Report to Adult Social Care partnership Board

January 2009

Cutting the cake fairly: CSCI review of eligibility criteria for social care

1. Purpose of the report

The purpose of the report is to present to the Board for information, a summary of Cutting the cake fairly: CSCI review of eligibility criteria for social care.

2. Key Points

2.1 Introduction

Government asked the Commission for Social Care Inspection (CSCI) to undertake a review of eligibility criteria for social care in response to the findings in the report *The state of social care in England 2006-07*. The report illustrated the poor quality of life for many people who are deemed ineligible for publicly funded social care. It also showed there are inconsistencies as to who is assessed as ineligible, both within and between councils.

The Fair Access to Care Services (FACS) framework was introduced five years ago in England. It sought to increase consistency and transparency, but within a discretionary system whereby each authority could determine its overall funding for adult social care.

Policy developments, such as personalisation and the increased focus on promoting general well-being and prevention, alongside councils' increasing tightening of their eligibility criteria have highlighted tensions between the implementation of FACS and new approaches to prevention and personalisation.

2.2 The findings of the review

The majority of the evidence is critical of FACS, some in principle and considerably more in respect of its implementation. Concerns centred on:

- A lack of clarity and transparency in practice, particularly related to the complexity of the framework, so neither professionals nor people using services are confident of their understanding
- A lack of fairness in the way criteria are applied, due to variations in professional judgements and different approaches taken by councils
- The continuing influence of service led, rather than needs led approaches and a basic misunderstanding that 'low level' needs

equate with 'simple' services and 'complex' needs always require 'complex' services.

- Limitations of a risk/needs based model that has led to inadequate and unduly standardised assessments and neglect of some groups of people using services
- Insularity and fragmentation, where FACS does not include considerations of other important areas such as health, housing and leisure; and there are problems in the interaction with important parallel processed, notably continuing health care, the care programme approach and processes for access to learning disability services
- Marginalisation of the prevention and inclusion agendas, which are not fully integrated into the framework
- Inadequate diversion and signposting and specific problems when people's needs and circumstances are insufficiently explored at their first contact with the council. 62% of survey respondents who did not meet eligibility thresholds were not given any information about other help that might be available. In addition, some people complained that their means were assessed before their needs
- Tension between FACS and personalisation and apparent incompatibility between the two approaches, where the first is concerned with standardisation, consistency of treatment and explicit decision making and the latter with self assessment, individual choice and control

The majority of people involved in this review called for a radical reappraisal of arrangements and a new basis for accessing public funds which comprises:

- An outcomes based approach
- Compatibility with the personalisation agenda
- A stronger focus upon prevention and inclusion
- Fairness and clarity of access
- Guaranteed basic national minimum support

2.3 Recommendations

From analysis of the findings and a review of models of rationing in this and other countries, CSCI has recommendations which together seek to:

- Set eligibility criteria for access to support in a broader context that is more consistent with Putting People First and offers some level of assistance and advice to everyone seeking care and support
- Replace the FACS criteria with a revised system, based on priorities for intervention and reinforce the need to make a clear distinction

between the assessment of individual needs and any subsequent allocation of public funding

- Introduce a range of measures to support the implementation of the new arrangements, including ways of improving the initial response from councils to people seeking support
- Encourage the development of a national resource allocation formula to assist the setting of individual and personal budgets so that there would be a common approach across the country, rather than each council devising its own.

The recommendations are:

- 1: Better arrangements that offer universal support
- 2: Improving the response to people needing assistance
- 3: Criteria for allocating public funds to individuals
- 4: A national resource allocation formula
- 5: Measures to support the implementation of the proposed arrangements

2.4 Conclusion

Eligibility criteria are an overt means of deciding who should receive specific public funding to address their support needs. They cannot of themselves address the question of the appropriate funding of the system – the size of the 'cake'. CSCI considers eligibility criteria to be an important but secondary issue and the review and other analyses suggest that the size of the cake is inadequate. The recommendations seek to reinforce the direction of policy and to set social care in a broader context, recognising the interaction of a whole range of services which are crucial to the quality of people's lives.

The aim is to ensure that, as a minimum, citizens can benefit from services available to all and if they need more specific support, can be helped to make informed decisions about their requirements. People should have a positive and sensitive response on their first contact and in any subsequent dealings with their council.

The proposals for 'priorities for intervention' offer a new way for councils to ensure that specific resources go to those who need them and to address the confusion in the current system between assessment of needs and the allocation of public funding for ongoing care and support.

3. Recommendations

The Board are requested to receive this report for information.