

Notice of meeting of

Corporate and Scrutiny Management Committee (Calling In)

- To:** Councillors Wiseman (Chair), Barnes, Horton, King, McIlveen, Potter, Runciman (Vice-Chair), Steward and Warters
- Date:** Monday, 13 August 2012
- Time:** 5.00 pm
- Venue:** Guildhall, York

AGENDA

1. **Declarations of Interest**

At this point Members are asked to declare any personal, prejudicial or disclosable pecuniary interests they may have in the business on this agenda.

2. **Public Participation**

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00 pm on Friday 10 August 2012.**

3. **Minutes**

(Pages 3 - 8)

To approve and sign the minutes of the last meeting of the Committee held on 23 April 2012.

4. Called-In Item: Changes to Eligibility Criteria for Adult Social Care (Pages 9 - 72)

To consider the decisions made by the Cabinet Member for Health, Housing and Adult Social Care at her meeting held on 1 August 2012 in relation to the above item, which has been called in by Councillors Aspden, Cuthbertson and Runciman in accordance with the Council's Constitution. A cover report is attached setting out the reasons for the call-in and the remit and powers of the Corporate Scrutiny Management Committee (Calling-In) in relation to the call-in procedure, together with the original report to and decisions of the Cabinet Member.

5. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name : Jill Pickering

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For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting.

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above.

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Further information about what's being discussed at this meeting

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The majority of councillors are not appointed to the Cabinet (39 out of 47). Any 3 non-Cabinet councillors can 'call-in' an item of business following a Cabinet meeting or publication of a Cabinet Member decision. A specially convened Corporate and Scrutiny Management Committee (CSMC) will then make its recommendations to the next scheduled Cabinet meeting, where a final decision on the 'called-in' business will be made.

Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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City of York Council

Committee Minutes

MEETING	SCRUTINY MANAGEMENT COMMITTEE (CALLING IN)
DATE	23 APRIL 2012
PRESENT	COUNCILLORS GALVIN (CHAIR), RUNCIMAN (VICE-CHAIR), BARNES, CUNNINGHAM-CROSS, KING, MCILVEEN, POTTER AND STEWARD
IN ATTENDANCE	COUNCILLORS D'AGORNE, MERRETT, SCOTT AND TAYLOR

49. **DECLARATIONS OF INTEREST**

Members were invited to declare at this point in the meeting any personal or prejudicial interests they might have in the business on the agenda. No interests were declared.

50. **PUBLIC PARTICIPATION/OTHER SPEAKERS**

It was reported that there had been five registrations to speak at the meeting under the Council's Public Participation Scheme and that one Member of Council had also requested to speak.

Paul Hepworth pointed out that one of the Council's Cycling City objectives had been to create a continuous network of cycle routes and improve safety at junctions. The Water End scheme had achieved that, however some members had suggested that the previous arrangements were safer for cyclists but the latest cycling data had not been included in the report to Cabinet. Reference was made to last year's Kings Cross cyclist fatality and ongoing Police enquires which could create a legal precedent and members were urged to reconsider the risks if cyclist safety was degraded at the junction.

Peter Fay addressed the meeting as both a cyclist and motorist who regularly used the Water End junction. He confirmed that he accepted the longer waiting times at the junction following the addition of the cycle lane which provided additional safety for cyclists. His main concern now related to any reinstatement which could create an accident trap for cyclists and which ignored safety advice received from the Police and would

hamper progress of emergency vehicles. He urged members to retain the existing layout.

Peter Walker spoke as a Westminster Road resident of six years and a Chartered Surveyor. He referred to the changes made at the junction with no mitigation measures being put in place for the adjacent residential roads or prior consultation undertaken. Existing legislation could have been used to provide off road facilities for cyclists rather than the work undertaken which had destroyed the amenities of local residents. Concern was raised at the speed of vehicles which used the residential roads and a request made for point closure on Westminster Road, reinstatement of the two lanes and provision of an off road cycle/pedestrian lane following the cut back of adjacent hedges.

Dr Andrew Pringle referred to the evidence which underpinned the present scheme, particularly the recruitment of additional cyclists and evaluation of the percentage of non cyclists engaged. Generally there appeared to have been a small take up by non cyclists. Reference was also made to the significant failings in the schemes implementation which included increased pollution, congestion and additional use of minor roads affecting resident's quality of life.

Ron Healey expressed his support for the reference back of this decision for further consideration particularly as there had been little of consultation. Questionnaires he felt should have been sent out to a wider area, together with the offer of a 'do nothing' option with note also being taken of the emergency services responses.

Councillor Scott outlined the history of the scheme and to the reasons put forward for the calling in, which he felt presented no grounds on which to amend the decisions already made. Reference was again made to the failure to take account of the safety implications with no record of injuries being recorded at the junction in the 3 years prior to the reconstruction. Other options for cyclists had previously been considered and these should be re-examined as the decision to reinstate the left turn lane was correct.

51. **MINUTES**

RESOLVED: That the minutes of the last meeting of the Scrutiny Management Committee (Calling In) meeting held on 26 March 2012 be approved and signed by the Chair as a correct record.

52. **CALLED-IN ITEM: WATER END/CLIFTON GREEN JUNCTION: OPTIONS FOR REINSTATING A SEPARATE LEFT TURN TRAFFIC LANE ON THE WATER END APPROACH**

Members received a report which asked them to consider the decisions made by Cabinet at their meeting held on 3 April 2012, in relation to the reinstatement of two traffic lanes on the Water End approach to the Clifton Green junction. Further information on the options and results of consultation undertaken in respect of the two options put forward for consideration were detailed in the report.

Details of the Cabinet's decisions were attached as Annex A to the report, with the original report to Cabinet attached as Annex B. The decisions had been called in by Cllrs D'Agorne, Taylor and Hyman on the following grounds:

- a) *Failure to give due consideration to the representations of all three emergency services and the outcome of the public consultation*
- b) *Failure to take full account of the safety implications and potential increase in cycle accidents given the doubling of users since the left turn layout was last in place prior to the changes*
- c) *Decision is contrary to the council's transport hierarchy and priorities for increasing the use of non motorised means of transport, risking damage to the overall strategy by devaluing the orbital cycle route as a high quality strategic cycle route*

- d) *Decision is likely to undermine confidence of external funders in financing sustainable travel initiatives in the city*
- e) *Decision will not achieve the reason given "To address the issue around traffic congestion caused by the external layout at the Water end junction" as Cllr Merrett stated to the cabinet meeting that the junction will continue to be overloaded at peak times after the proposed change is made.*
- f) *Decision could lay the council open to potential injury /corporate manslaughter claims by making changes that safety audit has indicated would create greater risks for vulnerable road users. (ref Death at Kings Cross, London Oct 2011 and potential case against TfL)*
- g) *Decision will not achieve the objective of reducing delays in the long term and does not address the concern about 'rat running' through Westminster Rd/ The Avenue which will continue unless a trial closure is introduced at the same time as any increase in capacity at the junction.*

Members were asked to decide whether to confirm the decisions (Option a) or to refer them back to the Cabinet for re-consideration (Option b).

Councillor D'Agorne addressed the meeting on behalf of the Calling-In members he reiterated the grounds for the call-in. Particularly the emergency services lack of support for the reinstatement options and the increase in cycling take up since the addition of the cycle lane. Reference was made to the affect the decision would have on confidence of external funders with the scheme's assistance in providing a modal shift to sustainable transport. The call-in members felt that changes at the junction were not justified as they would only have minimum impact on peak time delays at the junction. The minority view of residents of Westminster Road/The Avenue should also not be ignored with consideration given to point closure of the road on a trial basis followed by an assessment of its impact.

The Cabinet Member for City Strategy responded to the points raised, confirming that a number had already been covered by Cllr Scott. The representations received had all been carefully considered as had the lack of injury accidents recorded at the junction. He stated that it had been a Labour manifesto commitment to reinstate the left hand lane with investigations being undertaken to ascertain the safest manner in which to carry out this work, which included taking legal advice. He confirmed that any reinstatement would retain the route for cyclists approaching the junction from Clifton Bridge. In respect of the issues at Westminster Road/The Avenue he acknowledged the increased use of the estate roads however the reintroduction of the left hand lane would assist in alleviating this problem. He also confirmed that Officers would investigate point closure options however the implications needed to be understood prior to any measures being implemented.

After a full debate, it was

RESOLVED: That Option (a) be approved and that the decisions of the Cabinet be confirmed.

RESOLVED: In accordance with the requirements of the Council's Constitution.

Cllr J Galvin, Chair

[The meeting started at 5.00 pm and finished at 6.05 pm].

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**Corporate and Scrutiny Management Committee
(Calling – In)**

13 August 2012

Report of the Assistant Director, Governance and ICT

Called-in Item: Changes to Eligibility Criteria for Adult Social Care

Summary

1. This report sets out the reasons for the call-in of the decisions made by the Cabinet Member for Health, Housing and Adult Social Services at her Decision Session on 1 August 2012 in relation to changes to the above criteria. The report to the meeting detailed public consultation and sought approval to change the eligibility criteria for adult social care from Moderate, Substantial and Critical to Substantial and Critical. This cover report sets out the powers and role of the Corporate and Scrutiny Management Committee in relation to dealing with the call-in.

Background

2. An extract from the decision list published after the Cabinet Member Decision Session for Health, Housing and Adult Social Services is attached as Annex A to this report. This sets out the decisions taken by the Cabinet Member on the called-in item. The original report to the Decision Session on the called-in item is attached as Annex B to this report.
3. The Cabinet Members' decision has been called in by Cllrs Aspden, Cuthbertson and Runciman for review by the Corporate and Scrutiny Management Committee (CSMC) (Calling-In), in accordance with the constitutional requirements for call-in. The reasons given for the call-in are on the following grounds:

The Liberal Democrat Group formally oppose the decision made by the Cabinet Member and believe that the eligibility criteria should remain unchanged at Moderate, Substantial and Critical. The

Cabinet Member has failed to take into account any of the representations made by the Group, prior to taking her decision:

- *The consultation was misleading as it failed to tell residents that there are alternatives to withdrawing care provision from York residents. Therefore we believe the results should be treated with extreme caution.*
- *The consultation exercise was also poorly conducted and an investigation needs to be undertaken to determine why mistakes were made. As the report states, 200 residents were sent the wrong information and feedback from residents said the consultation was "confusing", "patronizing", contained "wrong" information, was "very poor", that "questions were impossible to answer", and complained questions were "ambiguous".*
- *The 31% response rate means that of residents sent consultation packs only 20% agreed with the change in eligibility levels, with 10% disagreeing and the overwhelming majority either not answering that specific question or not taking part in the consultation. In other words, only 1-in-5 people have actively supported these proposals and even these did so through a misleading consultation document. This means that the Council can not claim there is a proper mandate for the changes. For such a vital issue, we do not believe that this flawed consultation exercise is good enough or can form the basis for an informed decision.*
- *A number of concerns raised by partners particularly the York Older People's Assembly:*
 - *Low level intervention at modest needs level can help sustain independence for longer and any short-term financial gains should be set against the costs of having more people fall into the 'substantial' and 'critical' needs bands because they lose this crucial support.*
 - *The ability of the voluntary sector in York to provide the level of personal support envisaged in this report. The report provides no detailed evidence from the voluntary sector on this point.*
- *The report states that the £150,000 cost of not introducing the changes can not be found elsewhere in the Council's Budget:*

"There is no indication at this stage of the year that other areas of the council budget are able to make additional savings to avoid the need for this proposal."

The Liberal Democrat Group believes that savings could be made elsewhere to protect social care. In our February Budget proposal, we outlined how reversing some of Labour's planned spending increases and making savings elsewhere could fund this area.

Consultation

4. In accordance with the requirements of the Constitution, the calling-in Members have been invited to attend and/or speak at the Call-In meeting, as appropriate.

Options

5. The following options are available to CSMC (Calling-In) members in relation to dealing with this call-in, in accordance with the constitutional and legal requirements under the Local Government Act 2000:
 - a. To decide that there are no grounds to make specific recommendations to the Cabinet Member in respect of the report. If this option is chosen, the original decisions taken on the item by the Cabinet Member at her meeting held on 1 August 2012 will be confirmed and will take effect from the date of the CSMC (Calling-In) meeting; or
 - b. To make specific recommendations to the Cabinet Member on the report, in light of the reasons given for the call-in. If this option is chosen, the matter will be reconsidered by the Cabinet at a meeting of Cabinet (Calling-In) to be held on 20 August 2012.

Analysis

6. Members need to consider the reasons for call-in and the report to the Cabinet Member and form a view on whether there is a basis to make specific recommendations to the Cabinet Member in respect of the report.

Council Plan

7. An indication of the Council Plan Priorities to which the Cabinet Members decision are expected to contribute is provided in paragraphs 40 and 41 of Annex B to this report.

Implications

8. There are no known Financial, HR, Legal, Property, Equalities, or Crime and Disorder implications in relation to the following in terms of dealing with the specific matter before Members; namely, to determine and handle the call-in.

Risk Management

9. There are no risk management implications associated with the call in of this matter.

Recommendations:

10. Members are asked to consider the call-in and reasons for it and decide whether they wish to confirm the decision made by the Cabinet Member or refer the matter back for reconsideration and make specific recommendations on the report to the Cabinet.

Reason: To enable the called-in matter to be dealt with efficiently and in accordance with the requirements of the Council's Constitution.

Contact details:

Author:

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Chief Officer Responsible for the report:

Andrew Docherty
Assistant Director, Governance and ICT

**Report
Approved**



Date 7 August 2012

Specialist Implications Officer(s) None

Wards Affected:

All



For further information please contact the author of the report

Annexes

Annex A – Decision of the Cabinet Member on the called-in item (extract from the decision list published on 2 August 2012).

Annex B – Report to the Cabinet Member Decision Session on 1 August 2012 including Annexes A to F.

Background Papers

Agenda relating to the above meeting (published on the Council's website)

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**DECISION SESSION - CABINET MEMBER FOR
HEALTH, HOUSING AND ADULT SOCIAL SERVICES**

WEDNESDAY, 1 AUGUST 2012

EXTRACT FROM THE DECISIONS

Set out below is a summary of the decisions taken at the meeting of the Decision Session – Cabinet Member for Health, Housing and Adult Social Services held on Wednesday, 1 August 2012. The wording used does not necessarily reflect the actual wording that will appear in the minutes.

Members are reminded that, should they wish to call in a decision, notice must be given to Democracy Support Group no later than 4pm on the second working day after this meeting.

If you have any queries about any matters referred to in this decision sheet please contact Catherine Clarke or Louise Cook.

**4. CHANGES TO ELIGIBILITY CRITERIA
FOR ADULT SOCIAL CARE**

RESOLVED: That option 1, “to agree the change to City of York’s Eligibility Criteria to Substantial and Critical and confirm that £150k a year will be invested in alternative support within the community to help meet moderate level needs” be approved

REASON: To protect those people with higher needs and to develop alternative support for those with moderate level needs that promote their wellbeing and independence. To support the change to more community based and user led support as part of the personalisation agenda.



**Decision Session - Cabinet Member for
Health, Housing and Adult Social Services**

1 August 2012

Report of the Assistant Director (Adult Assessment and Safeguarding)

Changes to Eligibility Criteria for Adult Social Care**Summary**

1. This report reflects on public consultation and seeks Cabinet Member approval to change the eligibility criteria for adult social care from Moderate, Substantial and Critical to Substantial and Critical.

Background

2. The Fair Access to Care Services (FACS) framework was introduced in 2003. Its aim was to enable councils to stratify need for social care support in a way that is fair and proportionate to the impact it will have on individuals and the wider community, taking into account local budgetary considerations.
3. Each Council has to decide each year which of four bands of risk it will consider eligible for a community care service funded by the Council. This must be based on its calculation of how much it would be likely to cost to meet every band and then comparing that with the amount of money it has available to spend on adult social services. Annex A provides a summary of the FACS level definitions.
4. Further guidance issued by the Department of Health in 2010 requires Councils to ensure that they are not neglecting the needs of their wider population. For example, people who do not meet the eligibility threshold should still be able to expect adequate signposting to alternative sources of support.
5. In February 2012 the Council set a two year budget which delivers savings of £19.7m across the council.

The budget included growth of £3m, with £1.5m of this allocated to adult social care in recognition of the demographic pressures increasing demand for support. The budget also agreed over £2m of efficiency savings within adult social care including the review of eligibility levels to ensure that we use the resources available in the most cost effective way possible.

6. The Council therefore agreed to undertake consultation on the need to increase the eligibility level for council-funded adult social care in York. Members agreed that if a change was agreed, £150k a year of the savings made (£390k full year) should be reinvested in alternative, community support to those with moderate level needs.
7. The Association of Directors of Adult Social Services has identified that nationally 83% of social service authorities are now operating at Substantial and Critical levels for their eligibility criteria. This reflects the extent to which local authorities have needed to refocus in the light of reduced funding but also changing demographics. For York, Census data released this month shows an increase in those aged in the city between 85-89 of 30% and a 34% increase in aged 90plus residents. The implications of this growth in demand for social care services at a time of continued reductions in national funding requires a local response.

Consultation

8. The consultation has been undertaken with all residents who are actively supported by adult social care, with letters sent to 3861 residents. Good practice would necessitate that any changes to eligibility criteria requires consultation with all who receive services. The information was made available in a number of formats, including Easy Read, CD, and was printed on yellow paper for those with visual impairments. The questionnaire was kept as simple as possible, but because of the technical nature of the issue was not produced in a separate easy read version. Unfortunately some residents did receive the wrong eligibility designation on their letters. There were a number of reasons for this, with some people's needs having changed since the last assessment of their eligibility, and some having been recorded wrongly in the first place. Two hundred people were sent letters of apology when it emerged that an error in the data reports had pulled through the wrong information for them.

This did cause distress and was highly regrettable. The error was corrected as soon as it was discovered

9. The information and the questionnaire were also available on line through the council website and residents in the city were advised of the consultation through the council newsletter, Your Voice, and information was also contained in the newsletter of York LINK.
10. Council partners were invited to respond through our Partnership Boards. Voluntary sector organisations were offered the opportunity to respond through the forums, organised through York Council for Voluntary Service, for mental health, older people and learning disabilities.
11. Communication with senior officers of the Vale of York Clinical Commissioning Group and York Foundation Trust Hospital has taken place at the Long Term Conditions Steering Group.
12. Care Management staff were given the opportunity to comment on the options at two staff conferences in May.
13. A dedicated email address and phone number were set up for any queries or questions from residents. Ninety people made contact and were offered support, reassurance and information they requested. Several of the queries received were concerns about questions in the equality monitoring information.
14. York Independent Living Network (YILN), the Valuing People Partnership Board (VPPB) and York Local Involvement Network (LINK) have raised concerns about the consultation process. These concerns were that people, particularly those with a learning disability, would not be able to understand the information or questions and concerns that the four weeks allowed for return of questionnaires was not enough time. Some individuals have raised similar concerns. Senior officers have met with the representative groups to discuss their concerns and to engage further with them in the consultation process.
15. Annex B contains the summary of the analysis of returned questionnaires. 1234 responses were received, a 31% return rate, giving a confidence level in the results of plus or minus 2.8%. This in comparison to surveys of this nature is judged as an excellent rate of return.

16. Annex C contains written responses from partners. These have been received from York Older Peoples' Assembly, and the Valuing People Partnership Board. York Independent Living Network's submission was a note of a meeting with officers, including the questions asked and answered. The issues raised at the meeting are included in Annex C.

Options

17. Option 1: To agree the change to City of York's Eligibility Criteria to Substantial and Critical and to confirm that £150k a year will be invested in alternative support within the community to help meet moderate level needs. Paragraphs 31-39 of this report demonstrate how agreement to this additional reinvestment of funding would further support the council's commitment to preventative and early intervention services.
18. Option 2: To confirm that the eligibility levels will remain unchanged at Moderate, Substantial and Critical, and require the necessary savings to be found from elsewhere within adult social care budgets. Inevitably this would involve consideration of other reductions in service delivery to social care customers.

Analysis

Consultation responses

19. 61.8% of respondents to the consultation questionnaire agreed that we need to change the eligibility level to protect those with higher needs. 30% disagreed, 8.2% did not answer.
20. Responses from partners express a disappointment that it is necessary to consider this option, and a preference to avoid it if possible. There is, however, an acceptance that it may be necessary to do so in a time of austerity, with the council's budget so significantly reduced.
21. Responses show concern that those who fall within the moderate levels, who receive support, need that support and concern about the impact on their lives if we do change our eligibility criteria.

There is also concern that peoples needs will increase without early forms of support being in place. These issues are considered in paragraph 27.

22. There were also concerns from partners and from care management staff that increasing our eligibility criteria could limit progress on personalisation and restrict choice and early intervention and prevention. There is, however, a real interest in helping to shape how we would invest the £150k to develop more community and user led universal options. These concerns are considered in paragraphs 31-35.
23. There are also concerns about potential impact on carers if we withdraw support to some residents. This is considered in paragraph 27.

Impact on current service users

24. Annex D provides a summary of a desk top analysis of the needs of residents with a moderate designation when the consultation was undertaken in May. The changes will affect all customer groups. The support currently provided ranges from check visits, to practical advice and support with shopping, bills and paperwork and to day time activities and support to shower or bathe or with meals.
25. In the original budget proposal it was estimated that around 170 people could be affected by any change. This is still a reasonable estimate based on the number of people who are at moderate levels but excluding those who are supported only by equipment and/or telecare, together with those who are entitled to mental health aftercare and those whose needs appear to have changed since the last designation of eligibility (184).
26. It is not proposed to remove equipment or telecare support because it would not deliver any savings. It is also proposed that equipment and telecare will remain as part of our preventive offer, based on evidence that it can and does reduce the need for more intensive support and allows people to retain their independence.
27. The implications for each resident potentially affected will be different and will be considered individually through a personal review of their circumstances with them and their carers.

The review will consider whether their needs have changed and, if they have not, will look at whether support can be withdrawn without increasing their risk level. The position of any carers will be taken into account in this assessment. No carer will be pressured to offer support which they may be unwilling or unable to provide. No support will be removed until the review has taken place and alternative support found. Residents will be able to appeal against the outcome of any review decision.

28. If the York eligibility criteria changes, personal reviews will be planned over the summer and anyone affected will be contacted in August to advise them of the next steps.
29. The review will offer people information about alternative ways they may access the support they need, which may include telecare or equipment, or accessing universal services or support from existing or new community provision. For some people there may be additional costs, but others will be able to use the money they currently contribute to the costs of their support as they choose.
30. Annex E provides a refreshed equality impact assessment for the proposed changes. Within the business of adult social care a change of this nature will inevitably have an impact on the protected characteristic communities. In particular it impacts on older people, disabled people and carers and on women, who tend to live longer and are more likely to be carers. The impact of the changes can be mitigated through the use of the new investment in community and preventive support, as well as our current preventive 'offer'. If the proposal is not agreed alternative savings within adult social care will need to be found and these are also likely to impact adversely on the same communities.

Prevention, early intervention and alternative support

31. The Council already has a strong focus on prevention and early intervention, and a framework of preventive support which is in line with the proposals in the recent White Paper on adult social care. Changes to eligibility criteria will not change or undermine this approach, and investment from the £150k will support further development of community and prevention aspects of the personalisation agenda.

The infographic depicting the current and new care and support system as set out in the Executive Summary of the White Paper is included as Annex F. The White Paper proposes that the proposed new system will provide:

- better information and advice to help people live well
- more support within communities to meet lower level needs
- reablement services and crisis response
- intensive care and support

32. In York, resources have already been realigned within the care management service to increase the resource available at the 'front end' and thereby offer more advice and signposting. New prevention services were also developed in the voluntary sector over the last four years including a signposting service for older people. The new Health Watch organisation will provide additional signposting capacity within the city.
33. The right to a Community Care assessment is not subject to the FACS eligibility criteria. Anyone who may have community care support needs at any level will still be entitled to an assessment. We already have a reablement service which is growing in capacity as a result of a change in provider last year. Access to the six-week reablement assessment service will also not be subject to the eligibility criteria. The reablement service works with a new 'Intensive Support' care management team to help people increase their independence, and reduce the need for ongoing support. This current investment in our expanded reablement service is supporting more people discharged from hospital and any change to the FACS eligibility criteria will not alter or adversely impact on our ability to continue to do so.
34. Signposting and advice will still be available to those whose assessed needs do not meet eligibility levels, and the council has supported the voluntary sector's bid to create a 'one stop shop' or hub, to co-ordinate access to support from the voluntary sector for health and social care organisations. The hub is to be based in the decommissioned elderly persons home, Oliver House.
35. Telecare and equipment will be continue to be part of our preventive approach, and are likely to be one of the solutions for some customers currently at moderate level.

Our use of telecare monitors continues to grow, helping 1500 people at present to live safely in their own homes.

36. There are a range of housing related support services in place providing help to vulnerable citizens with practical tasks and helping people maintain their independence and wellbeing. A new £312k a year service is being commissioned through the Supporting People Programme to start on 5 November 2012. This will provide four levels of long term support to older people and people with physical disabilities in the city. The support can range from a five minute welfare check to 3.5 hours of support per week. People on low income accessing the service will have the support charge paid for through City of York Council funding of the Supporting People programme. The new service will be available to people choosing to remain in their own home regardless of tenure.
37. Alongside this new service, options for the proposed £150k re-investment are currently being developed from this consultation and from analysis of the support currently received by residents at moderated level. User led groups such as York People First and Lives Unlimited have asked to work with us to develop new user led support options. The Clinical Commissioning Group, are keen to help shape community based responses which can work with the developing Neighbourhood Care Teams. These teams will bring together primary and community health with social care and the voluntary sector to work in a more joined up way.
38. In that context and based on the initial ideas these are some of the options for investment. These will need to be developed to understand how we can use the additional £150k resource available to best effect:
 - support with shopping domestic tasks and meals
 - help to enable people to feel safe using community facilities
 - brokerage or advice service to help find support and activities
 - small sparks to help new user led initiatives set up
 - facilitation for peer support groups
 - support and recognition for carers

39. Services and initiatives of this sort would help build stronger communities and open up opportunities for new enterprises.

Council Plan

40. The Council Plan makes an expressed committed to protecting vulnerable people. The issues considered in this report address the need to ensure at changing financial times, protection is provided to services to the most vulnerable residents. At the same time the report recognises the importance of preventative support to those whose needs are not as significant.
41. The option to invest additional money to support those with moderate needs through alternative support arrangements will also support the council's priority to build stronger communities by encouraging new initiatives to enable vulnerable people to access support, both through the voluntary sector and through user led projects.

Implications

Financial

42. The Council budget assumes an £80k saving this year and £160k saving next year. These savings are net of the proposed £150k reinvestment in alternative support options.
43. If the eligibility levels are not changed alternative savings at these levels will be required. Within adult social care any alternative savings are likely to affect those at higher level needs as well as those at moderate level.
44. There is no indication at this stage of the year that other areas of the council budget are able to make additional savings to avoid the need for this proposal.

Equalities

45. Annex D contains the equality impact assessment which has been refreshed following the consultation and analysis of residents likely to be affected. Equality issues are summarised in paragraph 30.

46. Any alternative savings options within adult social care would require an EIA, and would also be likely to have equality impacts given the nature of the business.

Legal

47. The recommendations in this report have been arrived at having regard to the statutory guidance from the Department of Health in respect of eligibility criteria. Considerable weight must be placed on that guidance given its status.
48. In reaching a decision the Cabinet Member must apply normal decision making principles giving due weight to all relevant factors and ignoring any which are irrelevant. In doing so, a balance will have to be struck between the council's budgetary requirements and the impact on individuals of any decision. The outcome of the consultation process is something that must be conscientiously taken into account in considering the recommendations.
49. The Cabinet Member is well aware of the requirements of the public sector equality duty which require her to have due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.
50. In having due regard to the need to promote equality of opportunity particular regard must be had to the need to remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic; to taking steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it and encouraging persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
51. In considering these matters the Cabinet Member will need to particularly consider the services which are proposed to be withdrawn, the likely impact on those affected, the mitigation measures described in the report and the arrangements set out in paragraph 27 for assessing the impact on individuals. The impact assessment set out at Annex E will be of assistance in doing so.

52. Regard will need to be had to contractual provisions when making changes to any services delivered under commissioning arrangements. Direct payments agreements require four weeks notice to be given before funding is withdrawn.

Other

53. There are no HR, crime and disorder or information technology implications to this report.

Risk Management

54. The risks associated with this report have been assessed as moderate, within the council's risk framework. These risks will need to be regularly monitored. The risks are:
- **Financial:** If the change is not made there will be a gap in the council budget and alternatives savings will need to be found
 - **Legal:** It is possible for a legal challenge to be made to a decision to change FACS levels. This risk is mitigated by following government guidance, ensuring adequate consultation and consideration of equality impacts.
 - **Stakeholder:** If we change the eligibility criteria and do not ensure alternative support is available to residents currently supported with moderate levels needs we would put people at risk. This can be managed by undertaking individual reviews and ensuring support and advice to find alternative options

Recommendations

55. The Cabinet Member is asked to consider:
- Option 1: To agree the change to City of York's Eligibility Criteria to Substantial and Critical and confirm that £150k a year will be invested in alternative support within the community to help meet moderate level needs.

Reason: To protect the needs of that the needs of those people with higher needs and to develop alternative support for those with moderate level needs that promote their wellbeing and independence. To support the change to more community based and user led support as part of the personalisation agenda.

Contact Details**Author:**

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 01904 554045

Chief Officer Responsible for the report:

Pete Dwyer
 Director Adults, Children and Education

Report Approved**Date** 23 July 2012**Cabinet Member responsible for the report:**

Cllr Tracey Simpson-Laing
 Cabinet Member for Health, Housing and
 Adult Social Services

Specialist Implications Officer(s)Financial

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Legal

Andy Docherty
 Assistant Director Governance & ICT
 01904 551004

Equalities

Heather Johnson
 Corporate Equalities Officer
 01904 55 1726

Wards Affected:**All**

For further information please contact the author of the report

Background Papers

(Prioritising need in the context of *Putting People First: A whole system approach to eligibility for social care. Guidance on Eligibility Criteria for Adult Social Care, England 2010*).

Annexes

Annex A: Summary of the FACS level definitions.

Annex B: Summary of the analysis of returned questionnaires

Annex C: Written responses from partners

Annex D: Summary of a desk top analysis of the needs of residents with a moderate designation when the consultation was undertaken in May

Annex E: Equality Impact Assessment

Annex F: Executive Summary of Caring for our future: reforming care and support (White Paper July 2012)

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Fair Access to Care Definitions**Annex A**

Guidance on Fair Access to Care is that Councils should assess an individual's presenting needs, and prioritise their eligible needs, according to the risks to their independence in both the short- and longer-term were help not to be provided. Councils should take a longer-term preventative view of individuals' needs and circumstances. With regard to their resources and other local factors, Councils should focus help on those in greatest immediate or longer-term need.

The eligibility framework is graded into four bands, which describe the seriousness of the risk to independence or other consequences if needs are not addressed.

The four bands 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 not be sustained; and/or
- vital social support systems and relationships cannot or will not 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

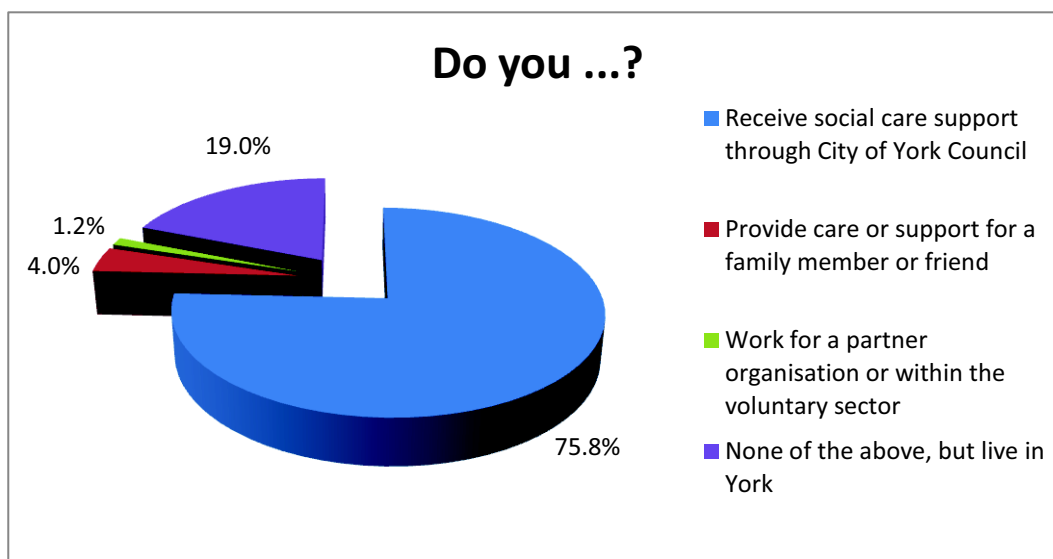
- there is, or will be, an inability to carry out one or two personal care or domestic routines; and/or
- involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or
- one or two social support systems and relationships cannot or will not be sustained; and/or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

Fair Access to Care Survey - Consultation results July 2012

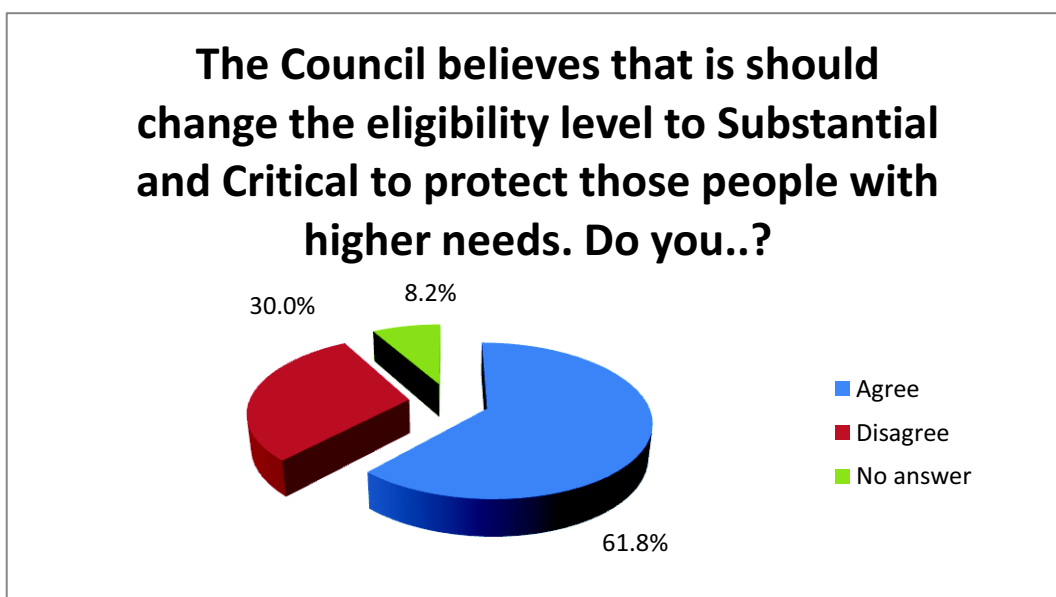
Sophie Gibson, Business Intelligence Hub

Each year the council reviews the Fair Access to Care Service (FACs) eligibility criteria for social care support. Since 2008 York has funded care for those with Moderate, Substantial and Critical needs. This year the council believes it needs to change its eligibility level to Substantial and Critical, and no longer provide funding for care and support for moderate and low needs. Before this is decided the Council decided to consult with our customers and ask for their views. During May and June 2012 3700 social care customers received a consultation pack. In total 1,234 respondents took part; 1178 by post and 56 online. For the postal element this is a very good response rate of 32%. Overall the results are accurate to +/-2.8%, which is a good confidence interval level.

Three quarters of respondents to the survey (75.8%) currently receive social care support from the Council, 4% provide care or support for a family member/friend and 19% are general York residents (19%). The remainder work for the Voluntary Sector (1.2%).



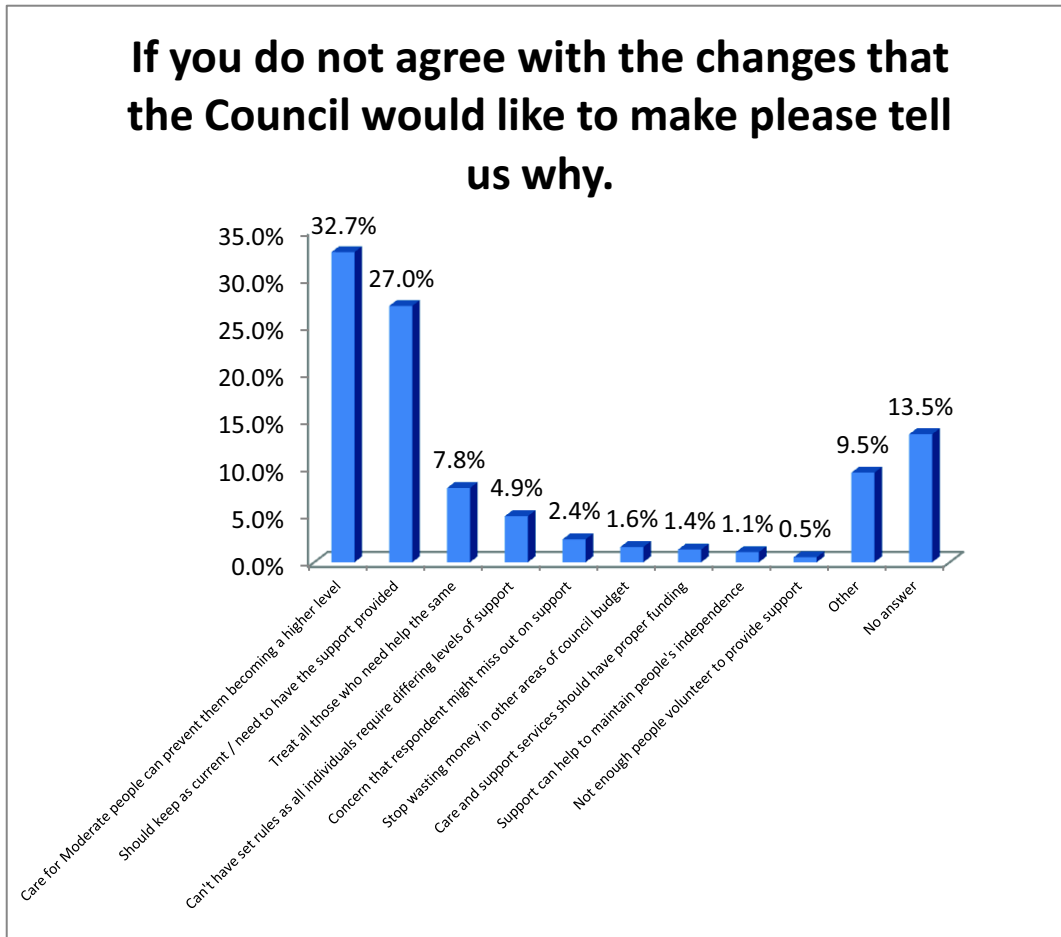
When asked about their support for changing the eligibility to substantial and critical, three-fifths of respondents agreed with this proposal (61.8%), whilst 30% disagreed. Respondents working in the Voluntary Sector (21.4%) and non-disabled respondents (54.4%) were less likely to agree with the change in eligibility level, compared with other respondents.



Fair Access to Care Survey - Consultation results July 2012

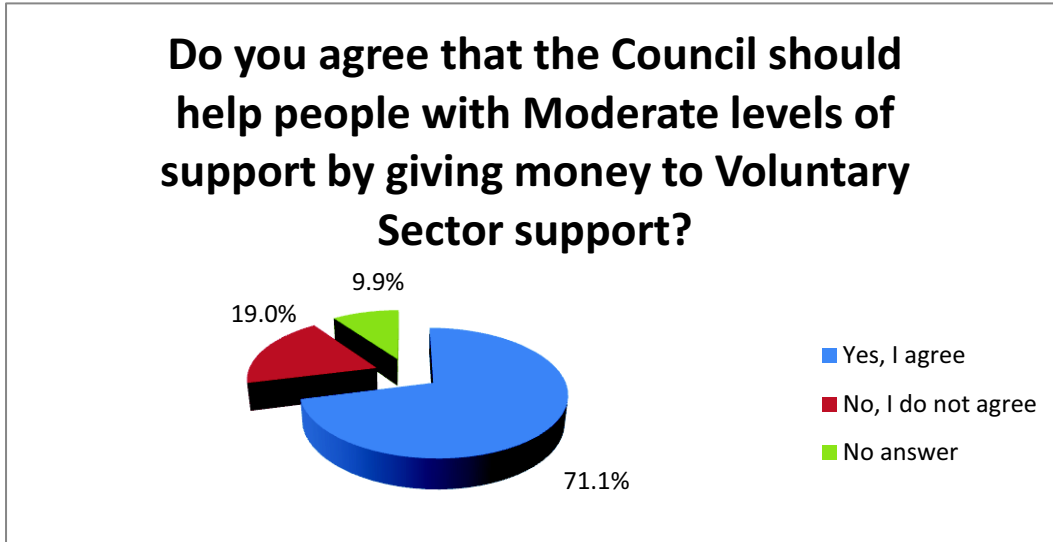
Sophie Gibson, Business Intelligence Hub

Among respondents who disagree with a change in eligibility criteria, the biggest concerns were that those with moderate levels of support need care to prevent them from moving into a higher support level (32.7%) and that those currently with moderate needs rely on the support they currently receive (27%). Other comments stated that customers should be treated the same irrespective of their care criteria level (7.8%), rules need to be more flexible as individuals require different levels of support (4.9%) and some customers may miss out on support (2.4%)



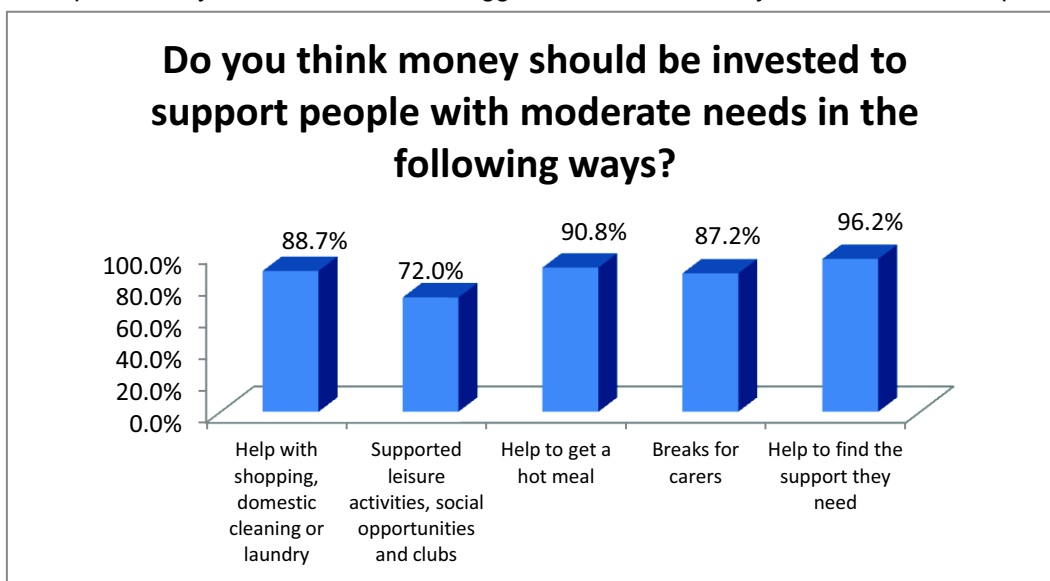
Fair Access to Care Survey - Consultation Results July 2012
Sophie Gibson, Business Intelligence Hub

Seven out of ten respondents agree that the Council should help people with moderate levels of support by giving money to the Voluntary Sector (71.1%). A fifth (19%) of respondents disagree. Respondents who care for a family member/friend (53.3%) and those who do not agree with the change in eligibility criteria (55.7%) were less likely to agree with giving money to the Voluntary Sector compared with other respondents.



All investment options were supported by the majority of respondents, but particularly for helping people to find the support they need (96.2%) and helping them to get a hot meal (90.8%). Help with shopping and domestic tasks, breaks for carers and support with leisure activities were also considered important by 88.7%, 87.2% and 72%.

Other suggestions on how money could be spent within the Voluntary Sector included providing transport for trips out/journeys to hospital (2.0%), encouraging more volunteers to provide support (1.5%), providing more help with household tasks such as washing, cooking etc., (1.2%) and running events for people with disabilities (1.1%). A further 1% were opposed to the Voluntary Sector providing this service as they feel it should be provided by the Council. Other suggestions were made by less than 1% of respondents.



Fair Access to Care Survey - Consultation results July 2012

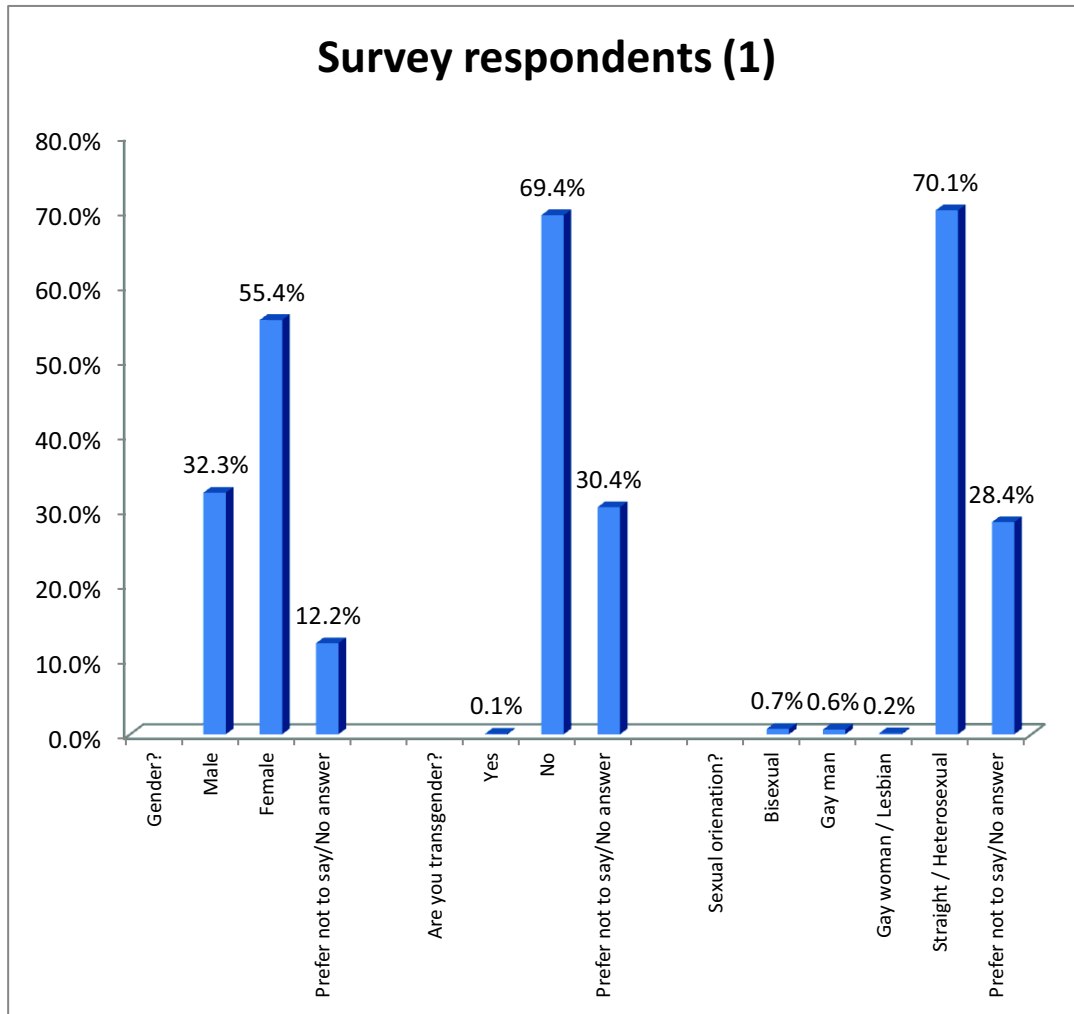
Sophie Gibson, Business Intelligence Hub

Respondents were invited to give any additional comments - those made by more than 1% of respondents included requests to keep the current service as it is (3.1%), concern that they could not manage without the help and support they receive from the council (1.7%), requests for more assessments as peoples' needs change (1.5%) and a reduction in spending in other areas of the Council's budget (1.2%).

Fair Access to Care Survey - Consultation results July 2012
Sophie Gibson, Business Intelligence Hub

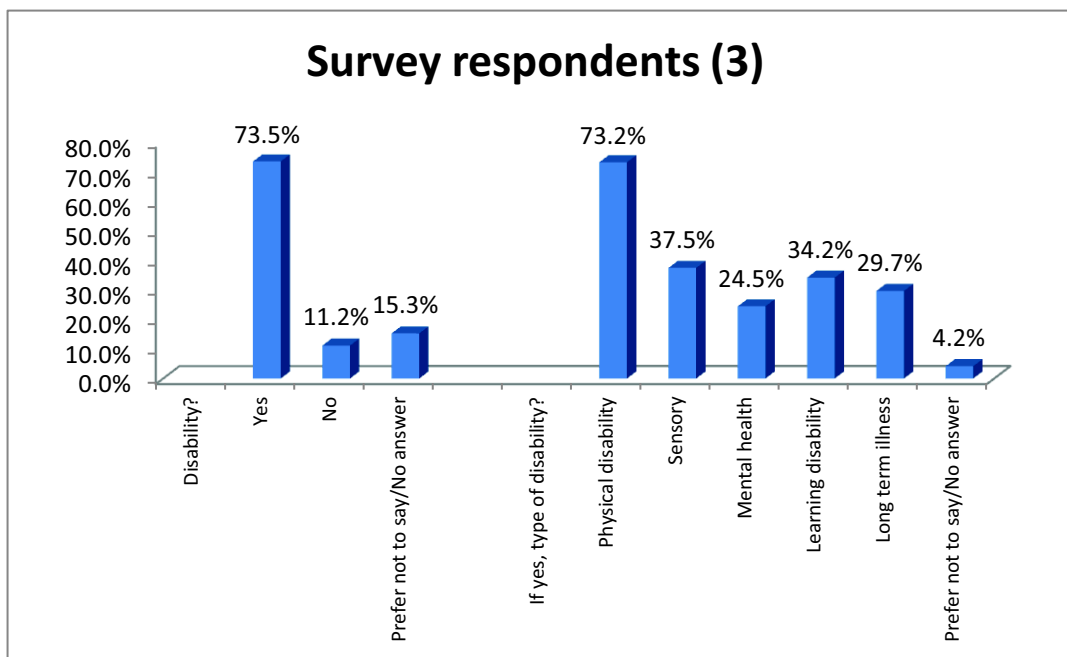
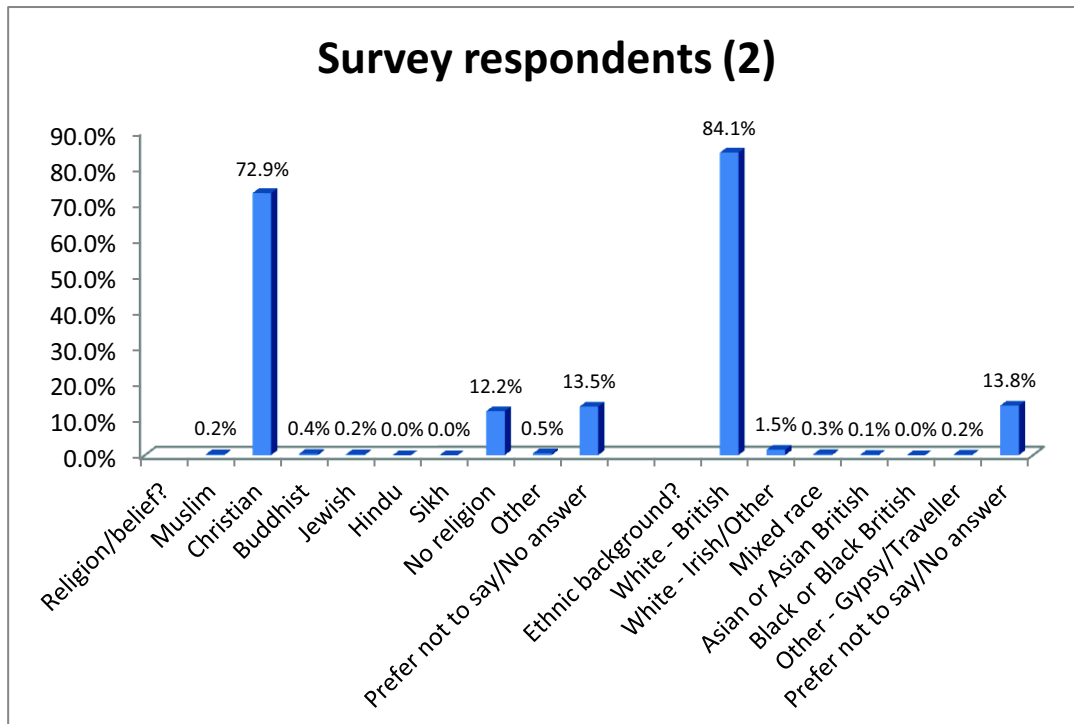
Survey profiling shows that were respondents were most likely to be:

- Female (55.4%)
- Non-transgendered (69.4%)
- Heterosexual (70.1%)
- Christian (72.9%)
- White British (84.1%)
- Have a disability (73.5%) [and of these a physical disability - 73.2%]
- Non-carers (75.4%)
- Single (38.2%)

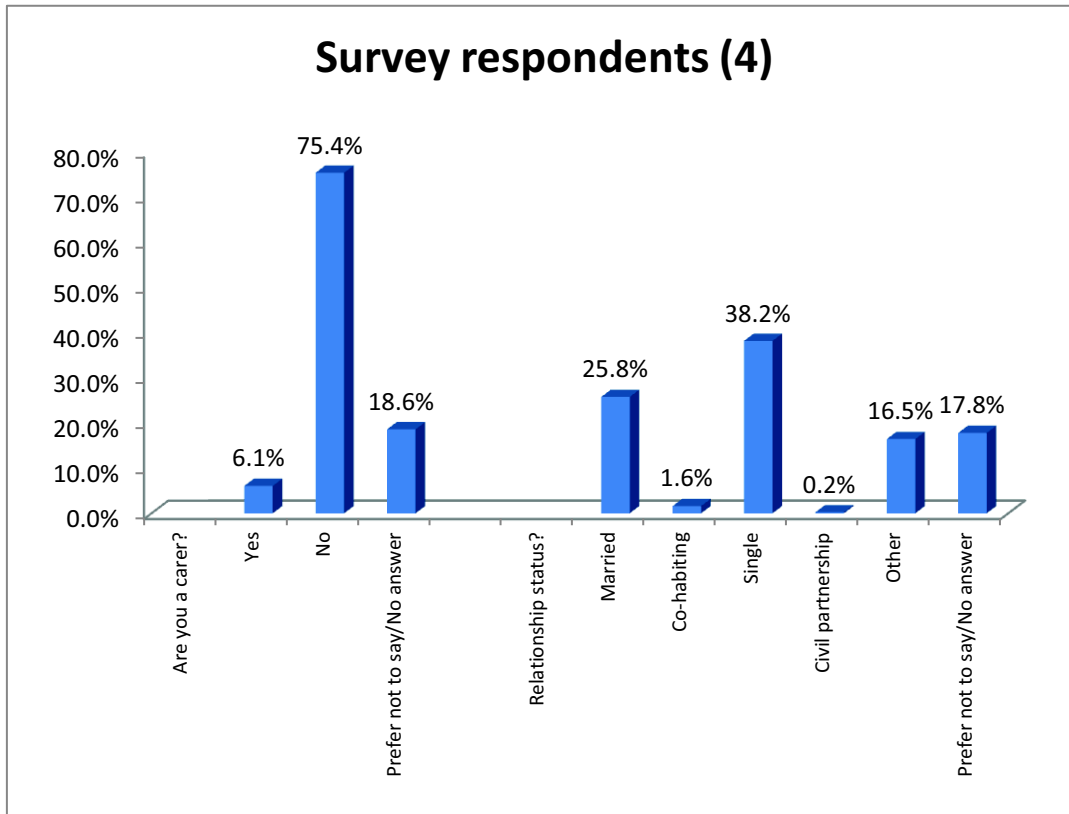


Fair Access to Care Survey - Consultation Results July 2012

Sophie Gibson, Business Intelligence Hub



Fair Access to Care Survey - Consultation results July 2012
 Sophie Gibson, Business Intelligence Hub



Please note: where responses do not sum 100% this is due to computer rounding, multi-coded questions or no answer responses.

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Notes from YILN Emergency consultation event – Tang Hall Community Centre – 18th June 2012

Letters

Letters have caused much anxiety over the bank holiday weekend when no one could get hold of anyone in the council

Letters were confusing. Peoples support needs were not taken account of when producing this information. Easy read just had pictures added.

People's assessment levels in some cases were identified wrongly

Letters had patronizing language like please do not worry!

Questionnaire

Questionnaires were very poor – directed towards physical support needs

Some main points were missed by the questionnaire ie. Transportation, collecting and support with managing benefits

The questions were impossible to answer. The questions were ambiguous, confusing and far too general.

Preventative issues are not being picked up.

How does this fit with personalisation?

Equality information was quite intrusive. There was no indication that this was not obligatory

Commissioning

Current commissioning is not creative or efficient - more of a 1 size fits all commissioning

Care management

People who have recently had annual reviews could have been informed that this may happen so people were aware that this was a possibility

Still much mis-trust about people and families making more effective and efficient use of the money. Care managers and their managers still don't understand this can lead to efficiencies.

Personal contributions have just increased. People are really angry that they have been asked to pay considerably more and then been told that funding support may stop altogether.

Much of the issues with the letters could have been avoided if the care managers would have had conversations with people prior to the letters going out.

Consultation

What happens if as a result of the changes you rely too much on family and friends and they can't provide all support any more?

This appears to be an insult to families who provide help and support to their loved one

The consultation questions were loaded, directed and not clear. This consultation is meaningless

York Older People's Assembly



Holgate Villa, 22 Holgate Road, York YO24 4AB

Registered Charity 1101018

Tel 01904 634661

yorkassembly@btconnect.com

14 June 2012

Kathy Clark
Adults Children's and Education
City of York Council
10-12 George Hudson Street
YORK

Dear Kathy,

York Older People's Assembly welcomes the opportunity to be consulted on the proposed changes to eligibility criteria for Social Care Support. The proposals has been discussed at a full meeting of the Executive Committee on Monday 11 June and clarification has been sought on a number of issues at the Older People's Partnership Board on the 12 June.

In general terms we are disappointed that the Council is proposing to restrict future eligibility to those assessed as being in substantial or critical need. We have consistently argued, supported by extensive research evidence nationally, that low level interventions at modest cost have sustained older people's independence for longer and reduced demand on expensive secondary care in hospital. The recent Joint Strategic Needs Assessment places great emphasis on **prevention** as a theme running through many of its 25 recommendations.

We believe that unless resources are shifted from secondary care into Social Care Support that these proposals whilst being dictated by budgetary pressures on the Council will be entirely counter productive. We urge that immediate negotiations be entered into with the Primary Care Trust the Vale of York Commissioning Group and York NHS Foundation Trust to establish a transfer of resources in the way suggested.

-2-

Notwithstanding the above we would want to make the following comments:

- Your absolute assurance that all older people referred to the City Council will continue to be entitled to an initial assessment.
- That the provision of Telecare to existing and potential customers is unaffected by the proposals.
- We seek clarification of the situation where a “care package” consists of elements some of which fall within the substantial or critical category but also include elements which are classified as moderate.

Whilst noting that it is the intention to invest an additional £150k in voluntary sector services we would highlight that currently there are no voluntary sector providers known to us who could provide personal care where that is deemed appropriate. Age (UK) in particular is focussed on providing domestic or practical support to older people.

The priorities identified in the extensive survey conducted in May 2008 relate to “help with shopping and other domestic tasks” and “gardening services” beyond those already adopted as part of the commissioning plans to assist older people to live independently.

Some concerns have been expressed about the voluntary sector being able to respond effectively to more widely scattered village communities falling within the City of York boundaries where instances of support may be isolated or infrequent.

We are reassured that all those currently in the moderate category will be subject of personal contact with them, their carers or relatives **before** any changes to service provision is put in place.

I am copying this response to Age Concern (UK) and the relevant Cabinet Member.

Yours sincerely,

Bob Towner
Vice Chair

c.c. Age UK
Cllr T. Simpson Laing

York Learning Disability Partnership Board

Getting the FACs Right- session

26th June 2012



What's it all about?

These are the notes from a session run by the Learning Disability Partnership Board in York. Ruth Hicks and Fiona Walker who are chairs of the board called this meeting.

The aim of the meeting was to give board members and other people a chance to have their say about who should be able to get money to pay for social care in the future in York.

The council have been asking lots of people to share their ideas about this.

There is a presentation that comes with these notes that explains the background to this.

Scott Cunningham from Inclusion North helped run the session.



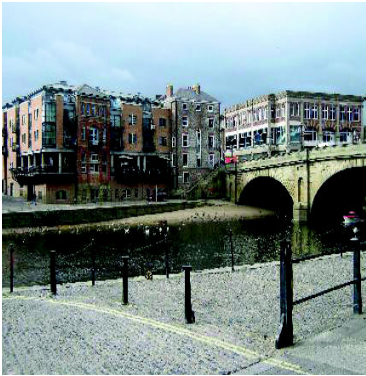
Getting started



Fiona Walker welcomed everybody and explained what we would be doing through the day. She then asked Kathy Clark to do a presentation about what might be happening about FACs in York.

FACs is how the government says we should check to see if people should be getting social care support. It also helps us work out how much people should be getting and who should be paying for this.

The York Picture- Kathy Clark



Kathy Clark is the interim Assistant Director Assessment and Safeguarding.

Kathy did a presentation about what is happening in York and then answered questions.

Lots of what was talked about is covered later in these notes.

Group work- Things we are worried about



1. Family members and family carers receive very little respite at the moment. We worry that some families will have even more strain placed on them. This may result in crisis and goes against the message of supporting carers to live a life 'beyond caring'.

2. The council needs to make sure that when people with learning disabilities have an assessment it is done together with any carer's assessment.



3. We need to also think about when people with learning disabilities are in a caring role and whether they get carers assessment for this.

4. Some people need a 'little bit' of support to keep them healthy safe and well. This might include budget planning or help with living alone. If this support is taken away will some people become unsafe or unwell or get into crisis?

5. We need to make sure people get the right support in the right place at the right time to stop this happening.



6. There is a worry that York will start to 'lump people together' into services (or service land). This goes against the personalisation agenda including people having real choice and control.

Good things that could happen

This is a chance to get back to the real values of inclusion and 'really' do it.

Part of the £150,000 should be spent on projects such as Small Sparks or 'Seed' money projects. These should be about people using their gifts, skills and connections to make good things happen where they live.



We think that future work and services should support people to get jobs.

Community Connectors- More work should be done on this and we should support providers to have a role in this.

We should 'work together' more. A way to do this is sometimes called co-production. Time banks are a really good way of doing this. We could also set up community kitchens and other people led projects.

There is a presentation about co-production that comes with these notes.

People who plan and buy services should start to think in this way when talking about services and how people are designing their support plans.

We need to tap into services which might not be 'learning disabilities' and make them universal. This might include the job centre, transport or our local Change for Life Programme.

This is a chance to make personalisation really happen. Not just the bit about choice and control but:

1. Early intervention and prevention
2. Social capital (the people and places we have connections to)
3. Universal Services (making sure places like leisure centres, the police or transport are accessible to disabled people)



Our key messages:



1. We need to get better in York at how we talk to people about services and what should be happening. We need to get better at asking people what they think and work out how we move beyond this to everybody working together to make good things happen.



2. We need to remember that this is part of a bigger agenda such as localism. For example, we need to know who needs what kind of support in York so that we can make sure this information is in the JSNA. (there is an easy read explanation of what the JSNA is that comes with these notes).



3. We need to work with people who plan and buy services (commissioners) so that inclusion is at the heart of everything we do. There is a good example of how they did this in Lambeth and Inclusion North have a tool which areas can use to tell whether they are doing co-production. This comes with these notes.

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Moderate level analysis**Annex D**

The following tables are based on the data extracted for the consultation letters. A 'table top' review has been undertaken of each customer's latest assessment and support plan.

Table 1 Numbers at moderate level

Numbers at moderate level	Equipment or telecare only	Needs have changed or designation wrong	S117 mental health aftercare	May be affected
660	389	66	21	184

Table 2 Support received by those who may be affected

	Physical disability impairment or frailty	Learning disability	Mental health	Other vulnerable
Personal care, bath or shower	23	1	6	3
Meds or check visit	26		2	4
Shopping or domestic	6			2
Meals	8			5
Direct Payment	6	3	1	
Supported employment	1	17	2	
Day support	4	15	20	
Support at home	1	13		3
Professional social work	9	1	25	1
Total	83	42	56	13

Please note: Total is not the same as the numbers who may be affected because people may use more than one type of support

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Equality Impact Assessment Form

The Equality Act 2010 came into force on the 1st October 2010.

Under the Act there is a legal obligation (a “duty”) on the council to **assess the impact** of council policies, processes and behaviours on customers and staff with protected characteristics as identified in the Act.

In addition council has a legal duty to show how our policies and practices would further or have furthered the aims below:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

Equality Impact Assessments (EIAs) demonstrate that we meet the legal duties above. To comply with the essence of legislation EIAs should be a comprehensive, formal and structured process and the results should be published. These factors enable us to demonstrate to all stakeholders and regulatory/ enforcement bodies (like the Equality and Human Rights Commission and the Courts) that we have fully addressed equality and diversity within the council.

An Equality Impact Assessment must be done at the development stage of any policy, review, project, service change etc, **before any decision is taken**. It should also be done every time there are changes to policies and practices, **before the changes are finally agreed** by decision makers

1	Name and Job Title of person completing assessment	Kathy Clark Assistant Director Assessment and Safeguarding
2	Name of service, policy, function or criteria being assessed	FACS changes to substantial
3	What are the main objectives or aims of the service/policy/function/criteria?	<p>Review the level at which social services will fund support to those needing community care support.</p> <p>Ensure those people with higher needs can be supported within available social care budgets.</p> <p>Develop new alternative ways to support people with moderate needs through community and voluntary sector provision</p>
4	Date	13/7/12

Stage 1: Initial Screening				
5	What evidence is available to suggest that the proposed service/policy/function/criteria could have an adverse impact on quality of life outcomes ¹ for people (both staff and customers) with protected characteristics? Document the source of evidence, (e.g. past experience; anecdotal; research, including national or sectoral; results of engagement/consultation; monitoring data etc) and assess relevance of impact as: Not relevant / Low / Medium / High. <i>Please see www.equip.org.uk for further help with completing this stage.</i>			
Protected Characteristic	Impact Not relevant = NR, Low = L, Medium = M, High = H		Source of evidence that there is or is likely to be adverse impact	
	Staff	Customers /Public	Staff	Customers/Public

¹ See appendix 1

Race	NR	M	<p>National indication that those from an ethnic minority less likely to access care service – but local data does not indicate this as an issue.</p> <p>Response rate to the consultation reasonably representative which means only a small number of responses from minority groups. Within this noted that there is a lower rate from Asian and British Asian compared to estimated older population for York (0.1% opposed to 0.23-0.83%) (based on Projecting Older People Population Information website).</p>
.Religion / Spirituality /Belief	NR	M	<p>No indication that level of need for social care support is impacted by religion, belief or spirituality. More important is the way support is provided</p>

<p>Gender</p>		<p>M</p>	<p>Any changes will affect both male and female population, but nationally more women live longer so may be more affected, and more women are carers</p> <p>Analysis of those at moderate level in York who may be affected indicates an 50/50 split between male and female</p> <p>Response to consultation was higher from women than men although 12.2% preferred not to answer this question.</p>
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<p>Disability</p>		<p>H</p>	<p>Social care services are primarily provided for those with a disability or life limiting illness so those with moderate levels needs in these groups could be adversely affected by change in FACS criteria.</p> <p>There may be additional costs to individuals if they need to find alternative ways to meet the moderate care needs. Others will need to change the way they access support.</p> <p>Of those who may be affected by the changes 24% are people with a learning disability 30% have a mental health need and 36% are frail or have a physical or sensory disability.</p> <p>The responses to the consultation were representative of our disabled communities. 73% of respondents said they were disabled. 34% of these have a learning disability, 24% have mental health needs and 73% have a physical disability. 37% have a sensory disability.</p>
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Sexual Orientation		L		No indication that level of need affected by sexual orientation.
Age		H		Older people who are frail or disabled or vulnerable are main users of support, particularly those who are over 85. Those at moderate levels could be adversely affected by change in FACS criteria. Please see disability characteristics for issues
Pregnancy/maternity	NR	NR		
Gender Reassignment		L		No indication that level of need affected by gender reassignment
Marriage and Civil Partnership	NR	NR		

Carers of older and disabled people	NR	H	<p>Older people and disabled people are main users of support and services so their carers may be adversely affected by change in FACS criteria if support is removed</p> <p>Where it is the carer's contribution which means someone's eligibility level is designated as moderate the review of need will take account of the carer's ability and willingness to offer any additional support</p> <p>4% of respondents to the consultation were carers, and 6% identified themselves as carers in the equality monitoring and so the results do not necessarily represent the views of carers. However carers views have been fed in through meetings with York Independent Living Network and the Valuing People Partnership Board.</p>
<p>If you assess the service/policy/function as not relevant across ALL the characteristics, please proceed to section 11.</p>			

If you assess the service/policy/function as **relevant for ANY of the characteristics**, continue to Stage 2, Full Equality Impact Assessment.

Stage 2: Full Equality Impact Assessment		
6	<p>Are there any concerns that the proposed or reviewed service/policy/function/criteria may be discriminatory, or have an adverse impact on members of the public, customers or staff with protected characteristics? If so record them here (expand the boxes to take up as much room as you need). See the 2 EIA Guidance documents on Colin for help as to what the issues may be.</p>	
a	<p>Public/customers</p>	<p>Consultation has been undertaken with all residents who are actively supported by adult social care, with letters sent to 3861 residents. The information was made available in a number of formats, including Easy Read, CD, and was printed on yellow paper for those with visual impairments. The questionnaire was kept as simple as possible, but because of the technical nature of the issue was not produced in a separate easy read version.</p> <p>The information and the questionnaire were also available on line through the Council website and residents in the city were advised of the consultation through the council newsletter, Your Voice, and information was also contained in the newsletter of York LINK.</p>

	<p>Representatives on the Mental Health , Older Peoples' and Valuing People Partnership Boards were invited to respond through the Boards. Board members include York Foundation Hospital, Vale of York Commissioning Group and representatives of the voluntary sector and service users and carers groups. Voluntary sector organisations were also offered the opportunity to respond through the forums, organised through York Council for Voluntary Service, for mental health, older people and learning disabilities.</p> <p>Communication with senior officers of the Vale of York Clinical Commissioning Group and York Foundation Trust Hospital has taken place at the Long Term Conditions Steering Group.</p> <p>Care Management staff were given the opportunity to comment on the options at two staff conferences in May.</p> <p>Senior officers met with the York Independent Living Network and the Valuing People Partnership Board at their request</p> <p>There are concerns from the consultation that people who receive support a moderate level need that support and they will struggle if the support is not available.</p>
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		<p>There are concerns that withdrawing support to people at moderate level will impact on preventing their needs becoming higher level.</p> <p>There are concerns that carers will feel pressured to provide more support and this will impact on their health and wellbeing.</p> <p>Some Public/Customers will not receive support funded by the Council if the FACS criteria are changed. Some will be able to access universal or targeted prevention support, such as Supporting People services, telecare and equipment. The proposed £150k investment will support additional community based support, based on an analysis of the consultation responses and of the needs of those currently at moderate level. There will be an opportunity for user led groups to shape and help deliver some of the new investments. Current indication is that around 170 people will be directly affected from current customers. That is around 5% of current service users- so assume will impact on 5% of potential future assessments.</p> <p>Change to the eligibility level will reduce access to social care funds, for those at moderate level, but protect support for those with higher level needs.</p>
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b	Staff	
7	<p>Can the adverse impact be justified? For example:</p> <ul style="list-style-type: none"> ▪ improving community cohesion ▪ complying with other legislation or enforcement duties ▪ taking positive action to address imbalances or under-representation ▪ needing to target a particular community or group e.g. older people. <p>NB. Lack of financial resources alone is NOT justification!</p>	
<p>The Local Authority is required by legislation to decide what level of risk, as defined by the Fair Access to Care Guidance, they will provide services and support for, based on the resources available. Targeting those with higher needs will benefit the same communities who could be affected by a change in the eligibility levels by protecting those who are most vulnerable.</p> <p>Alongside this, recent policy direction on Personalisation in social care has been to encourage greater use of community services and support. Changing our eligibility criteria to Substantial and Critical would allow some of the savings made to be reinvested in lower level preventive services, and in more community based supports as part of a wider preventive approach.</p> <p>The Council is already increasing the capacity within the reablement service which will help vulnerable residents needing support to improve their skills and confidence in daily living activities. The service also ensures we can</p>		

still support discharges from hospital.

The Review of Elderly People’s Homes has already provided an opportunity to deliver day care for older people in a different way. New services provided from April as a result of the programme are open access. This enabled all who were previously attending care homes to be offered support through the new clubs and increased capacity for others to access. In addition the changes to care homes have released one of the decommissioned care homes for use by the voluntary sector who are planning to develop a voluntary sector hub for health and social care voluntary sector groups. It is hoped this will be possible by March 2013

The Vale of York Clinical Commissioning Group, York People First and Lives Unlimited have so far expressed an interest in working with us to develop new support options in the community

8	What changes will you make to the service/policy/function/criteria as result of information in parts 5&6 above?
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We will review those customer affected by the changes through our care management processes, and ensure we include carers in the review. We will identify anyone whose needs have changes and make sure carers are not pressed to take on additional support that they are unable or unwilling to provide. We will work with customers and their carers to help them find support available through other routes if they remain at moderate level

We will look to invest additional money in low level preventive services working with our user led groups and with our Clinical Commissioning colleagues

9	What arrangements will you put in place to monitor impact of the proposed service/policy/function/criteria on individuals from the protected characteristics?	
We will be able to monitor the impact on current customers through the personal reviews. We will still undertake initial Care Assessments for any residents who appear to have community care needs and through this will be able to track how those with moderate needs are able to find support in the future		
10	List below actions you will take to address any unjustified impact and promote equality of outcome (as in appendix 1) for staff, customers and the public from the protected characteristics. The action could relate to: <ul style="list-style-type: none"> ▪ Procedures ▪ Service delivery ▪ Training ▪ Improvement projects 	
Action		Lead
		When by?

<p>We are already on track to increase our capacity to offer an extended assessment (up to 6 weeks) with access to a reablement care service which will seek to improve levels of independence during that assessment period.</p> <p>We will be providing a new online information service to help people find support (My Life My Choice website)</p> <p>We will invest £150k per annum in additional and new voluntary sector services and community support</p>	<p>K Clark</p> <p>K Clark</p> <p>G Terry</p>	<p>October 2012</p> <p>August 2012</p> <p>October 2102</p>
<p>11</p>	<p>Date EIA completed</p>	<p>09/07/12</p>
<p>Author: Kathy Clark Position: Assistant Director Assessment and Commissioning Date: 09/0712</p>		
<p>12</p>	<p>Signed off by</p>	

I am satisfied that this service/policy/function has been successfully equality impact assessed.

Name:

Position:

Date:

Please send the completed assessment for feedback to evie.chandler@york.gov.uk and heather.johnson@york.gov.uk

Once your EIA has been completed we shall also add it to the corporate register of EIAs. We use the register to publish an annual EIA report on the council's site.

Appendix 1 - Quality of Life Indicators (also known as “the 10 dimensions of equality”)

We must ensure there is no adverse impact in terms of:

- ❑ Longevity, including avoiding premature mortality.
- ❑ Physical security, including freedom from violence and physical and sexual abuse.
- ❑ Health, including both well-being and access to high quality healthcare.
- ❑ Education, including both being able to be creative, to acquire skills and qualifications and having access to training and life-long learning.
- ❑ Standard of living, including being able to live with independence and security; and covering nutrition, clothing, housing, warmth, utilities, social services and transport.
- ❑ Productive and valued activities, such as access to employment, a positive experience in the workplace, work/life balance, and being able to care for others.
- ❑ Individual, family and social life, including self-development, having independence and equality in relationships and marriage.
- ❑ Participation, influence and voice, including participation in decision-making and democratic life.
- ❑ Identity, expression and self-respect, including freedom of belief and religion.
- ❑ Legal security, including equality and non-discrimination before the law and equal treatment within the criminal justice system.

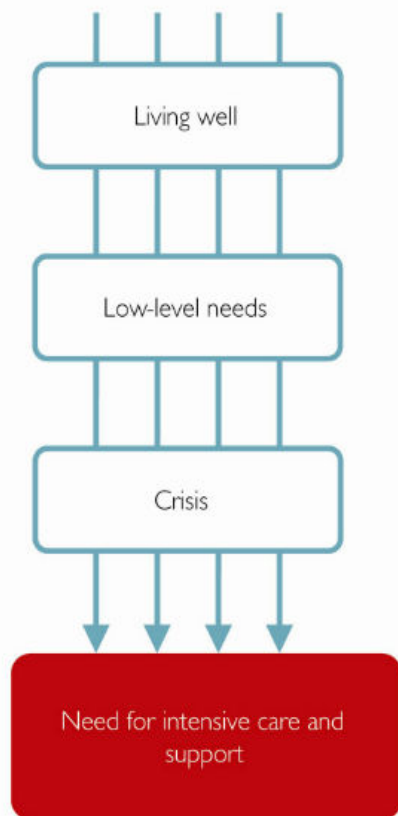
Indicators from: The Equalities Review 2007 and the Equality Framework for Local Government.

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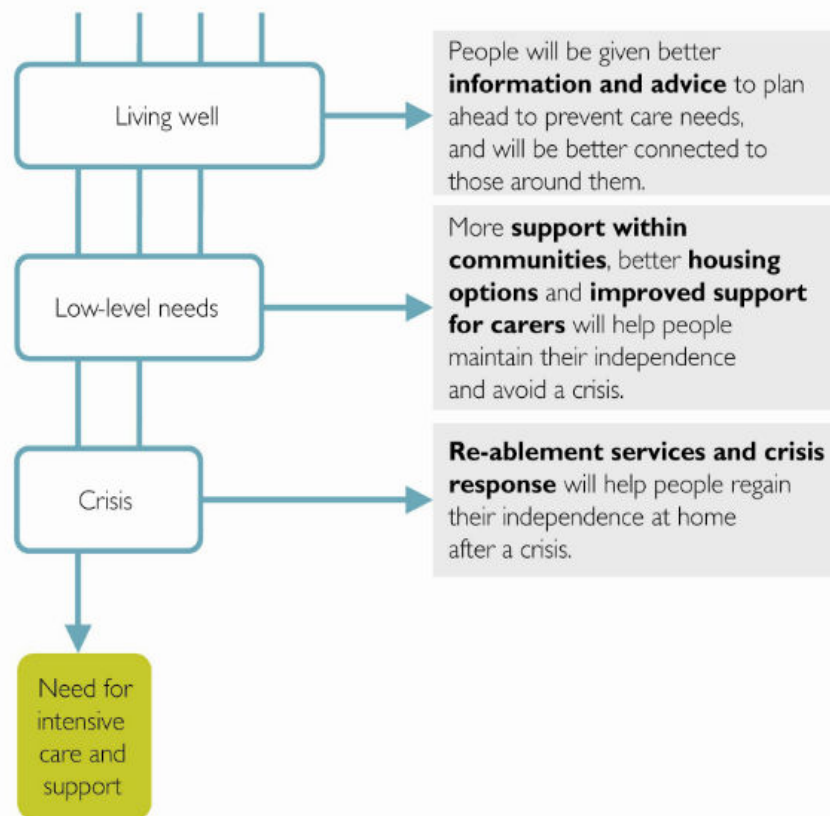
Current and new system flowchart: Caring for our future: Reforming care and support

Dh July 20102

The **current system** does not offer enough support until people reach a crisis point



The **new system** will promote wellbeing and independence at all stages to reduce the risk of people reaching a crisis point, and so improve their lives



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