

Consultation Response Template

**“Prioritising need in the context of *Putting People First*:
A whole system approach to eligibility for social care”**

Please fill in and/or tick the appropriate response.

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Are you happy for your response to be passed to other UK Health Departments

Yes (please delete as appropriate)

Are you happy for your response to be published in a summary of responses?

Yes (please delete as appropriate)

- Are you responding:
- *as a member of the public*
 - *as a health or social care professional*
 - *on behalf of an organisation*

If you are responding as a member of the public, please supply the following details:

Job title:

Interest in this consultation:

If you are responding as a health or social care professional, please supply the following details:

Job title:

Interest in this consultation:

If you are responding on behalf of an organisation, please supply the following details:

Name of Organisation: Thurrock Council and NHS SW Essex

Interest in this consultation: Thurrock Council is a Unitary authority with responsibility for social services and so is interested in hoe the eligibility criteria may affect the application of eligibility criteria in light of Putting People First as well as mechanisms for join up between the Council and PCT.

Consultation Response Template

Q.1: Do you think the guidance sufficiently integrates the application of eligibility criteria within the new policy context of personalisation, choice and control?

Yes / No (delete as appropriate)

There was not a definitive 'yes or no' response to this question. Comments were as follows:

- The concept of integration and personalisation appears to be right however there this is still subjective and open interpretation.
- These changes look appropriate for professional social care staff but steps must be taken to manage the expectations of the 'general public'
- It does illustrate eligibility criteria but is a bit vague on methods of communication and who decides who is vulnerable.
- The guidance indicates that the DH has assumed that Local Authorities (LA) are not addressing lower level need. In Thurrock lower level need is met outside of statutory services by signposting to services commissioned jointly by the PCT and LA.

If not, what changes would you propose?

- The guidance needs to be more transparent in terms of charging for services, including who is exempt from charging.
- There needs to be a mechanism to formally record the extent to which lower level needs are being met and the positive impact this is having in terms of prevention and early intervention.
- Public information connected to these changes e.g. National advertisement campaign.

Q.2: Do you think the guidance sufficiently outlines councils' responsibilities towards their wider community as well as those individuals with eligible needs?

Yes and No

- No, this feels like a one-way information exchange. A suggested change could be that the Council should be monitoring unmet need to create a mechanism to capture changes for future needs.

- Fundamental change is not outlined, there are things that we are already doing to meet lower level needs. Would have been useful to have the differences in the 2003 and 2007 guidance highlighted.
- Feels as though central government is not acknowledging that some local authorities are meeting lower levels.
- Responsibilities to the local community are identified.
- Yes, Thurrock is better at looking at prevention and intervention and support offered is responding to lower needs. Therefore, meets a wider range of needs, not just critical and substantial.

If not, what changes would you propose?

- The word 'Universal Services' – would the public understand that term?
- Plain language should be used to make the guidance accessible to the general public.

Q.3: Do you think the guidance sufficiently explains the need for councils to implement preventative strategies as well as the benefits that such strategies can bring?

Yes

- Yes. In Thurrock, current care packages suggest that a focus on lower bands has been instrumental in preventing people's situations escalating.
- There are no examples concerning prevention support strategies in integrated working.
- We understand the importance of early intervention and there is recognition that the council and partners will not survive financially if we do not commission these services in partnership.
- Highlights the need for prevention strategies and joint working, one service has clear impact on the other i.e. health and social services. However, savings in prevention will not be felt for some time to allow further development of this agenda for the future. We are seeing the benefits however it takes a while to reap the financial benefits to further develop preventative service development.

If not, what changes do you propose?

- Guidance and best practice on delivering non-statutory services.
- Examples of how to financially manage investing in prevention and early intervention whilst continuing to fund high level needs would be useful.

Q.4: Given the emphasis upon access to universal and preventative services as set out in *Putting People First*, do you think there is still a need for a fourth criteria band (low)?

Yes

Please give reasons for your answer.

- Yes. We believe the low level criteria needs to stay in as it does demonstrate a criteria for prevention support which may not be addressed till a later stage if the 'low' band did not exist.
- The low band sets expectation for the general public and will encourage people experience this level to get in touch for signposting to prevent their situation escalating.
- Necessary from a preventative perspective and for carers needs to be picked up early. It's a means for people to come into the system for signposting to preventative services.
- Sets expectations for service users, assist citizens to identify where they sit in the system and ensure greater consistency across the country. People need to know where they fit in the system to set expectations and communicate our responsibilities to them.
- Assists with prevention so people get help sooner and not wait till they deteriorate to the higher levels of need.
- If you leave the band off it might suggest that the service is not open to everyone. Assists with monitoring the demand for low level needs.
- Need it to justify decisions when assessments identify people as ineligible, therefore not meeting their needs i.e. those classed as 'low'.
- Occupational therapists do not apply the criteria so felt it was not needed as they would signpost the individuals but social care practitioners felt the need for the low category to stay in for the reasons given above.

Q.5: Do you think the guidance sufficiently underlines the principles of fairness, consistency and transparency in the process for determining eligibility for social care?

Yes and No

There was some disagreement about this question, but on the whole the majority of the comments leaned towards a negative response, please see comments as follows:

- Yes, the wording is discussed throughout the document. However, guidance on 'timings' appears to be missing. This is an important element for all vulnerable

people and can be highlighted in terms of Palliative Care.

If not, what changes would you propose?

- No. The guidance does not put carers on the remit of the guidance and is too misleading due to the disparity in the way different LAs apply the guidance.
- The principles are in the guidance but until the green paper (Shaping the Future Together) is finalised it is only a holding position. It is felt that the standards and criteria should be the same across the country. Should be able to expect the same services and standards anywhere in the country.
- It is still open to interpretation; too many grey areas still exist.

Q.6: Do you think the guidance itself is sufficiently transparent and understandable for both health and social care professionals and people seeking support?

No

If not, what changes would you propose?

- No. A 'real effective' strengthening of partnership working between Health and Social Care would have a positive affect on current issues such as 'timings' and movement between services. The relationship between Health and Social Care is written in many documents but in practice appears to be weak.
- No. Again simple, clear language is needed. It needs to be more transparent. criteria is still about money and resource availability and does not fully demonstrate integrated eligibility criteria with Health, Social Care and other partners.
- No. Still difficult to understand and very vague. It doesn't set out clear expectations for citizens and their families. Not definite what the responsibilities are i.e. which needs must be met.
- Issue around joint funded packages and transfer of care from health to social care upon discharge. Need clarity about which criteria (health or social services) overrides the other.
- Must be communicated clearly to citizens and partners.
- Must explain how this relates to eligibility criteria used by health professionals.

Q.7: To what extent do you think the revised guidance will have a positive impact on equality? Is there anything else that you would like to see in the guidance to manage any adverse impact and to promote positive impact?

This question was answered in two parts:

To what extent do you think the revised guidance will have a positive impact on equality?

- This will have minimal effect on equality for Thurrock. This is only guidance and as such other policies will strengthen equality measures.
- No, as this is still directed by resource and human perception of individual situations.
- A disparity will exist until there are national standards and eligibility criteria.
- It is fair locally and communicated to citizens.

Is there anything else that you would like to see in the guidance to manage any adverse impact and to promote positive impact?

- The responsibility of personalisation should not solely lie with Social Care. Increased and strengthened partnership working with other agencies will bring about a joint reasonability.
- What is prevention and support? This is not meaningful enough to the general public.
- The leaflet appears to be to contain too much jargon and should suit audiences for older people, adults with disabilities etc.
- Personalisation is having a positive effect as decisions are based on the intended outcome for the person and not a one size fits all approach.
- There is a financial implication to taking decisions in the context of personalisation and choice that will need to be accounted for. Respecting individual wishes is beneficial for all.

Suggested changes:

- Would be useful to have positive examples to demonstrate how personal budgets/direct payments can be used to improve quality of life and improve outcomes. Real life examples of how the guidance has been applied in different situations.
- National adverts/campaigns to talk about the whole service to change the culture and perception of social care demonstrating the use of voluntary agencies, district nurses

Q.8: Do you have any comments about the costs and benefits (monetary or otherwise) that the revised guidance will involve? Do you foresee any impact on local authorities or people seeking support that we have not identified?

This question was answered in two parts:

Do you have any comments about the costs and benefits (monetary or otherwise) that the revised guidance will involve?

- If you are using appropriate services, this should not cost more.

- More involvement in the way local authorities spend money on services/resources. More investment is needed in long-term.
- Council doesn't talk enough about universal services and individual responsibilities on how we work with them.
- We don't feel that personalisation and eligibility are explicit and explained enough plus it is still resource led.
- A type of bridging fund would be useful to bridge the gap during the transition from the traditional model of commissioning to prevention and early intervention. It is a financial struggle to continue to meet the critical and substantial needs whilst investing in prevention and early intervention.
- Reduce the waiting time for an adaptation to be fitted once assessed as eligible and advice should be given.

Do you foresee any impact on local authorities or people seeking support that we have not identified?

- Potential impact could be larger monitoring teams funded to regularly review, support, research and reduce unmet need. A resource such as case coordinators to joint work between agencies to manage cases more effectively.
- The local authority needs to know the resources available that are commissioned and provided elsewhere.
- Does the Local Authority record unmet need?
- Services for minority groups such as Travellers and other families who traditionally support each other without state intervention could make use of personal budgets to ease the burden and assist them to continue to provide care amongst their own community.