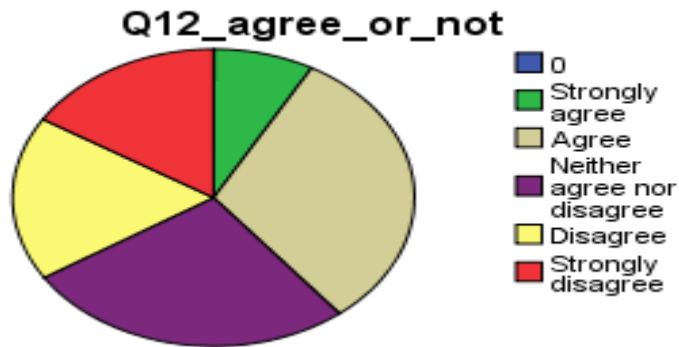
‘My son fears that his Day Centre might be one that will be listed for Closure. He fears that his level of care might drop and the extra costs proposed for transport etc will impact upon him to the extent he would not be able to afford it and as such further pressure would be placed on me. *(NE & Bolsover service user.*

CHANGE TWO – FLAT RATE CHARGE

Q12 How strongly do you agree or disagree with the introduction of a flat rate charge paid by clients to transport them to and from day services and activities that clients and voluntary groups who do not have an eligible need should pay up to the full cost of the journey?

Q12_agree_or_not

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	1	.1	.1	
Strongly agree	127	7.0	8.0	Strongly agree + agree 39.1
Agree	491	27.1	31.1	
Neither agree nor disagree	422	23.3	26.7	Neither agree nor disagree 26.7
Disagree	282	15.6	17.9	Disagree + strongly disagree 34.1
Strongly disagree	255	14.1	16.2	
Total	1578	87.2	100.0	99.9
Missing -9	231	12.8		
Total	1809	100.0		



Free text boxes - Questionnaires

Many people acknowledged that paying for transport was fair as long as it reflected people's ability to pay, was means tested and reflected the distance travelled.

If people have more than £16,000 in the bank then they should pay the whole cost of transporting them around or arrange a shared taxi if it works out cheaper (which is what I would do for me and friends.)

If people can afford to pay they should if people have little money then they should be helped to get to day centres means tested

Charge is fine if there is any other method of transport but my mother lives in an isolated village with no transport services

My neighbour travels to a weekly day service - she tells me it would be cheaper to get a taxi than pay the flat rate charge

Many felt that a £5 charge was too much and when added together over a number of days would take a lot from people's benefits leaving them with nothing left.

£3 would be fairer

£5 seems a high fee for travelling around 200 yards!

Whilst accepting fuel costs have increased £5 seems over the top especially if it only involves a short Journey of a mile or so and this may be on top of possible increased charges. £2 would be more reasonable

Other comments covered the worry that some people may decide that they could not afford to attend day services and so would have an impact on their quality of life and potentially leave them very isolated.

Although it is a modest charge it could prevent those on low income getting out and about

We would feel it wrong for any person needing to attend day care services/activities to be dependent/obliged to pay the proposed £5 fee. They would lose a valuable amenity

I agree in principle but a lot of the older generation will not want to pay so therefore will be isolated at home

If day services and activities are essential in aiding recovery, charging would not be possible for a number of people, therefore recovery would be impaired

If a person cannot get out under their own steam and have to rely on taxis they should not be penalised for doing so

Meetings, emails, letters

Meetings:

People who attended the meetings gave a mixed response to this proposal. Some clients said that they felt it was a fair charge whilst others felt that it was too much and would again reduce their limited income even further.

Some people highlighted the policy of having to give 48 hours notice when sick or unable to use the transport was not very fair. They also talked about the gold card and the fact that they could not use it before 9.30 as being unfair. Groups mentioned the need for the policy to be equitable and for the flat rate charge to be changed to people only being charged for the distance they travelled. They suggested that payment at the point of travel would again be more equitable. People commented on the cost of attending a day service 5 days a week of £25 would make it unaffordable to many.

Letters:

Many of the respondents who wrote in with their comments felt very strongly about this proposal. Whilst they could see why it was being proposed again many people wrote in wanting to explain the impact that charging might have on disabled and vulnerable people.

‘The current proposal to introduce flat rate charges for travel to day services and respite care is totally misguided. Having a policy would be good but it **must** take into account both ability to pay and the rules and regulations on the use of mobility purchased cars. Under your current proposals, people on the lower rate of mobility allowance could face charges significantly higher than their allowance and people will struggle to afford to travel anywhere else be that vital medical appointments or a relative’s birthday party.’ *LD Carer DD*

Suggestions of how the charging policy for transport could be improved are indicated below:

-needs much more information for clients and carers.
- The client base of Learning disabled and other disabled are massively different and the policy needs to reflect this so.....An elderly disabled person may have had an active social life, working life, savings, pensions etc. Most learning disabled have had the condition since birth, with no chance of a normal life, no circle of friends, certainly no spare money after living costs.
- The proposed charge of £5 for a single or a return journey is excessive and therefore a single journey charge should be considered.

- It is unclear if clients will be expected to pay even if not using transport on the day because of holidays, closure days, sickness etc.
- To expect clients to pay £5 a day plus an extra £5 a day to go to respite 500 yards away also requires further consideration. Only 1 journey would be by transport.
- People receiving mobility allowance use this benefit to enable them to access a social life, visits to medical appointments, car parking charges.
- A lot of areas outside of Erewash now charge for disabled parking.
- Clients in supported living, without family, visiting hospital regularly have to pay around £57 a round trip by taxi.
- However Elderly Disabled people can book community transport for £1 only per trip and only pay for the journey not a daily charge. It would be cheaper for clients to use this method than pay the excessive charges planned.
- It is also worth considering using a mango type card for clients using community transport. Perhaps the Gold Card could be improved for this use. (LD Carers)

Emails:

Again many respondents felt that a charge was a fair one. Some felt that £5 was too much, others commented that if people were asked to pay for transport then it should be incorporated into one charge whilst again others felt that people should be charged according to the number of days they attended the service.

TRANSPORT – I think it is fair that we have to pay for our transport but £5 a day is too much. I will not have any money left for my activities. If I am not able to use DCC'S transport I would be very worried as I would have a long walk to the nearest bus stop and I panic and get confused I would be left vulnerable and could get bullied. (NE & Bolsover Partnership Board service user)

Combined service user and son with LD service user Myself and my Son fear the cuts. I fear being placed in the bottom level and therefore having my Home Care cut out. I fear for my son who has Home Care in the morning, goes to a Day Centre four days a week and Respite Care Once every two months in a year. Extra costs on these services will place a great deal of pressure upon us both, I know I would not be able to afford them all.

The accumulative impact of all the proposals

I urge the Council to undertake an independent cumulative impact assessment of Derbyshire's disabled and older residents and their carers. The Council need to involve disabled residents in looking at how they can lead more inclusive lives. For example, I urge the Council to consider ring-fencing Independent Living Fund when it is transferred from national to local government next year. I urge the Council to develop a strategy in employing more disabled people to reflect the communities it serves. (Client)

Summary of the Consultation

The number of questionnaires returned and the numbers who attended meetings is considered to be sufficiently high for the responses to be considered representative.

The following summarises each question and the percentages agreeing or disagreeing to the proposal:

How strongly do you agree or disagree with the proposal to raise the eligibility threshold to 'substantial' needs and above?

Strongly agree or agree	23.3%
Neither agree nor disagree	22.9%
Strongly disagree or disagree	53.7%

Which level of increase to your Co-Funding contribution would you consider appropriate? Presently you make a contribution of 50% from your low rate Attendance Allowance or middle rate Disability Living Allowance (Care) or standard rate of the Personal Independent Payment (PIP) even if you receive the higher rate. From 50% to 60%? From 50% to 75%? From 50% to 90%?

In total 44.5% agreed to an increase in the level of Co-Funding contribution. 55.5% did not want an increase at all.

34.3% of respondents agreed to an increase from 50% to 60%.

8.4% of respondents agreed to an increase from 50% to 75%.

1.8% of respondents agreed to an increase from 50% to 90%.

How strongly do you agree or disagree with lowering the amount of income a person can have before starting to contribute towards care?

Strongly agree or agree	20.8%
Neither agree nor disagree	21.7%
Strongly disagree or disagree	57.5%

How strongly do you agree or disagree with the proposal that those people over £50,000 of saving would pay for all of their support costs?

Strongly agree or agree	36.4%
Neither agree nor disagree	21.7%%
Strongly disagree or disagree	41.9%

How strongly do you agree or disagree with the introduction of a new adult care transport policy?

Strongly agree or agree	48%
Neither agree nor disagree	28.6%
Strongly disagree or disagree	23.3%

How strongly do you agree or disagree with the introduction of a flat rate charge paid by clients to transport them to and from day services and activities that clients and voluntary groups who do not have an eligible need should pay up to the full cost of the journey?

Strongly agree or agree	39.1%
Neither agree nor disagree	26.7%
Strongly disagree or disagree	34.1%

The only data which can be analysed is the quantitative data provided above from the questionnaires. It is not possible to offer any statistical analysis of the responses that were received in by email or letter or those views expressed at meetings. The quotes included throughout this report are representative of the views expressed by respondents both through meetings, written correspondence and via the questionnaire itself.

None of the proposals were agreed to by the majority of the respondents. The proposal which was most welcome was the introduction of a transport policy, although it must be noted that less than 50% went on to agree with the proposed introduction of a flat rate charge where Adult Care provide the transport.

Conversely three proposals were opposed by the majority of respondents – the proposal to raise the eligibility threshold, the proposal to lower the amount of income a person can have before starting to contribute towards care and the proposal to increase the level of Co-Funding contribution.

Conclusion

The consultation process has been comprehensive and has allowed over 1800 people to contribute the views purely through the questionnaires and over 1200 to attend meetings to listen and then air their views.

It is clear that the proposals are not broadly welcomed by respondents. They are concerned about services being withdrawn and, should they still continue to get a service that the overall increases in the amount they will pay for services will severely hamper their ability to manage their household budget.

Meetings Held as Part of Consultation						
Date of Meeting	Meeting	Client Group	Number of Clients	Number of Carers	Number of staff	Number of public
16 th Jan	HP and DD LD Partnership Board	LD				
23 rd Jan	LD County Partnership Board	LD	8	10	13	
29 th Jan	Nth Derbyshire MIH Carers Forum	MH				
30 th Jan	Derbyshire Stakeholder Engagement Board	ALL	3	1	3	1
30 th Jan	Reps on Board	LD	20	0	4	0
5 th Feb	NDVA Belper Football Ground	ALL	0	0	60	0
11 th Feb	BME Forum	ALL	0	20	2	0
11 th Feb	North Derbyshire CCG Dronfield Stakeholder Forum	ALL	0	20	0	0
19 th Feb	Sth Derbyshire carers and clients workshops at Newhall (2 sessions)	LD	31	10	7	0
19 th Feb	Shirebrook Day Service Carter Lane	OA	0	6	2	0

20 th Feb	Task Force	LD	37	4	3	0
26 th Feb	Nth Derbyshire MIH Carers Forum	MH	8	35	10	2
26 th Feb	Whitwell Day Service	LD	2	5	0	0
27 th Feb	Alderbrook Day Service	LD	12	31	4	0
30 th Feb	Reps on Board	LD	40	0	4	0
1 st March	Amber Valley LDPB	LD	3	20	4	?
3 rd March	Erewash LD Partnership Board	LD	9	8	8	1
6 th March	DOPAG (Cllr Botham to attend)	OA	0	0	0	20
6 th March	High Peak and Dales LD Partnership Board	LD	6	2	18	0
6 th March	BWE (4.00-6.00)	LD	0	15	6	0
6 th March	Ilkeston Over-50s Forum	OA	0	0	0	67
6 th March	Renishaw Day Centre	LD	8	0	3	0
10 th March	Markham Vale (10.30 – 1)	LD	30	12	10	0
11 th March	Chesterfield LD Partnership Board	LD	19	4	30	0
11 th March	Coal Aston Day Services meeting with clients	LD	10	0	4	0
12 th March	NEDDC Disabled Peoples' Joint Consultative Group	PD	2	0	4	0
17 th March	Matlock 50+ Forum	OA	0	0	0	50
17 th March	Alzheimer's Society Carers Support Group Glossop	OA	1	14	2	0
19 th March	BME Forum (look at EIA)	ALL	0	20	2	0
20 th March	Medway Centre	LD	22	0	9	0
20 th March	Special County Board	LD	8	10	13	0
21 st March	Sth Derbyshire and Derby City MIH Carers Forum	MH	0	26	4	0
21 st March	NE and Bolsover LD Partnership Board	LD	4	1	9	0
26 th March	Alzheimer's Society Carers Support Group Swadlincote	OA	0	0	0	9
27 th March	Derbyshire SHEB	ALL	8	4	3	2
27 th March	Pensioners action group	OA	0	0	0	9
27 th March	Visual Impairment Group meeting held at Doveholes	VIP	12	2	4	0
28 th March	Enable at the Matlock Football Ground	LD	5	3	3	0
4 th April	Hasland Resource Centre	OA	0	4	0	0
7 th April	Alzheimer's Society Carers Support Group Matlock	OA	3	5	3	0

8 th April	Fairplay	Transition	0	17	3	0
8 th April	Shirevale day centre	OA	17	6	4	0
9 th April	Valley View day centre	OA	12	4	2	0
9 th April	Chesterfield Equality and Diversity Forum	ALL				35
10 th April	Joint Carers Meeting Postmill	ALL	1	10	2	0
11 th April	Alzheimer's Society Carers Meeting Chesterfield	OA	0	5	1	0
16 th April	SDVA	ALL	0	0	45	0
16 th April	Parkwood Workshop	LD	43	14	8	0
			384	348	316	187

Derbyshire County Council

Equality Impact Analysis Record Form 2014



Department	Adult Care
Service Area	Fieldwork Services
Changes or proposals	<ol style="list-style-type: none"> 1. To raise the Fair Access to Care Services (FACS) eligibility threshold from 'Higher Moderate' to 'Substantial' 2. To increase the level of Co-Funding contribution that clients make for non-residential services 3. To introduce a transport policy
Chair of Analysis Team	David Gurney Group Manager (Performance)
Date of Analysis	May 2014
Version	0.3

1. Prioritising what is being analysed

a. Description of current service arrangements

1. Raising the eligibility threshold

As part of the assessment process for each client for non-residential care and support services, fieldwork staff determine the FACS banding that the client is in. FACS is nationally defined but it is the responsibility of each council to determine the point at which the eligibility threshold is set for access to services. The Council has set its eligibility threshold at Higher Moderate. This was set by Cabinet on January 25th 2011. If a client is assessed as in the FACS bandings Higher Moderate, Substantial or Critical then they receive a personal budget which they can take in the form of a direct payment. Typically home care and day opportunities are purchased by clients.

Adult Care provides a number of services which are not dependent on FACS eligibility. These include major adaptations, residential & nursing care and prevention services such as welfare benefits advice, the provision of information and reablement.

At present 1240 clients would no longer be eligible for a service, subject to a re-assessment of their needs, should the proposal to raise the eligibility threshold be agreed by Cabinet.

2. Increasing the level of Co-Funding contribution

Clients who meet the FACS eligibility threshold and receive a service are also potentially liable to contribute towards the cost of the services, dependent on their level of income.

To enable a decision to be made on the level of contribution clients have to declare

- 1) their total income
- 2) if they have capital over £50,000 (excluding their main home)
- 3) if they receive low rate Attendance Allowance, middle rate Disability Living Allowance or standard rate Personal Independence Payment, even if they receive the higher rates.

There are 3 ways in which clients currently contribute towards their service provision

- a) For clients with capital below £50,000 the standard rate of Co-Funding contribution is **£27.22** per week which equates to 50% of the lower level of care component of the benefit.
- b) For clients with capital of £50,000 to £100,000 (excluding their main home) they must fund the first 25% of their personal budget (minimum £26.50 and maximum £215 per week) |
- c) For clients with capital of over £100,000 (excluding their main home) they must fund the first 50% of their personal budget (minimum £26.50 and maximum £215 per week)

Procedures are in place for those people who because of their particular disability have needs which can only be met through higher levels of expenditure on items such as dietary requirements or additional heating. Disability related expenditure can be taken into account to reduce the level of Co-Funding or to exclude clients from the scheme altogether.

Safeguards are in place to ensure that after the costs of FACS eligible care are charged a client is never taken below a minimum income threshold level. In Derbyshire this protected weekly income amount is currently 33% higher than that stipulated in government guidance.

Currently **5,365** clients contribute towards the cost of their services and of these

4,465 are in the FACS bandings Substantial and Critical.

3. Introduce a Transport Policy

At present Adult Care operate without a transport policy which has allowed a wide variety of practices to operate for clients attending services and some voluntary sector groups who historically have been provided with free transport.

Approximately 1,150 individual clients currently have transport provided as do **7** voluntary groups.

b. Details of proposals or changes

The proposed changes have all been set out in detail in a Cabinet report considered on January 21st 2014. In summary the main points are as follows:

Raising the eligibility threshold

The focus of consultation has been on the proposal that the eligibility threshold will be raised from Higher Moderate to Substantial. This will affect 1240 clients who may, subject to a re-assessment, no longer be eligible for a service.

Increasing the level of Co-Funding contributions

Three proposals have been subject to consultation:

- a) raising the level of contribution from 50% to either 60%, 75% or 90% of low rate Attendance Allowance, middle rate Disability Living Allowance or standard rate Personal Independence Payment
- b) reducing the protected weekly income threshold level, which is the amount of income a client is guaranteed to be left with before they are required to contribute towards their eligible care needs. This will result in a reduction in the protected weekly income from £191.93 per week to £181.75 per week for clients over 65 and from £160.58 to £152.06 for clients aged 18-65
- c) ensuring that those clients with over £50,000 capital (excluding their main home) pay for the full cost of their care

In total this would affect **6734** clients in the FACS bandings Substantial and Critical. If the proposals to increase the FACS eligibility threshold are rejected, it will also affect a further **1240** who are currently in the Higher Moderate banding.

Introducing a Transport Policy

The consultation has been focused on two proposals:

- Ensuring that clients use reasonable alternatives wherever possible to attend services. This would include the use of mobility allowance to pay for transport, the use of public transport, making the journey on foot, or being accompanied to the centre by carers
- charging a flat rate of £5 per day per service for those clients who require transport to attend services

Approximately 1,150 individual clients currently have transport and 7 voluntary sector groups may be affected by this change.

For those clients and voluntary sector groups who do not have an eligible need for transport but who still require transport for wellbeing purposes the policy sets out an option to charge for the full cost of the transport for that journey.

C. Rationale for proposed changes

The Derbyshire Challenge has been established to ensure that the Council makes £157,000,000 cuts by the end of the financial year 2017-18. Adult Care has to make a proportionate contribution to the cuts. These cuts have been imposed on the Council by government. Whilst these are very difficult and sensitive decisions to make which clearly will impact on the lives of clients and their carers, it is important to view the proposals in the context of policies already applied by other Local Authorities.

Research shows that current policies are more favourable to Derbyshire residents than policies in many other authorities. By January 2103 80% of Councils had eligibility thresholds were set at FACS bandings Substantial or Critical. In addition many charge more for services through means testing of entire income and have introduced charges for transport. An internet search found no examples where transport was provided without a charge.

As part of this exercise, all English local authorities were contacted with a request to consider how they would apply their charging policies to five scenarios. They were also asked to confirm the protection buffer they apply. 21 Councils responded that their protection buffer is 25%, although one council allowed a 30% buffer for those under pension age. The results of the responses to the scenarios are included as Appendix A. While it is not suggested that Derbyshire has to follow the lead of other councils, there are clear indications that at present the Council's Adult Care clients are in a more favourable position in terms of free transport to services, receiving care and support at an earlier stage in their lives as they become less independent and contributing less towards the costs of those services. Given the pressure on budgets, the proposals are designed to close the gap but not necessarily to eliminate it.

Put simply, the Council has always prided itself on the range of services it has provided at low-cost to many clients but in the light of budgetary constraints and an ageing population this position is no longer sustainable.

2. The team carrying out the analysis

Name	Area of expertise/ role
David Gurney (Chair) – Group Manager	Lead responsibility for consultation
Liam Flynn – Head of Needs Intelligence	Lead responsibility for data analysis
Andy Bartle – Planning and Project Manager	Co-funding and Transport Policy expertise
Louise Swain – Service Manager	Consultation expertise
Iseult Cocking – Commissioning Manager	Transport Policy expertise
Jayne Needham – Senior Public Health Manager	Critical friend and Public Health expertise
Sharon May – Principal Public Health Analyst	Critical friend and Public Health data analysis expertise
Simon White – Business Services Assistant	Data collection expertise
Simon Hobbs – Assistant Director Legal Services	Legal Advice
Members of focus group	
Debbie Race	Elected carer from the LD Partnership Board
John Milton	Elected carer from the LD Partnership Board
Kay Milton	Elected carer from the LD Partnership Board
Vera McIlroy	Elected carer from the LD Partnership Board
Peter Frakes	Chair of DOPAG (Derbyshire older people’s advisory Group) and member of the Stakeholder Engagement Board
Nell Stockton	Member of the DCC staff LGB and T group
Gillian Thompson	Manager of Derbyshire Directions provider of HRS
Sally-Anne Robinson	QA Manager of Enable group provider of HRS
Steven Bramley	Disabled service user and ex-carer and member of the Stakeholder Engagement Board
Separate focus group held with BME Forum reps	Chinese community, Malaysian community, Black and African Caribbean, Muslim community, Asian community, Eastern European community, Gypsy and Traveller community,
Separate meeting held with people with	

mental ill health	
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3. Existing information and consultation based feedback

a. Sources of data and consultation used

Client data held on the Council's case management system
Feedback from other Councils on their charging schemes
Internet searches on transport policies adopted by other councils
7865 information packs were sent out setting out the Council's proposals. This information was also made available on the Council website
Letters sent to local statutory and voluntary sector agencies inviting responses
Attendance of Adult Care staff at 48 meetings and forums with clients and local people
Planning4Care, which provides modelling of social care needs
Two focus groups of representatives of groups with protected characteristics
A focus group with representatives of the Black and Minority Ethnic community
A focus group for people with mental ill-health

Appendix B provides a comprehensive view on the impact of the proposed raising of the eligibility threshold and information on general population statistics.

4. Known impact on different protected characteristic groups

a. From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?

Protected Group	Findings
Age including children and families, older people	<p><u>Children and families</u> There is no evidence to suppose that the proposals will directly impact on children unless their parent(s) either do not receive a service because they fall beneath the eligibility threshold or as a result of the changes to Co-Funding and transport have less disposable income.</p> <p><u>Older people</u> The data contained in Appendix 1 shows that older people will most likely to be affected by the proposal to raise the eligibility threshold as over 73% of clients in the Higher Moderate banding are older people with 39.2% aged 85 or over. In addition to this XXXX % of those who pay a contribution to the cost of their care and support through the Co-Funding scheme are older people.</p> <p>The proposed increase in co-funding contributions and the proposed introduction of a transport policy will both to varying degrees reduce the disposable income of older people..</p> <p>There is a wealth of evidence which indicates a correlation between income, diet, social isolation and inequalities in</p>

	<p>physical and mental health. Any reduction in residual income into a home especially that of an older person will begin to impact on their ability to access services, engage with society and maintain good health through sensible eating, drinking and physical activity routines.</p> <p>The introduction of a fee of £5 for transport to day opportunities will potentially impact upon clients in two ways:</p> <ul style="list-style-type: none"> a) Clients may opt to not access services if they feel the £5 charge is not affordable to them. This may reduce costs to the health and social care sector in the short term but may result in delayed higher costs when the person deteriorates from lack of service provision at a later date. b) Those clients likely to be eligible for services on a more frequent basis because of their needs will incur transport costs to a greater extent than those individuals who only access services once a week and who have lower needs. This change will disproportionately impact on the disposable income of those with highest need <p>Older people are excluded from applying for mobility allowance with fresh applications not being accepted for the over 65s. This does mean that a source of income to assist with transport payments is not available to older people wishing to attend day opportunities but will remain available to younger disabled people.</p>
<p>Disabled people including mobility, sensory, learning, mental health, HIV, and also include carers and relatives</p>	<p>Disabled people overall have borne the brunt of the introduction of the bedroom tax and many changes to the benefits systems introduced by the government in recent years. An increase in Co-Funding contributions and the introduction of a charge for transport will put added strain on household budgets.</p> <p>The proposed changes to policy are likely to have an adverse impact on this group of people for the following reasons:</p> <ol style="list-style-type: none"> 1. Raising the FACS criteria will result in people with higher moderate needs and a disability being required to meet their needs through alternative measures. It is likely that a number of people with a learning disability will no longer be able to access day opportunities as a result. Evidence indicates that people with learning and physical disability experience inequalities when attempting to meet their own level of need as accessibility for this group is more difficult both in terms of associated costs (more specialised services are needed to achieve the same level of care) and inclusivity is a greater challenge. Examples of this include a learning or physically disabled client with a higher moderate need would find it more difficult to access a

	<p>community group such a walking group to address a need for increased physical activity and reduced social isolation because being accepted into the group is more challenging and accessibility during the activity is more challenging for them.</p> <ol style="list-style-type: none"> 2. The greater the person's disability the less likely they are to be in employment and therefore the less likely they are to have other non-assessed income to fall back on after contributions to care have been made. 3. Younger disabled people may be disproportionately affected as they meet the eligibility criteria from a younger age and so receive care for a longer period of time. Any increase in contribution to care will therefore over their lifetime be paid for a much longer period than those contributions of an individual meeting the eligibility threshold much later in life. Because of the difficulties may younger disabled people have in gaining employment they are also less likely to have built up reserves of capital than an older person who has been able to save money from many years in work. This applies to the current policy but under the proposals now under consideration a greater proportion of income will be paid as a contribution to the Co-Funding scheme. <p>Some disabled people may also gain from transport changes as they will gain skills to travel independently. It may improve the health of people who choose to walk/use public transport. If, as a result of the transport policy, people attend a more local service, this may provide opportunities for more social contact outside of formal service provision.</p>
<p>Gender (Sex) including men and women, boys and girls</p>	<p>The data contained in Appendix 1 shows that the majority of clients who will be affected are older women – 66.8%.</p> <p>Understanding this gender difference though is not straightforward. Three options present themselves as reasons for this: either a greater number of women may be accessing services because they are in poorer health; or they are more likely to live alone as the male family member has died (which would be borne out by data on mortality rates); or because the male partner is less able to provide the carer support needed which would prevent them accessing services.</p> <p>As women are more likely to be living alone, any increase in contributions will impact to a greater extent on their residual household income as they will tend to have a lower comparable income level to a couple from the outset.</p>

	For males who are unable to provide the carer role for their partners this has an implication for preventative services, as they need to be shaped to provide males with the skills needed to support them to undertake and remain resilient in the carer role.
Gender reassignment – including impact if any on Transgender people	There is no evidence to suggest that the proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Marriage and civil partnership – also include impacts on lone parents and unmarried couples	<p>There is no evidence to suppose that the proposals will adversely impact on people in this protected characteristic group unless people in these groups are the main carers for a spouse.</p> <p>The evidence in Table 9 in Appendix 2 shows that the number of people who are not eligible for social care will greatly increase should the eligibility threshold be raised. While there is no direct link between the numbers who have eligible needs and the numbers who receive a service after FACS criteria have been applied, the data shows that more people will be reliant on informal care in future and in many cases this will be provided by a husband or wife in the first instance.</p>
Pregnancy and maternity – including new mothers/ parents	There is no evidence to suggest that the proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Race – including all racial groups, including impact if any on Gypsies and Travellers	There is a low take-up generally of services from people from Black and Minority Ethnic communities. There is no evidence to suggest that the proposals will further adversely impact on people in this protected characteristic group.
Religion and belief including non-belief, including religious minority communities, Humanists	There is no evidence to suggest that the proposals will disproportionately have an adverse impact on people in this protected characteristic group.
Sexual orientation – including the impact if any on LGB people	There is no evidence to suggest that the proposals will disproportionately have an adverse impact on people in this protected characteristic group.

Non-statutory

<p>Poorer and disadvantaged communities and groups, including people who experience financial exclusion</p>	<p>There is a distinct correlation between Adult Care clients and people on benefits, especially in the 18-64 age group who have been disproportionately affected by the Government's changes to the welfare system, one example being the bedroom tax. The proposals to increase the level of Co-Funding contributions and to charge for transport if clients are unable to use reasonable alternatives to attend services will put more strain on household budgets.</p> <p>The raising of the FACS threshold will also affect people in this group too as deprivation is linked to health inequalities and social care need. People with higher moderate needs will be in higher proportion in deprived communities.</p> <p>The current policy on using non means-tested benefits as the criterion for determining Co-Funding contributions is potentially discriminating unfairly in favour of those people who are more able so do not qualify for benefit but nevertheless have social care needs. This group currently receive care for free, irrespective of their total income, whereas people in receipt of the non means-tested benefits must contribute as determined by the outcomes of the assessment of their income and capital. The future raising of the FACS level is likely to mean that all people assessed as meeting the Substantial threshold will qualify for the non means- tested disability benefits and so few if any will receive care and support without contributing to the cost.</p>
<p>Rural communities</p>	<p>The proposed transport policy will place additional financial burdens on those clients who attend services and have reasonable alternatives as to how to get there. This might be in the form of bus fares or petrol costs.</p> <p>People in rural communities may also become more socially isolated if they have less access to services through the proposed increase to the eligibility threshold.</p> <p>Conversely as the proposed transport charge is a flat rate, those clients who have furthest to travel will benefit most on the base of cost per mile.</p> <p>Given the frequent lack of bus services for those living in rural areas, clients may have one less alternative to paying for DCC-arranged transport in comparison with those living in urban areas.</p>

Impact on employees of Derbyshire County Council or prospective employees

There are three ways in which the proposals could impact on current or prospective employees.

1. A reduction in clients caused by an increase in the eligibility threshold will have implications for the numbers of fieldwork staff required to carry out assessments and the numbers of home care and day service workers. Fewer clients will mean fewer staff to assess their needs or to provide support either in the home or in day opportunities.
2. Home care and day service may also be affected should some clients opt out of services, even if they are above the proposed new eligibility threshold, because they consider the costs of the services to them to be too great through the proposed new levels of Co-Funding contribution.
3. Drivers employed to assist with day service transport will be affected by less people requiring transport caused by both the proposed increase in the eligibility threshold and the proposed transport policy.

b. From existing customer and other feedback – who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?

The following section includes many quotes from those who attended the focus groups. These groups were given access to an analysis of the responses to the consultation questionnaires when a significant proportion of the returns had been uploaded to the analytical software used.

A further insight into customer feedback can be gained from reading the report on the consultation feedback which is included as an appendix to the cabinet report itself.

Protected Group	Findings
Age	<p>‘People with dementia need social contact as well but in an environment that they are comfortable and familiar with so change has a massive impact on people with dementia’s illness, their mood, their behaviour and sense of wellbeing.’</p> <p>‘As a carer if I didn’t receive care for the person I care for anymore it would severely impact on my life as I need that respite and support in place to help me cope.’</p> <p>‘Caring for a person with dementia can sometimes be violent and we need a break from caring.’</p>
Disability	<p>Family carers and people with a learning disability have expressed their concerns that a combination of raised eligibility thresholds and the introduction of a transport policy</p>

	<p>will result in fewer people with a learning disability being able to attend day opportunities. This will increase reliance on carers, will lead to reduced social activities (and therefore social isolation) and allow fewer people with this protected characteristic to develop the skills required for employment.</p> <p>‘Crisis events will increase but may go undetected as people are outside the system. Also more people may be put at risk of abuse, within the home, hate crime, and or to themselves.’</p> <p>‘This will destroy quality of life of people both clients and carers’ For example, If the family has to also transport cared for person to day services, and the driver works, it would cause added pressure on the family’</p> <p>‘The family will end up subsidising the services to maintain the standard of living’ which then ‘Takes away people’s choice and independence. The health of the carer will be vastly affected by any cuts to services as many are already at breaking point just managing day to day’</p> <p>‘One lady said their LD cared for person had gone from substantial down to higher moderate on re-assessment even though there had been no change in need for services’</p> <p>‘There are lots of people just hanging on now with services provided for them. If they are taken away the mental and physical health impact on cared for and carers will increase greatly’</p> <p>All of the carers present in the focus groups felt they would be put in a crisis situation with the impact of the proposed cuts. If informal care family support breaks down it is incredibly hard to build it up again.</p> <p>‘Where, if Co-Funding is increased, will they get the money to pay for small luxuries in life which are so important to people like mobile phones, television [...]. It will cause poverty or turn to families again for monetary support’</p> <p>‘If someone has a Motability car they struggle now to afford fuel for it so if they have to use it more because of the transport policy it will be more of a financial burden. They cannot afford to go away.’</p>
Gender (Sex)	The focus group felt that as the caring role often fell on to

	women, the fewer people who qualified for services or who felt able to afford services, the greater the burden there would be on female carers.
Gender reassignment/sexual orientation	‘The number of people with these protected characteristic remains small and therefore understanding, awareness and sensitivity by social workers is limited. So for example, if a client has a combination of disabilities including mental ill health and was gay their intersexual characteristics may be missed and may be assessed as having a low level of physical need then this client may not trigger the substantial criteria and so be left unsupported and potentially very isolated and extremely vulnerable.’
Marriage and civil partnership	There were no comments from the focus groups on this section.
Pregnancy and maternity	There were no comments from the focus groups on this section.
Race	Largely speaking many BME groups in Derbyshire do not currently use services available from social care because there is a tradition of looking after their own, family look after family, children look after family. However in future this could change. Increasingly more and more families live further away from each other, have fulltime jobs, families of their own, and so they choose not to follow in the tradition of looking after their own. If services are reduced then BME community elders and people with disabilities will suffer in the same way as the majority of the population. E.g. In the Gypsy Community there has been a recent change in culture and young girls in particular are wanting a career, want to live a more independent life – this then has an impact on who will look after the elder Gypsy Communities.
Religion and belief including non-belief	There were no comments from the focus groups on this section

Non-statutory

Poorer and disadvantaged communities	‘What is the risk of people who currently contribute towards care, if they are asked to contribute more, withdrawing from services altogether. For some people if the contribution increased they would withdraw not just from services but this would result in a withdrawal from life. Their social life would disappear as they would not be able to afford to socialise’ ‘People would potentially re-offend if there was not enough
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	<p>money for food, return to being homeless and worse may see suicide as the only option.'</p> <p>'For those people who suspect they will no longer receive funded care following changes, who would they go to if a crisis arose. GP? A&E? ambulance? 111? family?'</p> <p>'People receiving benefits have only a small income – have to pay for council tax now as the council tax benefits are being cut. Thus they cannot afford to contribute more for services.'</p> <p>There is/will be a significant increase in people with a learning difficulty living independently as families can't cope any longer. One carer said that neighbours also provided help to people with LD living alone as well as families and they liked to say thanks with a small box of chocolates or flowers but would not be able to afford to do that if proposed cuts go ahead. This would impact significantly on mental wellbeing of people with LD (what is a small thing to most, has much bigger impacts on people with LD)</p>	
Rural	Isolation would increase if opportunities to attend day services were stopped.	

Employees or prospective employees

c. Are there any **other** groups of people who may experience an adverse impact because of the proposals?

The group who potentially will experience a significant adverse impact are carers who are drawn from all sections of the community.

The proposed raising of the eligibility threshold will mean fewer people receiving services even though they have a level of social care need. It is likely therefore that carers will pick up at least some of this shortfall in service provision. The data on future trends as shown in figure 10 in Appendix 2 demonstrates that over the next 4 years there will be a significant growth in the numbers within the local population who have social care needs but who will be ineligible for services. If the cared for person no longer attends day services due to transport changes; Co-Funding changes or FACS changes this will impact adversely on carers wellbeing as they will be required to spend a greater proportion of their time in a caring role.

Transport changes may mean carers have to transport the cared for person and are unable to continue in employment unless day services opening times are made more flexible. Carers may have less time for themselves and other family members if involved in accompanying the cared for person to services.

 Both Community Transport and independent transport providers may see a fall in passenger numbers which could affect their business.

d. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

Gaps in data	Action to deal with this
None identified	

6. From the consultation you have carried out specifically in relation to proposed changes, what views or issues have been raised by those who have responded? (Include both their views and any issues they have raised which alludes to the likely impact)

1. Please summarise the consultation which has been carried out

7865 information packs were sent out at the start of the process. Local statutory organisations and voluntary sector groups also were sent the leaflets and were invited to comment.

Adult Care recognises that the complexity of the proposals might result in some clients needing assistance in either understanding the proposals or formulating a response. A helpline was set up staffed by Call Derbyshire to deal with queries with members of the Stakeholder Engagement Team available to handle the more complex questions. In some instances a member of the Stakeholder Engagement Team visited clients to help them construct a reply.

In addition to existing clients the consultation had to be made available to those who may have a legitimate expectation of accessing Adult Care services. The consultation was therefore publicised widely through local media and all the documentation was made

available on the Council website.

During the course of the consultation, 48 meetings were attended by the Stakeholder Engagement and Consultation Team as a further means of gathering feedback. Some of these meetings were for clients and carers, others were attended by members of the public.

A full summary of the consultation process is set out in the report on consultation which is provided as an appendix to the Cabinet report.

2. Please summarise the feedback received. This should make clear where those who have responded have highlighted any potential adverse impact as well as their opinions on the proposals.

A full summary of the consultation feedback is set out in the report on consultation which is provided as an appendix to the Cabinet report.

7. Are there any ways of avoiding or reducing likely possible adverse impact on any groups of people, what are those actions, and how will they assist?

There are two overarching themes that arise from these proposals – fewer people will have access to services and those who do receive a service will have less disposable income as a result of Co-Funding contributions. For many there will be a further pressure on household budgets through the proposed Transport Policy, either because the client will fund their own transport or because they will pay for transport provided.

There are a number of means of reducing the adverse impact of these proposals:

1. The loss of disposable income associated with the raising the eligibility threshold, increases in Co-Funding contribution and the introduction of a transport policy presents challenges for mitigation. Adult Care has a long-established Welfare Benefits Service which has run successful campaigns on benefits take-up which are equally applicable to those below and above the eligibility threshold. Increased benefits take-up will mean more disposable income for clients to offset the increase in Co-Funding and transport costs and the opportunity to purchase care for those who are below the eligibility threshold. Non-means tested benefits as well as providing additional income in their own right also can act as passports to other benefits which will further increase household income. Every client who expresses concerns about their ability to manage their budgets as a result of the increase in Co-Funding contribution will be offered a benefits check. Every client whose service ceases if they fall below the proposed new eligibility threshold will also be offered a benefits check with a view to their having potential additional income to purchase care privately.
2. To prevent the impact of the transport policy unfairly discriminating against those

people who require access to services on a more frequent basis, the potential for a maximum amount per week should be considered. In finalising the transport policy close consideration needs to be given to its fit with the Co-Funding policy and in particular whether all or some transport costs can be offset against Co-Funding contributions.

3. Adult Care's policy on Disability Related Expenditure provides a means to determine whether the assessed level of Co-Funding contribution should be met in full. This policy provides a continued safeguard for those whose disabilities mean they incur additional costs over and above those of able-bodied people in meeting their needs. As an example, disabled people who because of their particular condition require their house to be heated to a greater temperature to ensure their health and wellbeing can have these additional costs taken into account in determining whether they do in fact fall below the Protected Weekly Income figure. The Disability Related Expenditure policy will continue to be promoted and made widely available.
4. Cabinet have recently agreed a trading policy for its Direct Care services which will allow members of the public to purchase home care and day services if they are not eligible for services. This will give added scope for people who fall beneath the proposed new eligibility threshold to purchase assistance, which may help alleviate social isolation.
5. For people who do find themselves in difficult circumstance there is the potential to access the Derbyshire Discretionary Fund (DDF) to provide one off payments for emergency circumstances, eg washing machine/heating or cooking appliance failure. As there may be an increased demand for this funding the Council should consider whether it will continue to offer this provision once central government funding ceases in March 2015.
6. As part of a current procurement exercise, Adult Care is seeking to purchase an information portal with more functionality than the current Council website. Public Health are wishing to publish information on this portal as well to increase the range of information available on-line for the public. With increased usage of the internet by all age groups this will be an important avenue to spread knowledge of both preventative and statutory services available. Subject to the award of contract, this service will be available in late 2015.
7. Adult Care will continue to promote its complaints procedure to enable decisions to be reviewed if clients believe that an inaccurate FACS banding has been applied to them
8. Social work staff and their managers will be reminded of their obligation to make decisions in line with national guidance when considering the withdrawal of support to clients who may fall below the 'Substantial' threshold. In some individual cases it may not be practicable or safe to withdraw support even though needs may initially appear to fall outside the eligibility criteria.
9. Social work staff will be reminded to check any commitments they gave to service users or their carers at the outset about the longevity of support provided.
10. Social work staff will be reminded of the need to pay particular attention before withdrawing services after a review to circumstances where the client's needs are likely

to worsen or increase in the short-term and the client would become eligible for help again if independence or well-being were undermined.

11. Call Derbyshire and the Adult Care Brokerage Service already play an important role in offering advice to callers on services in Derbyshire and will continue to do so in the future.
12. Other options for providing support to voluntary sector groups who potentially will lose access to transport can be explored to determine whether there are alternative funding streams open to them to allow their services to continue.

Adult Care and Public Health continue to invest funding in preventative measures to assist people to lead as independent a life as possible. In some instances this will mean that the citizen does not require care and support from Adult Care. In other instances it may mean that the level of care and support is not as great as it may otherwise have been. Examples of this are the re-ablement service, sign-posting provided through Call Derbyshire, the Handy Van scheme and First Contact.

Mechanisms also exist for staff from different agencies to plan the best way to maximise the best use of resources against a backcloth of reduced public sector budgets and increased demand for services because of demographic pressures:

- The leadership roles of the Health and Wellbeing and Adult Care boards present opportunities to explore partnership working to protect services for those in greatest need and offer alternative systems to promote independence and resilience to others.
- The integration agenda currently being discussed by Clinical Commissioning Groups (CCGs) and Adult Care offers further opportunities to address the needs of those Derbyshire residents whose needs fall below proposed the eligibility threshold. There is national recognition of the symbiotic relationship between Adult Care and the NHS and a broad understanding that changes to practice in the one can lead to adverse impacts in the other. The growing maturity of debate on integration gives rise to opportunities to consider how collectively the needs of those falling beneath the proposed new eligibility threshold can be best met. The potential to utilise the Better Care Fund to meet some this need in a supportive and preventative manner in accordance with the evidence base needs to be fully explored by the lead statutory agencies involved.

8. Main conclusions and Recommendations

CONCLUSIONS

Based on the analysis the following is believed to be of importance and should be noted by decision-makers:

1.
 - a. A decision to increase the FACS criteria from Higher Moderate to Substantial will result in 1240 people being subject to a re-assessment and potentially no longer qualifying for services. Many more in future will not qualify for services. Data analysis indicates these people are more likely to be
 - i. From deprived areas
 - ii. Female
 - iii. Older people
 - iv. Living with disability
 - b. As a result of current clients assessed as Higher Moderate no longer being eligible for statutory services and future prospective clients not being eligible for services the following impact may result:
 - i. Individuals may be unable/unwilling to access independent support services to meet their level of need and this may lead to a more rapid deterioration of their condition leading to crises being presented to health and social care services at a point in the future.
 - ii. Individuals in this banding who are supported by carers will place a greater degree of responsibility onto their carer which may impact mentally and physically on the carer, increasing the risk of carer breakdown
 - iii. To support clients in this FACS banding and their carers to deal with the changes, the evidence base strongly advocates preventative services within the community being delivered by voluntary sector partners. These need to be intelligently commissioned and protected to allow the development of skills within the community to build up community capacity and resilience. This will require cooperative working relationships to be developed and maintained between all commissioners engaged in this agenda including Adult Care, Public Health and clinical commissioners
 - iv. Consideration will need to be given to the method and timeframe in which current clients in this FACS banding will be removed from service support to ensure that individuals are given adequate time to consider and put into place alternative strategies to ensure resilience and independence is maximised.
 - c. Modelled up for a 4 year period this would mean that 22,000 people who could potentially have received services will no longer be eligible in 2018. At present the figure is 48742 and it is projected to rise to 68938. These figures are taken from Appendix 2. It should be noted that there is a substantial difference between those who may be eligible to receive a service and those who do request an assessment of needs.
 - d. Those who are not eligible for a service through Adult Care and who purchase services independently will have a drop in their disposable household income to cover other essential items such as heating and food.
2. The proposal to raise the contribution threshold will result in
 - a. Clients assessed as being required to contribute towards care costs either for the first time or at a greater rate than currently will be affected by a reduction in their residual household income which will result in them having to make difficult decisions about prioritising their personal health and social care needs. This may impact upon their physical and mental health through reduction in income to contribute towards essential living costs such as food, fuel, and transport costs. The correlation between reduced household income and the impact on physical and mental health is well researched and evidenced.
 - b. Data analysis indicates these people are more likely to be
 - i. From deprived areas
 - ii. Female
 - iii. Older people
 - iv. Disabled people
 - c. The reduction in household income will also impact upon other household members as they will be affected through a reduction in the overall household budget

3. The proposal to introduce a transport policy will result in
 - a. a risk to smaller luncheon clubs currently providing generic luncheon club services to the whole population not just those with assessed needs.
 - b. People who currently meet the FACS eligibility banding will need to consider alternative means of getting to the services. This may result in them incurring additional costs or placing additional responsibility on their carers. If it is the latter this may threaten the carer's employment potential if they are unable to transport their cared for person within hours which are suitable for their own employment requirements.
 - c. For those people who are assessed as requiring services more frequently, the cost to attend will be for more than people assessed as requiring services less frequently, as the cost is per journey. This will therefore inequitably disadvantage this group who are more likely to be :
 - i. Disabled (if younger the financial impact will be for a longer period)
 - ii. Older and frailer
 - d. People may choose to not access transport services and this may lead to a more rapid deterioration of their condition leading to crisis presentation to health and social care services at a point in the future.

4. The outcomes of the proposals may result in the following positive outcomes:
 - a. Clients currently receiving service may be motivated to increase their own independence and resilience which will be beneficial to them and to their carer.
 - b. Raising the threshold for FACS eligibility to Substantial will mean that clients by definition will have such a significant level of need that they will be entitled to a non-means tested benefit, a proportion of which would in turn be used to contribute towards the cost of the care and support package as part of the Co-Funding scheme. This will reduce the current inequity which exists where individuals not claiming benefit can still be provided free of charge with services. The policy in Derbyshire will be more consistent with policies across the rest of the country and will allow the Adult Care budget to be specifically targeted towards those people with the greatest needs in a more affordable manner taking into account the ageing demographic.

RECOMMENDATIONS (if any)

It is recommended that:

1. The Council and other partners work cooperatively together to consider the mitigation measures which need to be put into place to ensure that people affected by the proposals are prepared for and given opportunity to develop their own independence and resilience.
2. The EIA and associated documents are made available to the partner agencies developing the Better Care fund and integrated care agendas to ensure that where possible mitigating measures to minimise the impact to the residents of Derbyshire can be achieved.
3. The EIA and associated documentation is made available to the Health and Wellbeing Board and to the Adult Care Board for their consideration of the implication of the proposals.
4. The Welfare Benefits Service continues to encourage clients to maximise the take up of benefits. This should also include publicity for additional items such as assistance with hospital transport and free prescriptions.
5. The Welfare Benefits Service offers benefits checks to clients who are no

- longer eligible for services.
6. The Adult Care trading policy achieves wide circulation.
 7. The Disability Related Expenditure policy continues to be made widely available to clients.
 8. The proposed information portal is developed as soon as is practically possible subject to the award of contract.
 9. The potential is explored to mitigate against individuals affected jointly by the Co-Funding and transport policy changes falling below the protected weekly income threshold levels.
 10. Close scrutiny is paid to demand on Call Derbyshire and the Adult Care brokerage service, which are both also available to members of the public who are not FACS eligible. Ensuring that they are resourced to meet current and future demand will assist local people to obtain advice on services which they can access.
 13. Particular consideration is given to voluntary groups who may have their funding withdrawn as a result of the proposed introduction of the transport policy. Adult Care needs to ensure that these groups are not disadvantaged in comparison to voluntary groups who continue to receive a greater level of grant to allow them to purchase transport independently of the Council.
 14. Social work staff are reminded of the importance of reviews taking into account existing commitments on the longevity of support and the need to consider the full impact on the individual client of withdrawing support.
 15. Adult Care's complaints procedure is widely publicised so that people who are dissatisfied with a decision to have their services stopped following a review can have recourse to appeal.
 16. The future of the DDF is resolved prior to its current funding ending in March 2015.

9. Action planning in response to the completed analysis

Objective	Planned action	Who	When	How will this be monitored?
What you want to achieve	What you intend to do	Responsible person or department	Timing of action	Monitoring and review arrangements
Recommendations taken into account in considering the Cabinet report	Ensure that the report is shared with senior managers in Adult Care	David Gurney	21 st May 2014	Through ensuring there is a record in the minutes of the meeting
Develop citizens independence	Subject to be raised through appropriate forums with partner agencies such as the Health and Wellbeing board	Senior Management Team	June – September 2014	Through minutes of meetings
Ensure that citizens maximise their income through publicity around benefits	Explore options to increase publicity	Jem Brown	June – September 2014	Through minutes of meetings
Enable the public to buy Direct Care services	Ensure widespread distribution of the trading policy once it is finalised	Kieran Hickey	September 2014	Take-up of service
Widen knowledge of the Disability Related Expenditure policy	Examine how best the policy should be publicised	Andy Bartle	August 2014	Level of take-up. Presence of information where it can be readily accessed.
Better publicity of preventative services	Develop the information portal, subject to award of contract	Jem Brown	September 2015	Take-up of service
Determine the interrelationship between the proposed charge for transport and the Co-Funding policy	Consider whether the cost of transport for clients can be mitigated through the Co-Funding policy	Andy Bartle	July 2014	Through the approval of policy
Ensure that the demand for advice services can be met	Monitor demand on Call Derbyshire and the Brokerage services	Julie Heath and Colin Selbie	Ongoing	Through management reports on activity
Review the funding for voluntary groups who receive assistance with transport	Include this proposal in the Council-wide review of voluntary sector funding	Colin Selbie	December 2014	Production of Cabinet report
Extend DDF funding beyond March 2015	Determine whether funding can be found to extend the scheme	Jem Brown	December 2014	Production of Cabinet report
Remind social work staff of the need to consider the full impact on the	Issue guidance to staff	Andrew Milroy/Roger Miller	June 2014	Through monitoring of complaints

client of withdrawing services and existing commitments to the longevity of support				
Publicise the Adult Care Complaints procedure	Determine how best to ensure that all clients are aware of their right to complain and how to do so	David Gurney	July 2014	Increased presence of publicity
Determine future of DDF	Discussions on whether funding for April 2015 onwards can be secured.	Jem Brown	December 2014	Cabinet paper on future of DDF

10. Monitoring and review arrangements

Please outline what steps will be taken to monitor and review the implementation of proposals if they are agreed here:

The implementation of the Cabinet recommendations will be monitored through the Adult Care Portfolio Board.

11. Conformation that equality impact analysis (EAI) completed and read

Name of officer signing off EIA as completed: David Gurney

Date: 22.05.14

This Equality Impact Analysis has been read by

Name	Date	Position
Adult Care Directorate	21.05.14	

Where and when published e.g. with Cabinet Report, on DCC website

The report will be published with the Cabinet report on the DCC website

Decision-making processes

Attached to report (title):

Date of report:

Author of report:

Audience for report e.g. Cabinet:

Web location of report:

Decision in relation to report

Details of follow-up action or links to further EIAs

Updated by:

Date:

Appendix A

Comparative Client Contributions to Packages of Care

	Scenario 1	Scenario 2	Scenario 3*	Scenario 4	Scenario 5	
Care provided	1 hour care per week on a weekday	50 hours per week on weekdays	7.5 hours care per week on weekdays	35 hours care per week on weekdays	direct payment of £450 per week	
Cost of care to DCC	£13.00	£575.00	£96.00	£406.00	£450.00	
Income per week	£231.00	£206.00	£731.00	£650.00	£454.00	
Capital	£5,000.00	£16,000.00	£75,000.00	£17,000.00	£10,000.00	
Authority						Notes
Derbyshire County Council (Current 50%)	£8.63	£0.00	£27.22	£0.00	£27.22	
Derbyshire County Council (Proposed 60%/£50k Threshold)	£19.01	£0.00	£96.00	£0.00	£32.67	
Derbyshire County Council (Proposed 75%/£50k Threshold)	£19.01	£0.00	£96.00	£0.00	£40.83	
Derbyshire County Council (Proposed 90%/£50k Threshold)	£19.01	£0.00	£96.00	£0.00	£49.00	
Hertfordshire County Council (1)	£13.56	£0.00	£96.00	£406.20	£324.13	Assumes zero DRE
Hertfordshire County Council (2)	£1.56	£0.00	£84.00	£394.20	£312.13	Assumes average of £12 DRE
Isle of Wight	£9.01	£0.00	£96.00	£406.20	£314.13	Includes a standard £10 DRE allowance but would also include DRE specific & water rates as DRE
Brighton and Hove City Council	£13.56	£16.00	£96.00	£406.20	£268.00	Uses cost - income less an allowance
Hull City Council	£8.12	£0.00	£96.00	£406.20	Unavailable	Includes a standard £10.89 DRE allowance
North Somerset Council	£13.56	£0.00	£96.00	£406.20	£324.14	Scenario 2 assessed as £1.01 but £5 pw min. Assumes zero DRE
Southampton City Council	£13.56	£31.55	£96.00	£406.20	£326.07	Scenario 3 - would not provide care but would assist in sourcing

Social Care Need and FACS

April 2014

SECTION 1: Need in the Derbyshire Population

How many people in Derbyshire have “Higher Moderate” and “Substantial” Social Care Needs?

1. It is difficult to measure the need for an adult social care service at a population-wide level. Social care need is a complex construct that is determined by a number of factors which work together. It isn't like counting the number of potholes or lampposts.

2. We do though know that social care need tends to correlate highly with health and social deprivation which can be reliably mapped using statistical models. There is a close association between need for social care and health deprivation. People who live in deprived areas tend to be more likely to have health and wellbeing needs (due to disability, material deprivation, lack of informal care support networks and social isolation) and therefore have social care needs. We can therefore indirectly measure need for social care by constructing statistical models that use a range of input variables (population age data, benefit claimants, disability rates and so on) that we can then map to identify areas where social care need is likely to be high.

3. Similarly, we use a model of social care need called *Planning4Care* to estimate how many people in Derbyshire have difficulty with everyday activities of daily living such as washing, dressing, using the toilet, meal preparation, having a social life outside of the home and so on, and therefore who need regular and sustained help to have any kind of quality of life.

4. The model is based on an approach that was originally used by Sir Derek Wanless to project future health needs in England. *Planning4care* adopts the methodology by applying the proportions of people in the population who are unable to carry out *Activities of Daily Living* (ADL) and *Instrumental Activities of Daily Living* (IADL). Depending on the number of ADLs and IADLs that people are unable to carry out without the help of another person, they are assigned to one of four needs categories: No Needs, Low, Moderate, High, or Very High.

How Reliable is the Planning4care Model?

5. The Model has been found to be a good predictor of the number of people in the population with care needs. In fact, the Audit Commission recommended it to all providers of adult social care as the tool of choice to use when assessing how much social care need there might be in their populations.

6. In Derbyshire, we have assessed the model's reliability by analysing the correlation between the number of referrals received from those areas according to the model of *Very High Social Care need* amongst older people We found the obtained correlation to be high and positive, strongly indicating that it does identify the people who have needs for public social care ([Figure 5](#)) The obtained statistic ($r=0.86$) illustrates that the model accounts for a high level of variation in the obtained pattern of referrals.

How Well Does *Planning4care* Identify people in the *Fair Access to Care (FACS) Bands*?

7. There is not a perfect overlap between the two approaches; one is solely rooted in an assessment of a person's capacity to do every-day personal care tasks whilst the other (*FACS*) is a judgement based on a composite set of factors, which includes level of independence when carrying out activities of daily living amongst other things.

8. *Planning4care* comprises 5 levels (*No Needs, Low, Moderate, High* and *Very High Needs*) whilst *FACS* comprises just 4 (*Low, Moderate, Substantial* and *Critical*). We know that *FACS* criteria can be unreliable as inter-rater judgements can sometimes differ.

9. Derbyshire effectively created an additional *FACS* level when it split the *Moderate* band further into *Higher Moderate* when raising its criterion for service eligibility.

10. In the analysis which follows, we have proceeded on the basis that *FACS Moderate* is broadly equivalent to *Planning4care Moderate*, and the higher levels of each system are also broadly comparable.

What are the modelled predicted Numbers falling into the *Higher Moderate* and *Substantial FACS Bands*?

11. [Figure 6](#) to [Figure 9](#) inclusive give the modelled numbers for each of the main client groups. It is worth noting that Older People account for about 70% of the total number of Adult Care clients. In order to achieve the *Higher Moderate FACS* band, we have divided the *Planning4care Moderate* level into three so that *Higher Moderate* is 33% of the numbers in that category.

12. The numbers have been given in [Table 9](#) to provide a detailed breakdown. We have re-categorised the groups into *Eligible Need, Ineligible Need* and *Total Need* for the main adult client groups. This shows that out of a total adult population of 626,528, there are approximately 105,950 people with social care needs. This represents about 17% of the total population aged 18 and over living in Derbyshire in 2014.

13. 59,205 (56% of people with needs) people have needs that in 2014 would make them eligible for a social care service, when a *FACS* band of *Higher Moderate* is the threshold. This figure comprises the top third of people in the *Moderate* categories for each client group, plus those in the higher categories.

14. If the threshold is changed to *Substantial* in 2015, the number of people with eligible needs reduces to 40,233, a reduction of 18,972, or 18% of the total population with needs. [Figure 10](#) depicts the net effect of changing the threshold.

15. Considered alongside the number of people who receive a social care service in the community (about 20,500 during 2011-12), the number of people with eligible needs may seem high. However, we do know that a large number of people who have needs do not approach public care services for help for a variety of reasons. We also know that a large number of people in Derbyshire rely solely on informal

carers for help – the 2011 Census counted over 90,000 people who provide ongoing care and support. We also know that the needs of older people who receive care in their own home are now known to be more complex than ever before. For example, older people are living longer, and are increasingly affected by multiple impairments. *“Social care support workers are increasingly taking on more challenging tasks, having to look after more frail, elderly people...”*¹

¹ *The State of Health Care and Adult Social Care in England in 2012/13*, Care Quality Commission

SECTION 2: A Snapshot of Current Clients

How many current Adult Care Clients have “Higher Moderate” and “Substantial” Needs?

1. The number of Adult Care clients receiving a care package changes on a daily basis; it is never fixed. Any given “snapshot” is correct at the time it is measured, but the number of people getting a service, and their associated characteristics, constantly changes.
2. That said, weekly variation will not be large; however, it is important to understand that we are not dealing with fixed numbers.
3. Numbers also vary seasonally eg client referrals increase after winter and the ripple effect on service delivery does not become apparent until we are into April.
4. [Table 1](#) & [Figure 1](#) ² show the number of Adult Care Clients, by FACS Band at 26th March.
5. The largest single group is Substantial which accounts for 57% of all people receiving a service. There are 1910 people in the *Critical band* (23%) and 1204 people in the *Higher Moderate* band (14%). A small number of clients are recorded under “Other”, “Low” and “Moderate” accounting for 6% in all.
6. Altogether there are 1240 clients (15%) who are *Higher Moderate* or below.

Do People with Higher Moderate Needs Cluster into a particular client group?

7. The answer is yes. The largest single Client group is *Older People* ([Table 2](#)). There are 880 older people who have *Higher Moderate* needs who are over 65. Older People account for 73% of people with *Higher Moderate* needs.
8. The remainder are *Mental Health* 3%, *13% Learning Difficulties*, *11% Physical Disability* and *Other* (<1%).

And do they tend to cluster within certain Age Groups, Ethnicity and Sex?

9. Although people with *Higher Moderate* needs are predominantly older people, they do not cluster in any particular age group. In fact they are quite well distributed across the various older persons age bands (65-74, 75-84 etc) ([Table 3](#)).

² Data from Frameworki, snapshot taken on 26/03/14

10. Note though that the largest single group (N=403, 34%) is the 85-94 band and note also the relatively large number of people aged 95 to over 100 years old.
11. Historically, older people are Adult Care's largest client group in terms of number of services provided. The ratio of Older People to other client groups tends to average 70:30 with variations around it (eg 68:32; 73:27).
12. Within the Older People client group, traditionally females tend to outnumber males and this is the case amongst those with a FACS Band of "Higher Moderate" or below ([Table 4](#)).
13. Specifically, within the *Higher Moderate* clients females account for 67% of clients (N=804).
14. [Table 5](#) shows that the distribution of clients within the *Higher Moderate* band (and below) is proportionate to expected population numbers with regard to ethnicity. 98% of people within *Higher Moderate* are from a White background, and this is commensurate with expected population numbers.

How Many and which Services do People in the Higher Moderate Band receive?

15. In the main, clients receive just one service, and this is the case right across the FACS bands (N=8444, 80.8%). ([Table 6](#)).
16. Similar proportions of clients receive just one service in the *Higher Moderate* band with about 15% receiving more than one service.
17. Specifically, 85% of services within the *Higher Moderate* band are single services to a single individual. 186 services (13% of total services provided) are 2 services given to a single individual. 21 (1.5%) are 3 services together delivered to a single service user.
18. The main services used by people in the Higher Moderate banding are domiciliary services provided by the independent sector (549 services, 38%), in-house home care services (292, 20%), Direct Payments (208, 14%), in-house day care (179, 12%) and independent sector day care (102, 7%).
19. There are also smaller numbers of other services, such as Shared Lives (N=9, 1%), Laundry (N=31, 2%) and Frozen Meals (N=25, 2%) ([Figure 2](#)).

What are the Average Package Costs of Services?

20. We would expect the average cost of the package to increase with FACS Band. That is what we find ([Figure 3](#)). The lowest average cost for a package is for people with a *Low* FACS band and the highest average package costs are for

people in the highest Band (*Critical*). Note though that some *Moderate* packages are actually more expensive than some *Higher Moderate* ones.

21. Package costs though do vary considerably, regardless of FACS Band, and according to a range of factors. For example, the availability of a carer who is willing to undertake care tasks can make a significant difference to the cost of a care package.

22. [Table 7](#) provides a detailed breakdown of average package costs. Note the considerable variability within FACS bands as well as between them. For example, the average weekly cost of a care package for a person with *Higher Moderate* FACS band is £105.40 but the standard deviation is over £93.00, with a range of over £1000.

23. [Table 8](#) and [Figure 4](#) show the average weekly package costs grouped into bands. 80% of cases do fall within the first 2 average price bands ie Up to £150

Can we use the figures as a guide to potential savings?

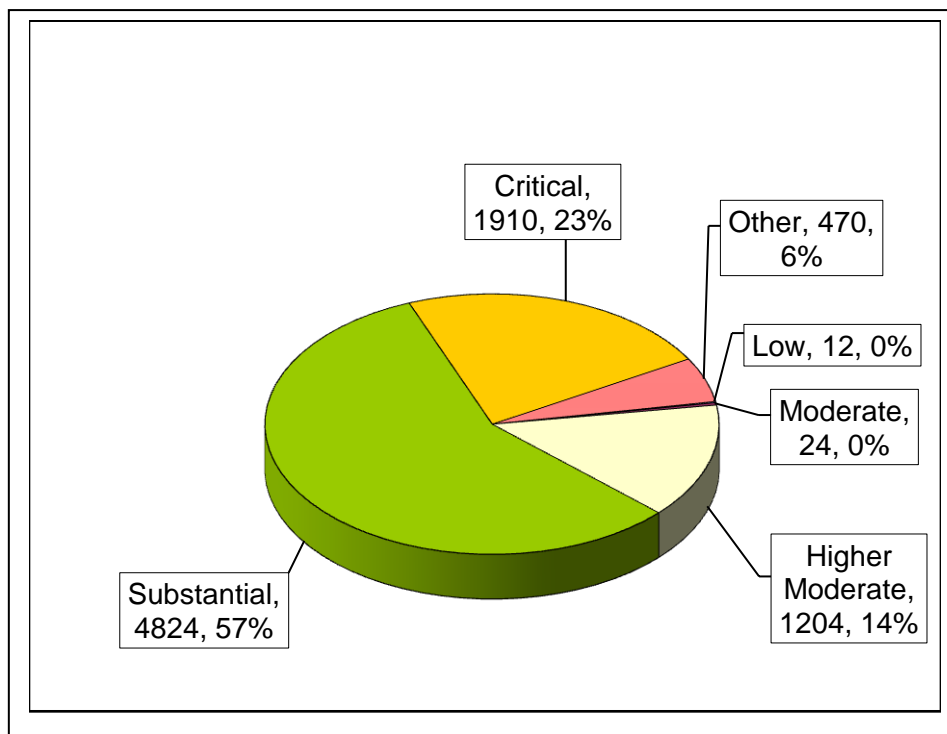
24. We can only get a very broad idea of the potential for savings from the increased threshold for a care service from this information.

25. The total average weekly costs of Higher Moderate care packages (assuming that the March 26th 'snapshot' is typical) is around £149,000. If we assume that 50% of these packages run for a full year, and the other 50% run for a quarter, then potential savings are around £3.85 to £4.15 million per annum. It is difficult to be more precise given the complex variability in the caseload.

Table 1 The Number of Adult Care Clients by FACS Band

FACS		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	LOW	12	.1	.1	.1
	MODERATE	24	.3	.3	.4
	HIGHER MODERATE	1204	14.3	14.3	14.7
	SUBSTANTIAL	4824	57.1	57.1	71.8
	CRITICAL	1910	22.6	22.6	94.4
	OTHER	470	5.6	5.6	100.0
	Total	8444	100.0	100.0	

Figure 1 The Number of Adult Care Clients³ by FACS Band



³ Data from Frameworki, snapshot taken on 26/03/14

Table 2 Primary Client Group by FACS Band

			FACS						Total
			LOW	MODERATE	HIGHER MODERATE	SUBSTANTIAL	CRITICAL	OTHER	
SUG	LEARNING DIFFICULTIES	Count	2	3	152	719	427	132	1435
		% within FACS	16.7%	12.5%	12.6%	14.9%	22.4%	28.1%	17.0%
	MENTAL HEALTH	Count	0	1	35	126	34	31	227
		% within FACS	.0%	4.2%	2.9%	2.6%	1.8%	6.6%	2.7%
	OLDER PEOPLE	Count	8	18	880	3479	1152	221	5758
		% within FACS	66.7%	75.0%	73.1%	72.1%	60.3%	47.0%	68.2%
	PHYSICAL DISABILITY	Count	2	2	132	479	291	75	981
		% within FACS	16.7%	8.3%	11.0%	9.9%	15.2%	16.0%	11.6%
	OTHER	Count	0	0	5	21	6	11	43
		% within FACS	.0%	.0%	.4%	.4%	.3%	2.3%	.5%
Total		Count	12	24	1204	4824	1910	470	8444
		% within FACS	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 3 FACS Band by Age Group

			AGE						Total
			18-49	50-64	65-74	75 TO 84	85-94	95 TO 110	
FACS	LOW	Count	3	1	3	2	3	0	12
		% within FACS	25.0%	8.3%	25.0%	16.7%	25.0%	.0%	100.0%
	MODERATE	Count	4	2	8	5	4	1	24
		% within FACS	16.7%	8.3%	33.3%	20.8%	16.7%	4.2%	100.0%
	HIGHER MODERATE	Count	173	151	136	272	403	69	1204
		% within FACS	14.4%	12.5%	11.3%	22.6%	33.5%	5.7%	100.0%
	SUBSTANTIAL	Count	809	536	521	1123	1559	276	4824
		% within FACS	16.8%	11.1%	10.8%	23.3%	32.3%	5.7%	100.0%
	CRITICAL	Count	462	296	233	378	472	69	1910
		% within FACS	24.2%	15.5%	12.2%	19.8%	24.7%	3.6%	100.0%
	OTHER	Count	160	89	52	81	76	12	470
		% within FACS	34.0%	18.9%	11.1%	17.2%	16.2%	2.6%	100.0%
Total		Count	1611	1075	953	1861	2517	427	8444
		% within FACS	19.1%	12.7%	11.3%	22.0%	29.8%	5.1%	100.0%

Table 4 FACS Band by Sex

			SEX			Total
			.00	MALE	FEMALE	
FACS LOW	Count	0	7	5	12	
	% within FACS	.0%	58.3%	41.7%	100.0%	
	% within SEX	.0%	.2%	.1%	.1%	
MODERATE	Count	0	7	17	24	
	% within FACS	.0%	29.2%	70.8%	100.0%	
	% within SEX	.0%	.2%	.3%	.3%	
HIGHER MODERATE	Count	3	397	804	1204	
	% within FACS	.2%	33.0%	66.8%	100.0%	
	% within SEX	27.3%	12.4%	15.4%	14.3%	
SUBSTANTIAL	Count	8	1793	3023	4824	
	% within FACS	.2%	37.2%	62.7%	100.0%	
	% within SEX	72.7%	56.1%	57.7%	57.1%	
CRITICAL	Count	0	781	1129	1910	
	% within FACS	.0%	40.9%	59.1%	100.0%	
	% within SEX	.0%	24.4%	21.6%	22.6%	
OTHER	Count	0	211	259	470	
	% within FACS	.0%	44.9%	55.1%	100.0%	
	% within SEX	.0%	6.6%	4.9%	5.6%	
Total	Count	11	3196	5237	8444	
	% within FACS	.1%	37.8%	62.0%	100.0%	
	% within SEX	100.0%	100.0%	100.0%	100.0%	

Table 5 FACS Band by Ethnic Background

FACS * ETHNIC Cross tabulation

			ETHNIC							Total
			Asian or Asian British	Black or African or Caribbean or Black British	Mixed or Multiple	Not Stated	Other Ethnic Group	Unknown	White	
FACS	LOW	Count	0	0	0	1	0	0	11	12
		% within FACS	.0%	.0%	.0%	8.3%	.0%	.0%	91.7%	100.0%
	MODERATE	Count	0	0	0	0	0	0	24	24
		% within FACS	.0%	.0%	.0%	.0%	.0%	.0%	100.0%	100.0%
	HIGHER MODERATE	Count	3	1	2	8	0	16	1174	1204
		% within FACS	.2%	.1%	.2%	.7%	.0%	1.3%	97.5%	100.0%
	SUBSTANTIAL	Count	24	5	12	29	2	69	4683	4824
		% within FACS	.5%	.1%	.2%	.6%	.0%	1.4%	97.1%	100.0%
	CRITICAL	Count	14	9	10	10	1	30	1836	1910
		% within FACS	.7%	.5%	.5%	.5%	.1%	1.6%	96.1%	100.0%
	OTHER	Count	4	4	3	4	1	16	438	470
		% within FACS	.9%	.9%	.6%	.9%	.2%	3.4%	93.2%	100.0%
Total		Count	45	19	27	52	4	131	8166	8444
		% within FACS	.5%	.2%	.3%	.6%	.0%	1.6%	96.7%	100.0%

Table 6 FACS Banding by Number of Services Received

		Number of Services					Total
		1.00	2.00	3.00	4.00	5.00	
LOW	Count	12	2	0	0	0	14
	% within FACS	85.7%	14.3%	.0%	.0%	.0%	100.0%
	% within Number of Services	.1%	.1%	.0%	.0%	.0%	.1%
MODERATE	Count	24	3	2	0	0	29
	% within FACS	82.8%	10.3%	6.9%	.0%	.0%	100.0%
	% within Number of Services	.3%	.2%	.9%	.0%	.0%	.3%
HIGHER MODERATE	Count	1204	186	21	0	0	1411
	% within FACS	85.3%	13.2%	1.5%	.0%	.0%	100.0%
	% within Number of Services	14.3%	10.6%	9.4%	.0%	.0%	13.5%
SUBSTANTIAL	Count	4824	1019	134	10	3	5990
	% within FACS	80.5%	17.0%	2.2%	.2%	.1%	100.0%
	% within Number of Services	57.1%	57.9%	59.8%	58.8%	100.0%	57.3%
CRITICAL	Count	1910	486	62	7	0	2465
	% within FACS	77.5%	19.7%	2.5%	.3%	.0%	100.0%
	% within Number of Services	22.6%	27.6%	27.7%	41.2%	.0%	23.6%
OTHER	Count	470	65	5	0	0	540
	% within FACS	87.0%	12.0%	.9%	.0%	.0%	100.0%
	% within Number of Services	5.6%	3.7%	2.2%	.0%	.0%	5.2%
Total	Count	8444	1761	224	17	3	10449
	% within FACS	80.8%	16.9%	2.1%	.2%	.0%	100.0%
	% within Number of Services	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Figure 2 Services Used by Higher Moderate Clients

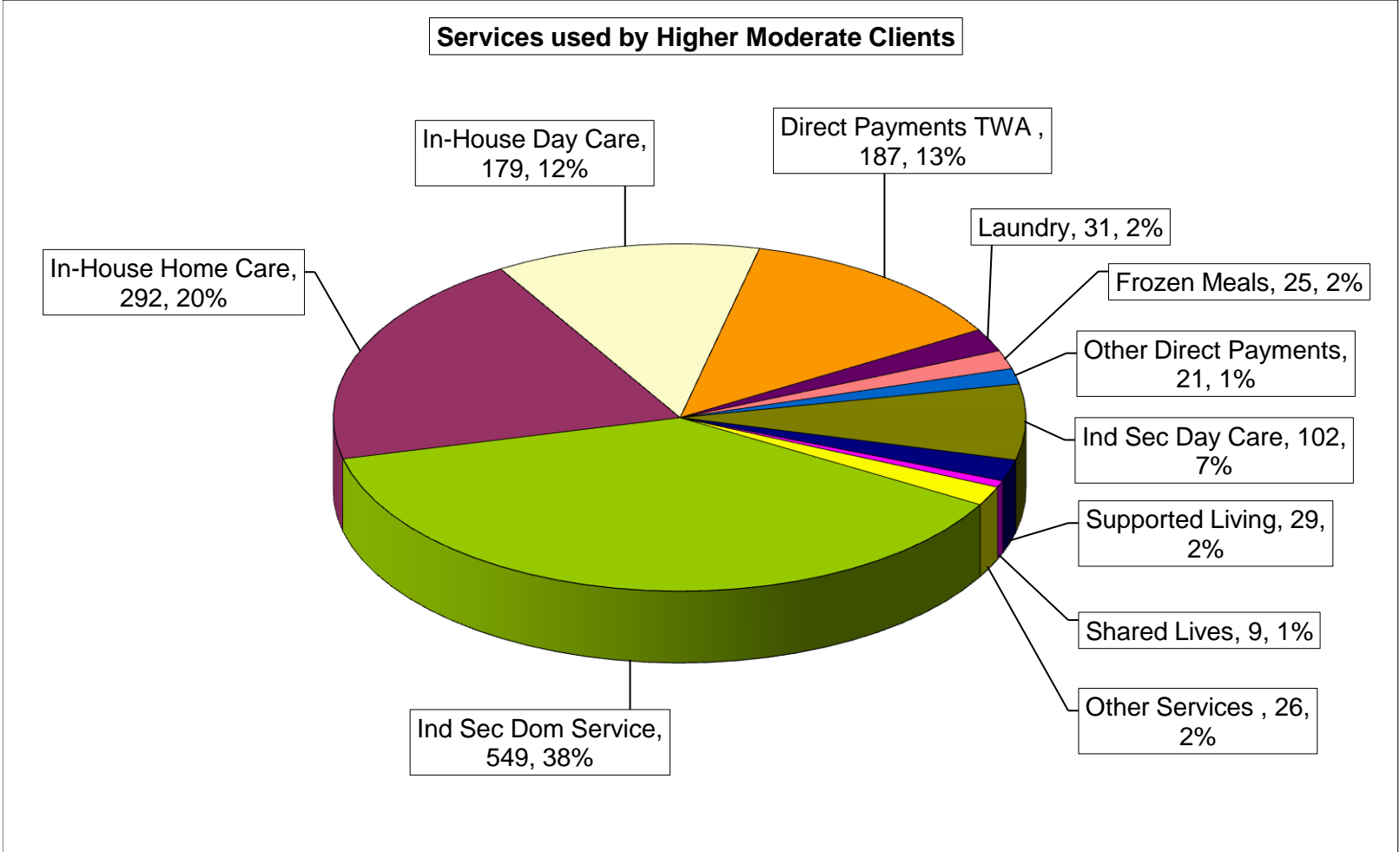


Figure 3 Average weekly Package Cost by FACS Band

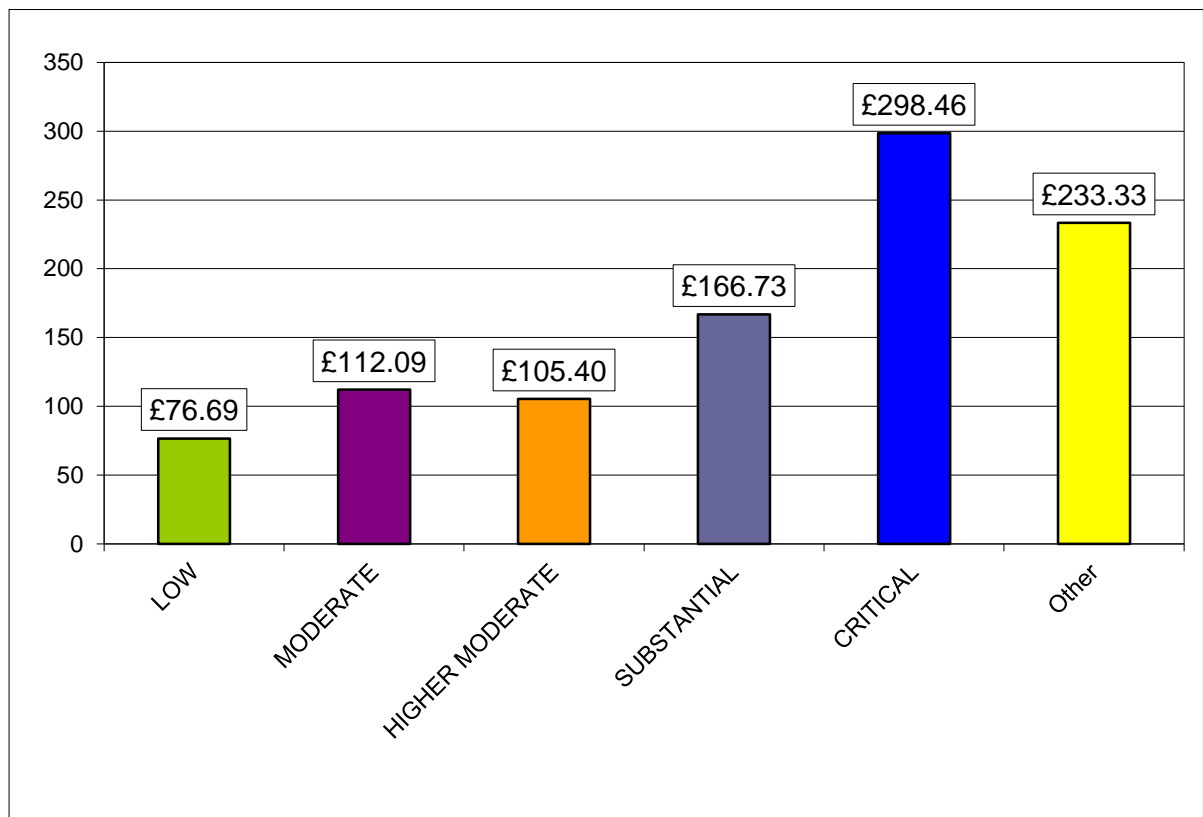


Table 7 Average Weekly Costs by FACS Band

FACS	Mean	N	Std. Deviation	Sum	Minimum	Maximum	Range	First	Last
LOW	£76.692500	14	70.5064853	1,073.6950	9.0500	264.2500	255.2000	40.0000	56.0400
MODERATE	£112.094138	29	91.8231519	3,250.7300	20.7600	367.8800	347.1200	237.6000	225.6600
HIGHER MODERATE	£105.401285	1411	93.4533659	148,721.2129	1.3000	1,048.0500	1,046.7500	251.4500	39.6000
SUBSTANTIAL	£166.727507	5990	172.0495844	998,697.7653	0.2100	3,550.8900	3,550.6800	33.2500	121.1000
CRITICAL	£298.460811	2465	338.6337346	735,705.8980	1.3328	3,792.9000	3,791.5672	1,232.1400	491.4000
OTHER	£233.327018	540	271.5589483	125,996.5898	1.3000	1,994.3400	1,993.0400	237.6000	107.2800
Total	£192.692687	10449	230.6508574	2,013,445.8910	0.2100	3,792.9000	3,792.6900	1,232.1400	107.2800

Table 8 Grouped Average Weekly Cost by FACS Band – Higher Moderate or below

			FACS			Total
			LOW	MODERATE	HIGHER MODERATE	
Weekly Cost - Grouped	UP TO £50 PW	Count	6	7	355	368
		% within Weekly Cost - Grouped	1.6%	1.9%	96.5%	100.0%
	BET £51 AND £150 PW	Count	6	15	777	798
		% within Weekly Cost - Grouped	.8%	1.9%	97.4%	100.0%
	£151 TO £300 PW	Count	2	5	239	246
		% within Weekly Cost - Grouped	.8%	2.0%	97.2%	100.0%
	£301 TO £450	Count	0	2	18	20
		% within Weekly Cost - Grouped	.0%	10.0%	90.0%	100.0%
	£451 TO £600	Count	0	0	14	14
		% within Weekly Cost - Grouped	.0%	.0%	100.0%	100.0%
	£601 TO £850	Count	0	0	6	6
		% within Weekly Cost - Grouped	.0%	.0%	100.0%	100.0%
	£851 TO £1050	Count	0	0	2	2
		% within Weekly Cost - Grouped	.0%	.0%	100.0%	100.0%
Total		Count	14	29	1411	1454
		% within Weekly Cost - Grouped	1.0%	2.0%	97.0%	100.0%

Figure 4 Banded Average Weekly Package Costs for Higher Moderate FACS Criteria

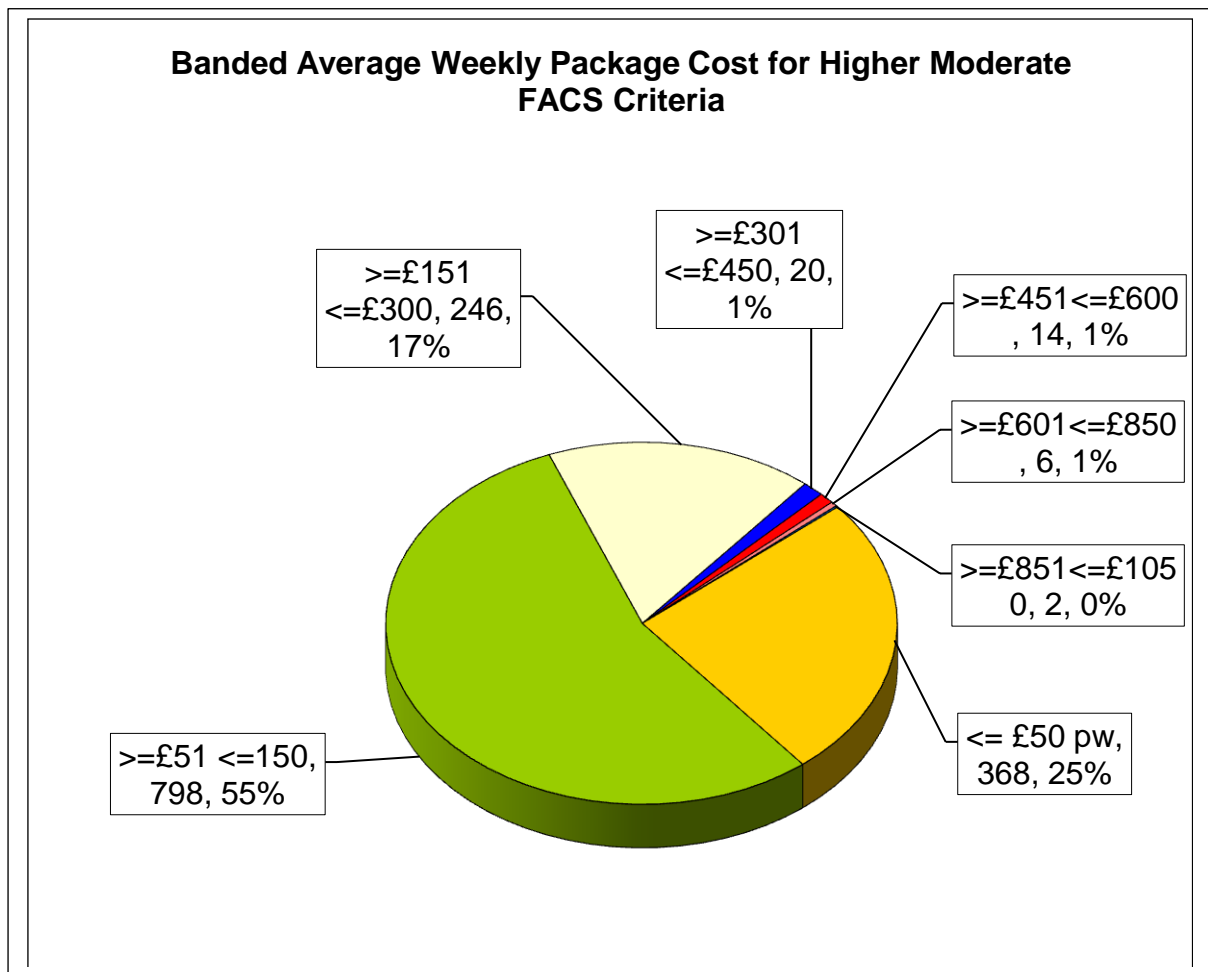


Figure 5 The Relationship between Adult Social Care Referrals and Predicted numbers of People with Very High Social Care Needs (Planning4Care)

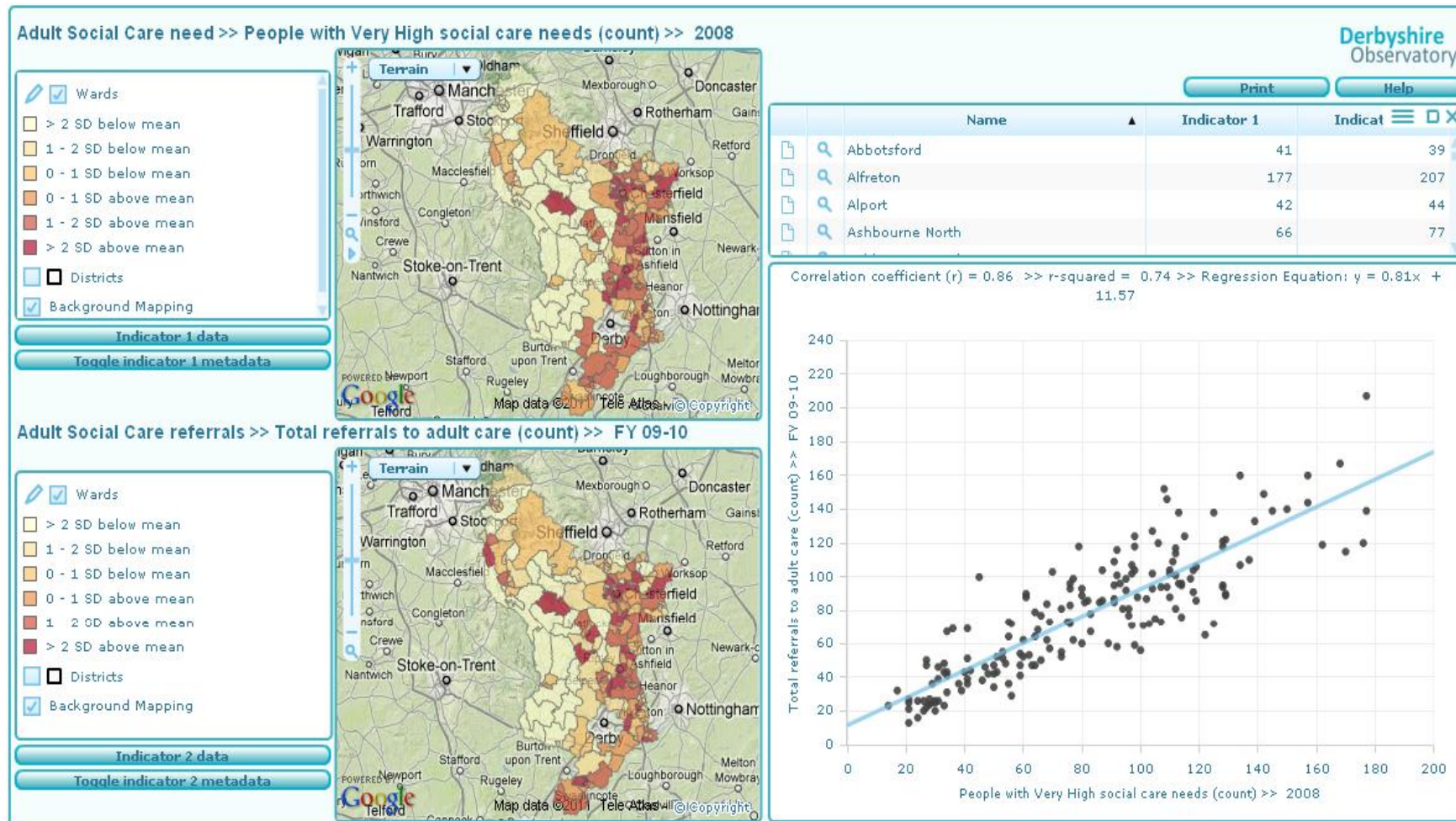


Figure 6 Projected Number of Older People by Social Care Need Category 2014-2018

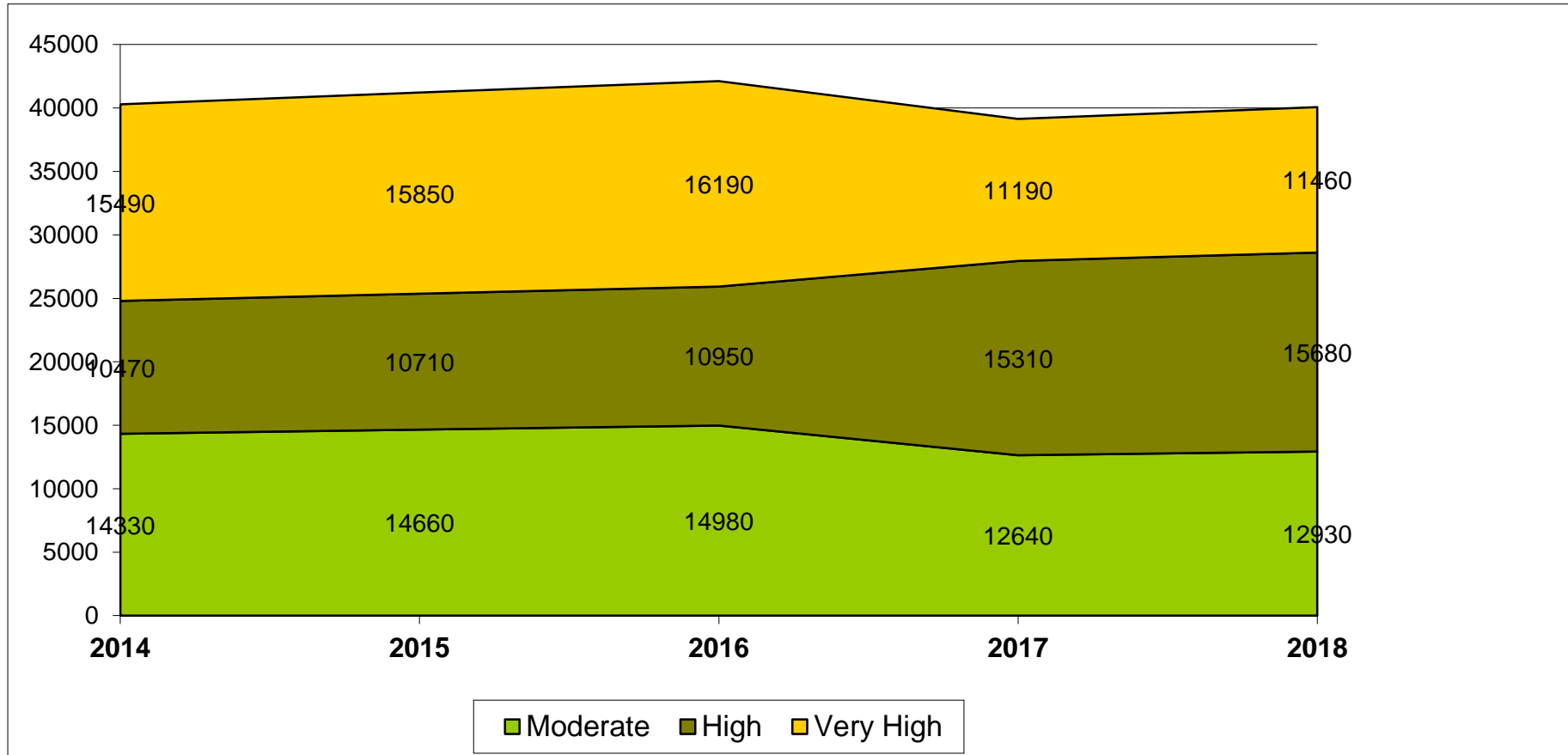


Figure 7 Projected Number of Disabled People 18-64 by Social Care Need Category 2014-2018

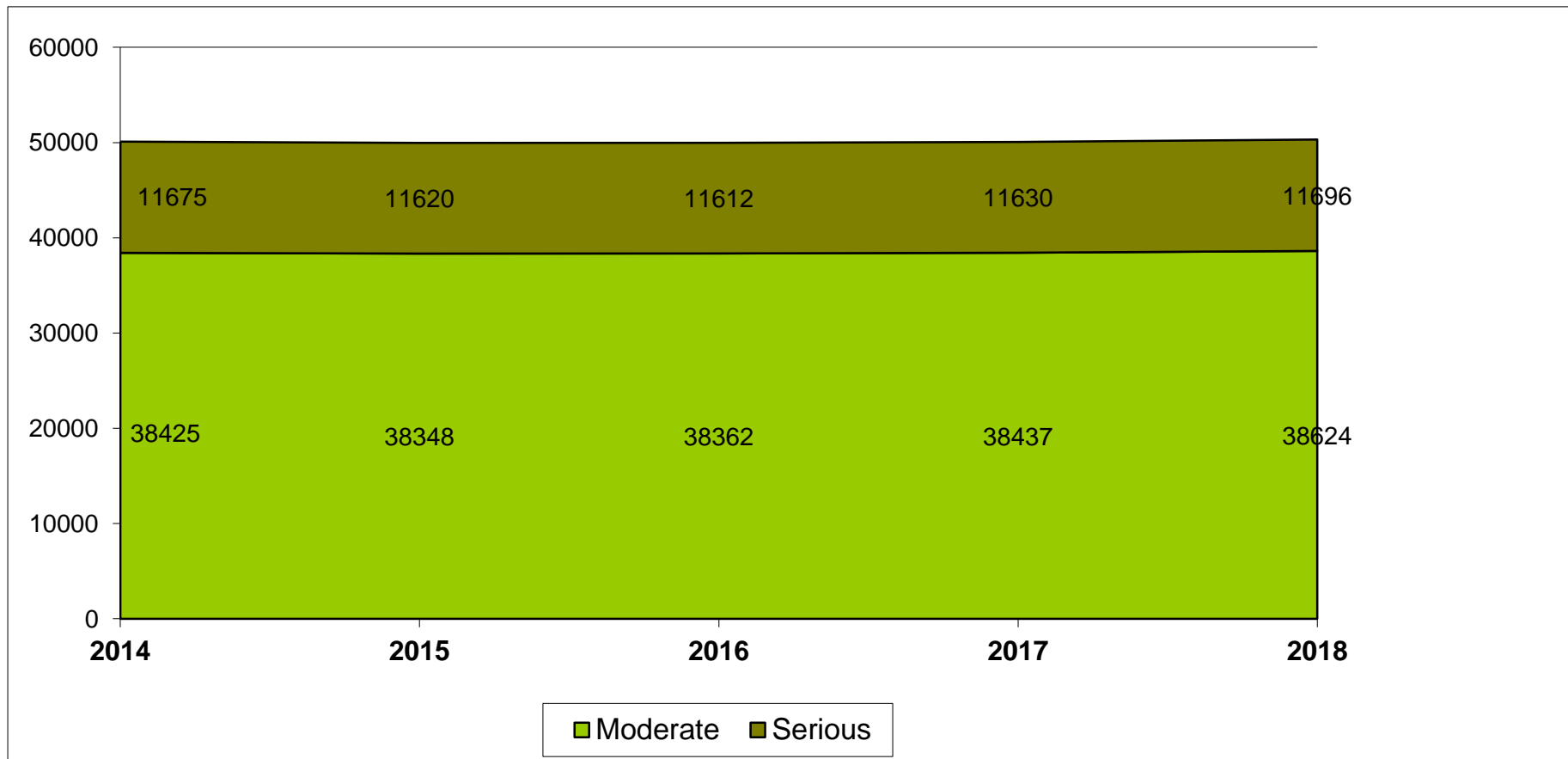


Figure 8 Projected Number of PWLD by Social Care Need 2014-2018

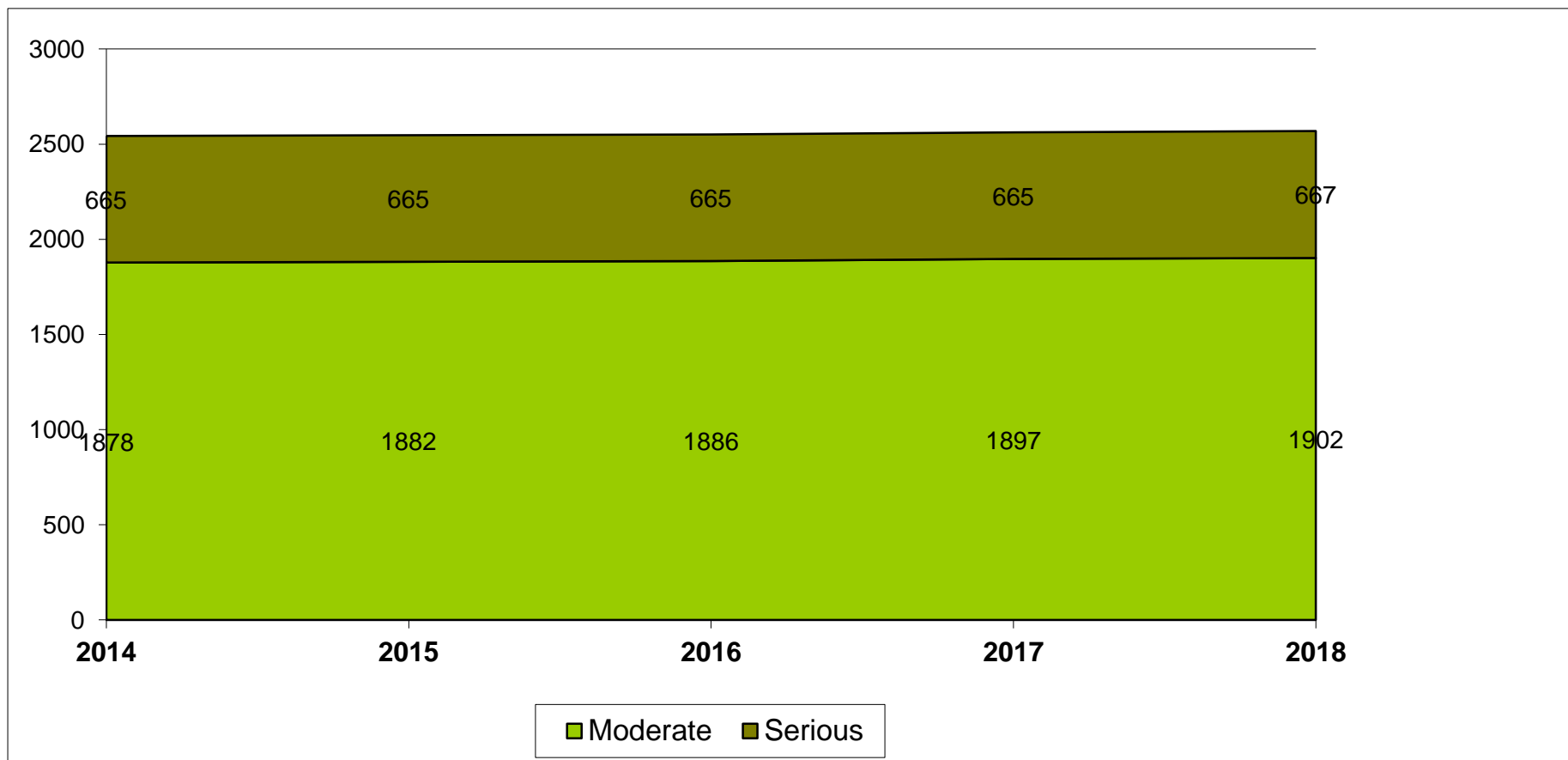


Figure 9 Projected Number of People with a Serious Mental Health Problem 2014-2018

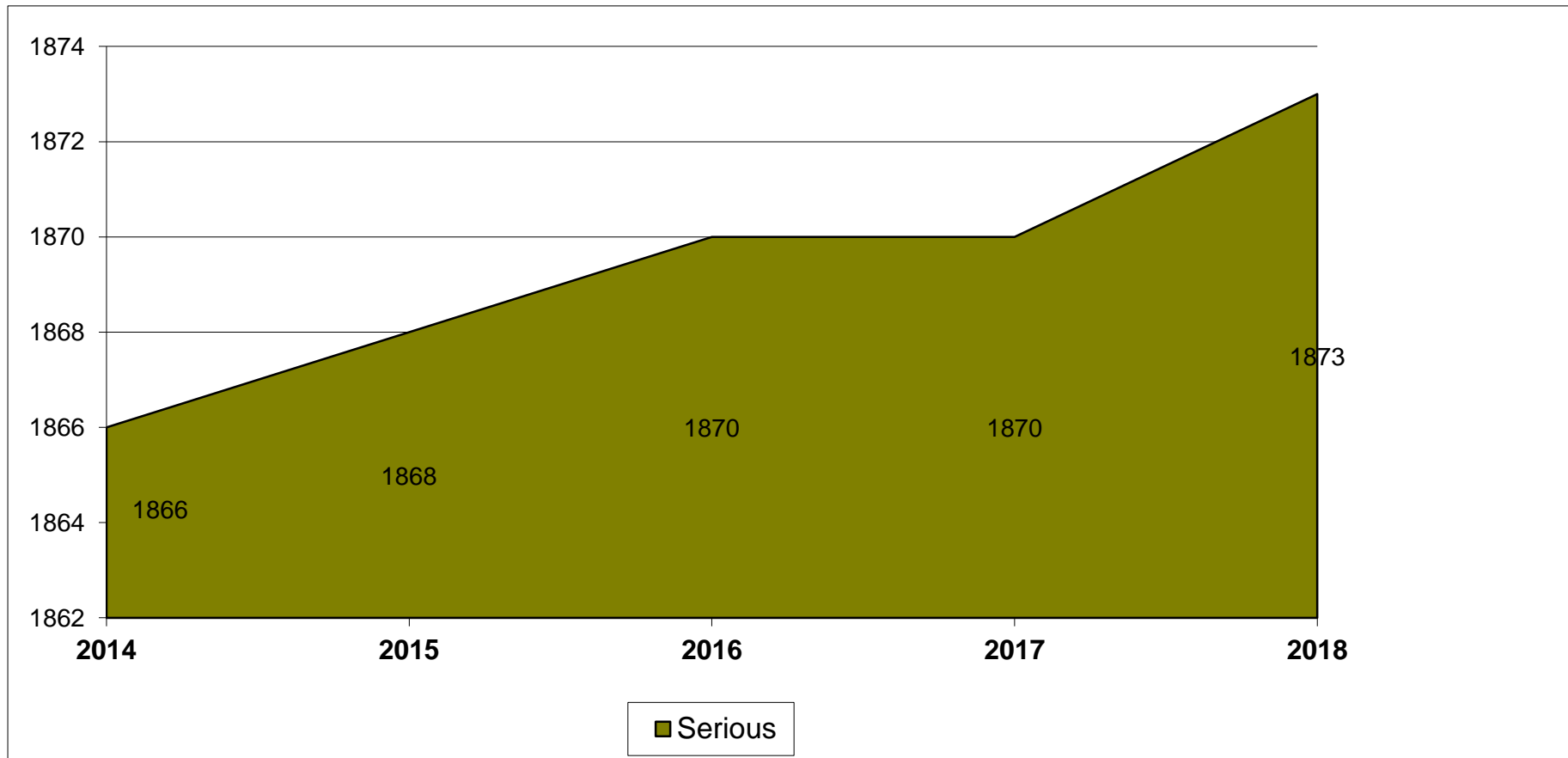


Table 9 Projected Needs by Client Group 2014-2018

CLIENT GROUP	NEED TYPE	2014	2015	2016	2017	2018
OLDER PEOPLE	ELIGIBLE NEED	31,262	26,560	27,140	27,740	28,410
	INELIGIBLE NEED	20,858	26,780	27,360	27,950	28,610
	TOTAL NEED	52,120	53,340	54,500	55,690	57,020
PHYSICAL DISABILITY	ELIGIBLE NEED	25,892	11,620	11,612	11,630	11,696
	INELIGIBLE NEED	24,208	38,348	38,362	38,437	38,624
	TOTAL NEED	50,100	49,968	49,974	50,067	50,320
MENTAL HEALTH	ELIGIBLE NEED	690	691	692	692	693
	INELIGIBLE NEED	1176	1177	1178	1180	1181
	TOTAL NEED	1866	1868	1870	1873	1874
LEARNING DISABILITY	ELIGIBLE NEED	1360	1361	1363	1367	1371
	INELIGIBLE NEED	1183	1186	1188	1195	1198
	TOTAL NEED	2543	2547	2551	2562	2569
TOTAL	ELIGIBLE NEED	59,205	40,233	40,807	41,429	42,170
	INELIGIBLE NEED	46,742	66,808	67,406	68,085	68,938
	TOTAL NEED	105,946	107,041	108,213	109,514	111,107

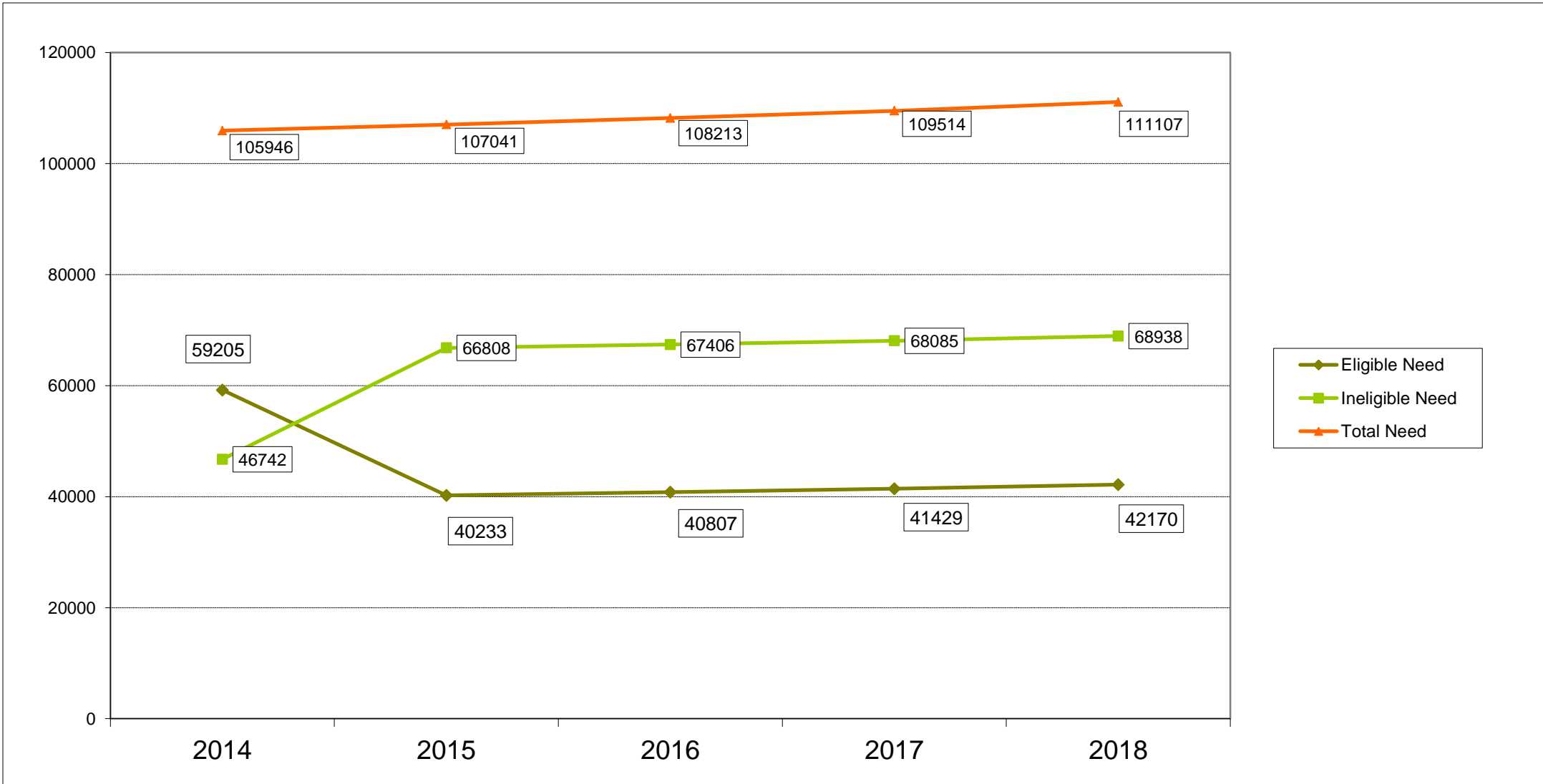


Figure 10 Projected Need for Adult Care 2014-2018

Draft Regulations laid before Parliament under section 125(4)(a) of the Care Act 2014, for approval by resolution of each House of Parliament.

DRAFT STATUTORY INSTRUMENTS
2014 No. XXX
SOCIAL CARE, ENGLAND
The Care and Support (Eligibility Criteria) Regulations 2014

*Made - - - - ****
*Coming into force - - ****

The Secretary of State makes the following Regulations in exercise of the powers conferred by sections 13(7) and (8) and 125(7) and (8) of the Care Act 2014(a).

(a) 2014 c. 23; see section 125(1) for the power to make regulations.

A draft of this instrument has been laid before and approved by a resolution of each House of Parliament in accordance with section 125(4)(a) of that Act.

Citation and commencement

1. These Regulations may be cited as the Care and Support (Eligibility Criteria) Regulations 2014 and shall come into force on 1st April 2015.

Needs which meet the eligibility criteria: adults who need care and support

2.—(1) An adult's needs meet the eligibility criteria if—

- (a) the adult's needs are caused by a physical or mental impairment or illness;
- (b) as a result of the adult's needs the adult is unable to achieve an outcome specified in paragraph (2); and
- (c) as a consequence there is, or is likely to be, a significant impact on the adult's well-being.

(2) The specified outcomes are—

- (a) carrying out some or all basic care activities;
- (b) maintaining family or other significant personal relationships;
- (c) accessing and engaging in work, training, education or volunteering;
- (d) accessing necessary facilities or services in the local community including medical services, public transport, educational facilities, and recreational facilities or services;
- (e) carrying out any caring responsibilities the adult has for a child.

(3) In this regulation, "basic care activities" means essential care tasks that a person carries out as part of normal daily life including—

- (a) eating and drinking;
- (b) maintaining personal hygiene;
- (c) toileting;
- (d) getting up and dressed;
- (e) getting around one's home;
- (f) preparing meals; and
- (g) the cleaning and maintenance of one's home.

(4) For the purposes of this regulation an adult is to be regarded as being unable to achieve an outcome if the adult—

- (a) is unable to achieve it without assistance;
- (b) is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;
- (c) is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or
- (d) is able to achieve it without assistance but takes significantly longer than would normally be expected.

(5) Where the effects of an adult's needs fluctuate, in determining whether the adult's needs meet the eligibility criteria, the local authority must take into account the adult's circumstances over such period as it considers necessary to establish an accurate indication of the adult's level of need.

Needs which meet the eligibility criteria: carers

3.—(1) A carer's needs meet the eligibility criteria if—

- (a) the needs arise as a consequence of providing care for an adult; and
- (b) paragraph (2) or (3) applies.

(2) This paragraph applies if the effect of the carer's needs is that the carer is unable to provide some of the necessary care to the adult needing care.

(3) This paragraph applies if—

- (i) the effect of the carer's needs is that any of the circumstances specified in paragraph (4) apply to the carer; and
- (ii) as a consequence of that fact there is, or is likely to be, a significant impact on the carer's well-being.

(4) The circumstances specified in this paragraph are as follows—

- (a) the carer's physical or mental health is, or is at risk of, deteriorating;
- (b) the carer is unable to achieve any of the following outcomes—
 - (i) carrying out some or all basic household activities in the carer's home (whether or not this is also the home of the adult needing care);
 - (ii) carrying out any caring responsibilities the carer has for a child;
 - (iii) providing care to other persons for whom the carer provides care;
 - (iv) maintaining family or other significant personal relationships;
 - (v) engaging in work, training, education or volunteering;
 - (vi) making use of necessary facilities or services in the local community including medical services and educational facilities;
 - (vii) engaging in recreational activities.

(5) In this regulation, "basic household activities" means essential household tasks that a person carries out as part of normal daily life including preparing meals and the cleaning and maintenance of one's home.

(6) For the purposes of paragraph (2) a carer is to be regarded as being unable to provide the necessary care if the carer—

- (a) requires assistance to complete any task in relation to the provision of care;
- (b) is able to provide the care without assistance but doing so—

- (i) causes or is likely to cause either the carer or the adult needing care significant pain, distress or anxiety; or
- (ii) endangers or is likely to endanger the health or safety of the carer or the adult needing care.

(7) Where the effects of a carer's needs fluctuate, in determining whether the carer's needs meet the eligibility criteria, the local authority shall take into account the carer's circumstances over such period as it considers necessary to establish an accurate indication of the carer's level of need.

Signed by authority of the Secretary of State for Health.

Name

Date Department of Health

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations specify the eligibility criteria for the purposes of Part 1 of the Care Act 2014 ("the Act").

When an adult is found to have care and support needs following a needs assessment under section 9 of the Act (or in the case of a carer, support needs following a carer's assessment under section 10), the local authority must determine whether those needs are at a level sufficient to meet the "eligibility criteria" under section 13 of the Act. Sections 18 and 20 of the Act set out the duty of local authorities to meet those of an adult's needs for care and support and those of a carer's needs for support which meet the eligibility criteria.

Regulation 2 sets out the eligibility criteria for adults who need care and support, and regulation 3 sets out the eligibility criteria for carers who need support.