

Briefing Paper on the proposed changes to Peterborough City Council's Eligibility Criteria and Charges for Adult Social Care



If you require an Easy Read, Larger Print or Audio version of this document, please email ASCConsultation@peterborough.gov.uk or call 01733 864666 and leave a message and a team member will respond to you within 10 working days.

1 Introduction

Peterborough City Council offers many different care services for adults with all types of social care needs and the Council is thinking of making some changes to these services.

The Council has agreed to:

- a) review eligibility criteria for long term and ongoing social care funding, and;
- b) consider five changes to the charging policy.

A consultation will open in January to get people's views on how the proposed changes might have an impact on people in the future. This consultation will help the Council create a new type of service to support people with moderate and low needs so that they don't have to go into residential care or receive formal care sooner than they need. It will also help us prioritise services for those with substantial and critical needs and allocate the right funding for new programmes in a time where there is limited financial support.

1.1 Equality Impact Assessment

When the Council is looking at changing or developing services it needs to ensure that consideration has been given to whether the proposed changes will have an unequal impact on any particular groups. To ensure the proposals for change have been looked at comprehensively, it is important to ask the people who may be affected, whether the proposals are likely to have a positive or negative impact on them.

Adult Social Care are undertaking an Equality Impact Assessment on the review of the eligibility criteria to identify the positive and negative effects that changes to the eligibility criteria will have on people who receive support from Adult Social Care.

The Council would like to hear from people who receive Adult Social Care support and what they think the positive and negative impacts of the change in Eligibility Criteria may be for them.

2 Proposed Changes to Eligibility Criteria

Eligibility Criteria is the set of measures the Council use to work out who they are able to support.

Since 2003, Adult Social Care has moved to a personalised approach which offers people more choice and control over the support people get to meet their needs. The Council's aim is to provide more personalised support rather than a limited menu of formal services. As well as this, the Council is now better able to help people stay independent for longer or regain their independence as quickly as possible. This will help to meet the needs of the wider community through integrated, community-based preventative programmes that will ensure that people are not isolated, help slow down deterioration in health and keep people in their own homes, close to family and friends.

Peterborough's eligibility criteria have not been reviewed for nine years and have not been considered in relation to the resources available to the Council, or in the light of the increasing emphasis on personalisation and promoting independence.

The White Paper: 'Caring for our future: reforming care and support' published earlier this year, shows that there is likely to be national guidance on eligibility criteria by 2015. It is expected that the national threshold will be set at substantial.

Some authorities have considered tightening their eligibility criteria to include only "critical" and the White Paper discourages such further eligibility tightening in advance of a national threshold being set. However, in Peterborough, eligibility is more generous than the majority of Councils and the anticipated future national threshold.

The proposal is to focus social care funding on the critical and substantial levels of need of the most vulnerable people. Adult Social Care would, if the policy is approved, no longer provide support for any assessed needs for social care support which are moderate or low.

If a change in eligibility criteria is agreed then changes to people's current care packages would only be made after their needs were reviewed. These reviews may well find that their needs have increased but may also identify that they might benefit from reablement or a different type of service/support available elsewhere. By reablement we mean a short period of intensive support to enable an individual to gain or regain skills in living as independently as possible.

If the proposed changes go ahead, then the Council thinks that part of the future savings should be invested in additional preventative services to ensure that those no longer eligible have access to other support.

There is a range of preventative services already available and the Council is seeking views on other types of services which might help people to remain independent for longer and, therefore, not need to become reliant on Council-funded social care services.

Some examples of preventative services being considered are:

- Developing locality based champions – working with Neighbourhoods and Voluntary Community Services to identify and develop neighbourhood assets and to develop solutions with local communities
- Improving access to information and advice – including specialist advice on financial issues and effective signposting to services and support
- Developing a universal adult social care information, advice, advocacy and brokerage service. Support for people to identify community and personal assets available to them and to organise support.
- Further developing user led organisations and support – investment in community and volunteer groups and time-banking
- Developing of leisure opportunities with Vivacity including improved access to mainstream opportunities
- Continuing support of lunch clubs
- Improving support for carers including carers support payments and emergency respite.
- Establishing dementia cafes – offering accessible support to people with dementia
- Working on a falls prevention scheme with health to reduce the number of people affected by a fall

At the same time we will be recruiting for an Adult Social Care Champion Group which will meet quarterly in 2013-14 and ensure that the voices of people receiving care services in Peterborough are heard and involved in how our services are designed and delivered.

3 Proposed Changes to the Charging Policy

The Charging Policy sets out how much we charge people for the services we deliver.

Peterborough City Council agreed in 2011 to allow care charges to rise to the level of their actual cost for those people who can afford to pay. These rises are being phased in over three financial years to protect them from the impact of steep increases.

The first two phased increases have been applied, and the third and final phased increase is due to be applied from April 2013, and will affect respite, day care and homecare where two carers are needed at the same time.

Five further amendments are proposed to be introduced from April 2013 as an addition to the increases already agreed. The proposed changes will affect people who contribute something towards the cost of their care, and may mean that some people will have to start paying a charge or pay more than they currently do.

The proposed new changes are as follows:

3.1 Revising the Disability Related Expenditure disregard

For those people who make a payment towards the cost of their care, there is a deduction within the financial assessment calculation for the additional costs relating to their disability that they might expect to incur in looking after themselves, their home and any transport/travel needs. This is known as the Disability Related Expenditure disregard.

Peterborough currently operates a flat rate Disability Related Expenditure of £32 applied to all those with an assessed charge. The level of Peterborough's disregard is high when compared to other local authorities (average £10) and unusual in that it is applied to everyone irrespective of what extra expenditure they may incur.

The proposal is to introduce a banded Disability Related Expenditure disregard with lower figures, similar to that used by other Councils. Individuals with high DRE that can be evidenced will not be required to pay more, but charges for many will increase.

Three different bandings are offered for consultation:

Welfare benefit	Proposed disregard 1	Proposed disregard 2	Proposed disregard 3
Lower rate of Disability Living Allowance	£5	£10	£10
Middle Rate of DLA/Low rate of AA	£10	£15	£10
High rate of DLA/AA	£15	£25	£20

Furthermore, two further options are also offered for consideration:

- 1) Reduce Disability Related Expenditure disregard for all from £32 to £10
- 2) Reduce Disability Related Expenditure disregard for all from £32 to £15

There is a proposed safeguard in that service users who maintain that their Disability Related Expenditure is higher than the above figures will have increased DRE figures used in their charge calculations provided that this is allowable following the National Good Practice Guide and that it is evidenced.

It is proposed that the service user will have a right to appeal to an independent panel if they are dissatisfied with a decision on their Disability Related Expenditure disregard.

If the proposed changes are agreed then they would be introduced individually at the annual review.

3.2 Introducing a charge for Assistive Technology

Assistive Technology covers things such as remotely monitored passive alarms and sensors that help people live independently.

The Charging Policy has not kept pace with the technology available and the proposal is to address this by including Assistive Technology as a chargeable service, whether it's provided as part of a personal budget or as a commissioned service.

This proposal would not affect people who already receive care services and pay their maximum assessed charge. Most people will continue to pay an affordable charge towards the total cost of their personal budget following a financial assessment and those people who are over the upper income or capital threshold would meet the full cost.

The proposed charges for assistive technology would range from £2.88 for Lifeline (the most common assistive technology) to £6.40 per week depending on the equipment provided and provided they were chosen as part of a package of services purchased with a personal budget.

3.3 Harmonise the Qualifying Age for Pension Credit

The protected levels of income used in the Council's charging policy are based on the Department for Work and Pension's original Pension Credit qualifying age of 60. As the qualifying age for Pension Credit will gradually increase to 66 by 2020, it is proposed to substitute "*Pension Credit qualifying age*" in place of "*at age 60*" to reflect the change to the qualifying age.

3.4 Introduce a Charge for an Appointeeship Client Money Management Service

Adult Social Care acts as "appointee" for a number of people who lack the mental capacity to manage their own finances and who have no next of kin or representative who can do so.

No charge is currently made for this service. However, the Association of Public Authority Deputies (APAD) has advised that Councils can charge for the provision of an appointee client income management service, and has provided comprehensive good practice guidance about this. The guidance emphasises that charges should not be applied if they are likely to cause financial hardship.

3.5 Remove the Subsidy for Hot and Frozen Meals

It is proposed to remove the subsidy from the current home meals service. If the subsidy were to be removed in a single phase, it would result in an increase from £3.20 to £5.20 per meal for hot meals and from £2.00 to £2.60 for frozen meals.

The Council would like to consider if there are any alternatives to the home meals service, including whether there remains a case to continue with a hot meals delivery service.

4 Why has the Council proposed these changes?

The proposed changes are necessary because of the multi-million pound cuts to the funding the Council receives from the Government. The funding has been reduced by £15 million over the past two years and the cuts are expected to increase to £25 million by 2015.

The Council has to continue to provide adult social care for a rising population, with less and less money. However, the Council has to make sure that the money that is available is spent on those with the greatest need.

The savings made in these areas would help to meet the increasing demand for social care services whereas a failure to identify areas where costs can be reduced or income increased will place significant pressure on Adult Social Care's ability to manage within the resources available and to meet priority needs.

4.1 Why are the changes proposed to Eligibility Criteria?

It is timely to review the eligibility criteria set nine years ago. A change of criteria to critical/substantial could result in savings in the order of £500,000 p.a. assuming that there would be fewer low-value (less than £150 per week) packages of care as more people are reabled, signposted to other services or are advised on how else they might meet their needs. Some low value packages will continue, for example, where a family carer provides the majority of the care to someone with high needs but receives a low level of funded support to help them to manage.

The proposal is to focus the budget on higher levels of need and preventative services. This is for a number of reasons:

- At a time when there is a requirement to achieve financial savings, resources need to be targeted on those most in need of support.
- Nowadays, people who fall within the substantial and often the critical bands of eligibility are routinely being supported to maintain their independence at home.
- Reablement is helping people when they first enter the social care system to regain full independence and be free of funded social care support for longer.
- Greater emphasis is being given to provide information, advice and guidance to people with developing care needs (and their families). This helps them to access services provided within the community or through voluntary organisations.
- The Council would like improve the services it offers to help the wider population (including to those who currently buy their own services and are not supported by the Council) to remain independent for longer and, therefore, not become reliant on Council-funded social care services.

4.2 Why are the changes proposed to the Charging Policy?

The change to Disability Related Expenditure disregard, if implemented, could generate about £250,000 a year, depending on the bandings introduced.

If implemented, the change to charging for Assistive Technology could generate additional income of around £9,000 a year.

Charging for an appointee client income management service could, if introduced, generate an additional income of £13,000 a year.

If the home meals service subsidy were to be removed in a single phase, this would generate additional income in the region of £96,000 a year.

5 How is the eligibility criteria used at the moment?

Peterborough City Council currently provides social care support to those adults who have needs which are in the critical, substantial and high moderate levels. This may include access to services such as day opportunities, home care, social activities and transport.

An assessment of the person's needs identifies the level of risk a person would be in if support was not provided. Using the information about a person's circumstances, the assessor will agree with the person and their carer, (if they wish) to which level of risk the person has and consequently their eligibility for social care support.

This is based upon the risk in relation to the individual's:

- independence,
- health,
- safety,
- managing daily routines
- Involvement in family and community life.

The eligibility framework sets out four levels, which have been decided by the Government. They are described by the seriousness of the risk to independence and well-being or other consequences if needs are not addressed.

The four levels are as follows:

Critical – when

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

Substantial – when

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

Moderate – when

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

Low – when

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

Every Council has to decide which level of need it can afford to meet, taking account of the money and resources it has. It can then review this according to what has been spent and change the level of eligibility if it needs to.

The level of need a person has will determine whether they are eligible for support from Adult Social Care. The proposed eligibility criteria says that if someone's needs are in the critical and substantial bands then they will attract social care funding (subject to a financial assessment).

If an individual was already receiving support for their moderate or low needs and the proposals are approved, the individual's current needs will be reassessed to review the current level of needs and to discuss future options for support. Support will not be withdrawn unless it is safe to do so.

Those with moderate or low needs for support would be signposted to other services available in the community, such as voluntary groups, activity groups etc. After six weeks the individual will be contacted to find out if they were able to access appropriate support.

6 Case studies of risk to independence and eligibility

High Moderate

Mr K is an 87 year old man who was admitted to hospital with infective exacerbation of COPD on the 30 October 2012 and deemed medically fit for discharge on the 6 November 2012. Mr K lives with his wife who provides natural support in relation to general household tasks, shopping and meals. Prior to his admission to hospital Mr K was independent with washing and dressing ensuring he took his time to complete these tasks and resting intermittently when he became short of breathe. Mr K was quite anxious about returning home and less confident about being able to meet his personal care needs and therefore he was referred to the reablement service who supported him to regain his confidence, relieve his anxiety and work towards becoming independent with washing and dressing. Mr K was discharged from reablement on the 20 November 2012 and without this service he may have become more dependent and reliant on a longer term care package due to his level of anxiety which exacerbates his COPD (chronic obstructive pulmonary disease).

High Moderate

Young person, mid 20s was in foster care then Shared Lives Scheme then moved into boyfriend's family home, developing skills along the way. Boyfriend also mild LD. About to set up home with boyfriend. Requires low level support such as floating support to look at mail, direct debits set up for utilities and support to make health appointments (not to attend but to remember to make). Without this support care needs might increase.

Substantial

Mr T is a 60 year old man who lives alone in sheltered accommodation and has been diagnosed with Myotonic Dystrophy (characterised by wasting of the muscles, muscle pain and disabling distal weakness). Mr T has frequent falls and requires support to access the community and his work and support in his home environment to meet his activities of daily living safely. Mr T has a care package of four calls per day to support him with his personal care needs and meal preparation. Mr T has support from his work colleagues three mornings a week to enable him to continue to work. Mr T is supported to remain as independent as possible and whilst the risk of falls remain due to maintaining this level of independence the number of falls resulting in injury and hospital admission have significantly decreased. Mr T is supported to make informed choices and have control over decisions, for example access to work. He is aware of the risks in terms of falls and increased pain/debility but he feels the benefits far outweigh the risks.

Substantial

Young person, 18 years of age. Has autism and severe LD, elective non-verbal communication. Isolates himself both emotionally and physically requiring significant support to participate in any activity including basic Activities of Daily Living (although technically physically able).

Critical

Mrs H is a 63 year old woman who lives with her husband. Mrs H has multiple sclerosis and is dependent on others to meet most of her activities of daily living. Mrs H spends most of her time in bed where she feels more comfortable but she will sit out in a wheelchair on occasions for short periods of time. Mrs H is unable to mobilise independently and support to meet all personal care (washing/dressing toileting) is provided by 2 carers and all transfers are carried out using a hoist. Full assistance with meal preparation is provided and her carers/ husband ensure food is cut up or finger foods are offered to give Mrs H some independence as she has no useful movement in her left hand.