

Leicester
City Council

WARDS AFFECTED
All Wards (City-Wide Issue)

FORWARD TIMETABLE OF CONSULTATION AND MEETINGS

Social Services and Personal Health Scrutiny Committee
Cabinet

11th March 2003
24th March 2003

FAIR ACCESS TO CARE SERVICES **ACCESS, ELIGIBILITY AND PROVISION OF SOCIAL CARE SERVICES**

Report of the Corporate Director of Social Care and Health

1. Purpose of Report

- 1.1 The purpose of this report is to brief Members on the introduction of the Government's guidance on Fair Access to Care Services (FACS). FACS is a framework for determining eligibility across all adult social care services.
- 1.2 The report seeks Member's views on the proposed threshold for determining eligibility for social care services.

2. Summary

- 2.1 The Government views FACS as a central plank in its commitment to ensure that the national "post-code lottery" of receiving and accessing social and health care services will be eliminated. To do this FACS introduces several major themes:
 1. A national eligibility framework for all local authorities and for all adult service groups (this includes shaping existing and future joint eligibility into FACS).
 2. The principle that actual service users will experience only one eligibility decision that is whether they receive help or not.
 3. The introduction of a national assessment framework.
 4. The introduction of four national bands of concept of eligibility for services. These are: Critical/Substantial/Moderate/Low.
- 2.2 Under FACS Local Authorities will be required to demonstrate:
 - Consistency in the way people's needs are assessed.
 - Clear objectives, based on the need to promote independence.
 - An understanding of risk assessment as a basis for decision making.
 - Regular reviews to ensure services continue to meet objectives.

The FACS policy guidance requires all Local Authorities to :

- Ensure that it can provide or purchase services to meet assessed needs subject to its resources;
- Ensure that people in similar circumstances receive similar outcomes.

- Prioritize and meet people's assessed needs balanced with the risk to their independence, in both the short and longer term.
- Take account of the consequences to a person's independence and quality of life if problems are not addressed and services are not provided.
- Take a longer term view of the person's problems, issues and circumstances in assessing these consequences: and
- Make any necessary changes to practice to develop a preventative approach to assessment, eligibility and service provision.
- Ensure that in determining its eligibility criteria the Local Authority takes into account all its resources, local expectations, local costs; agreements with other agencies (including the NHS over hospital discharges) as well as other local and national factors.

2.3 Bands of Eligibility

The new National Eligibility Framework consists of four bands of eligibility which describe the seriousness of the risk to an individual's independence if their assessed needs for support are not addressed. The four bands are :-

- Critical
- Substantial
- Moderate
- Low

Details of the content of each band of eligibility may be found in the Supporting Information section of this report(paragraph 5).

2.4 Timescales

The policy guidance requires that the requirements of FACS, including the publishing and implementation of the new eligibility criteria are both in place and operative by 7th April 2003.

2.5 Annual Review of Eligibility Thresholds

FACS guidance requires that a decision on where to place the threshold which determines eligibility for services, should be taken annually, published clearly and based upon the resources allocated to the Adult Social Care sector.

3. **Recommendations**

- 3.1 Members are requested to agree that the Council should place the *threshold of eligibility at substantial and critical. This determines which eligible needs will be met and which needs will fall within the preventative services/ signposting eligibility criteria.(as set out in Appendix A)

*Scrutiny Committee's comments will be circulated before the Cabinet meeting on 24 March.

4. Financial and legal Implications

4.1. Financial Implications

The Council must provide services to people whom it has assessed as having an eligible need for social care services, which will be determined by where the threshold is set. This means that it must ensure that the Department has sufficient financial resources available to meet all assessed need below the threshold set for the year.

The 2002/03 Community Care budget exceeds £26m. Members will know that actual underlying spending to meet essential needs is around £3m higher. This spending currently addresses needs that would fall within the Critical and Substantial bands. The £3m shortfall in the budget was addressed in the Cabinet Lead's proposed 2003/04 Revenue Strategy for the Department.

This means that in 2003/04 (subject to approval of the Cabinet Lead's proposals by Council), the Department will have a Community Care budget sufficient to meet need at the level at which it is currently met, but not to allow any significant expansion of services.

Therefore based on the expected 2003/04 budget, the threshold should be set between the Moderate and Substantial bands, such that only those needs assessed as Critical and Substantial will be met. The threshold could only be set to allow Moderate and / or Low needs to be met if additional funding is identified.

4.2 Legal Implications

The threshold should be set at a level, that provides services that would suggest, from a legal perspective, that the Council has fulfilled its duty to adequately balance its limited resources against the community care needs of the local population.

Once the threshold has been set, the Council is legally bound to provide services which meet all of the eligible needs above the threshold.

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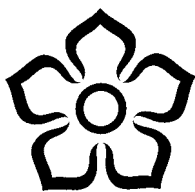
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DECISION STATUS

Key Decision	Yes
Reason	Significant impact on more than two wards
Appeared in Forward Plan	Yes
Executive or Council Decision	Executive (Cabinet)

LEICESTER CITY COUNCIL - SOCIAL CARE AND HEALTH DIRECTORATE
ELIGIBILITY CRITERIA FOR COMMUNITY CARE SERVICES

← PRESENTING NEEDS →						
A S S E S S M E N T P R O C E S S	<p>CRITICAL</p> <ul style="list-style-type: none"> Life is, or will be threatened; Significant health problems have developed or will develop; There is, or will be, little or no choice and control over vital aspects of the immediate environment; Serious abuse or neglect has occurred or will occur; There is, or will be, an inability to carry out vital personal care or domestic routines; Vital involvement in work, education or learning cannot or will not be sustained; Vital social support systems and relationships cannot or will not be sustained; Vital family and other social roles and responsibilities cannot or will not be undertaken. 	<p>SUBSTANTIAL</p> <ul style="list-style-type: none"> There is, or will be, only partial choice and control over the immediate environment; Abuse or neglect has occurred or will occur; There is, or will be, an inability to carry out the majority of personal care or domestic routines; Involvement in many aspects of work, education or learning cannot or will not be sustained; The majority of social support systems and relationships cannot or will not be sustained; The majority of family and other social roles and responsibilities cannot or will not be undertaken. 	↑ T H R E S H O L D F O R S E R V I C E S ↓	<p>MODERATE</p> <ul style="list-style-type: none"> There is, or will be an inability to carry out several personal care or domestic routines; Involvement in several aspects of work, education or learning cannot or will not be sustained; Several social support systems and relationships cannot or will not be sustained; Several family and other social roles and responsibilities cannot or will not be undertaken. 	<p>LOW</p> <ul style="list-style-type: none"> There is, or will be, an inability to carry out one or two personal care or domestic routines; Involvement in one or two aspects of work, education or learning cannot or will not be sustained; One or two social support systems and relationships cannot or will not be sustained; One or two family and other social roles and responsibilities cannot or will not be undertaken. 	A S S E S S M E N T P R O C E S S
	← ELIGIBLE NEEDS →		← PREVENTATIVE SERVICES, ADVICE, GUIDANCE, REFERRALS TO OTHER AGENCIES →			



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FAIR ACCESS TO CARE SERVICES
ACCESS, ELIGIBILITY AND PROVISION OF SOCIAL CARE SERVICES

Report of the Corporate Director of Social Care and Health

SUPPORTING INFORMATION

1. Introduction

- 1.1 The City Council is required to have implemented Department of Health Guidance, issued by the Secretary of State under S7 (1) of the Local Authority Social Services Act 1970, to enable people to gain Fair Access to Social Care Services (FACS), by 7 April 2003. The Guidance provides a framework for determining eligibility for services based on the identified risks to person's independence if problems are not addressed and services are not provided. It also covers how the council should carry out assessments and reviews, and support people through these processes.

2. Context

- 2.1 The FACS guidance was prepared in response to the *Gloucestershire Judgement* in 1997. Previous guidance had stated: "criteria of need are matters for local authorities to determine in the light of resources." The View that authorities could take resources into account when assessing needs and deciding what services to arrange was challenged in a judicial review against Gloucestershire Social services in 1995.
- 2.2 The Department of Health position was upheld by the House of Lords in 1997, and additional guidance was provided to emphasize that the judgement did not give local authorities a license to take decisions on the basis of resources alone. It was confirmed that a local authority cannot arbitrarily change the services it arranges merely because its own resource position has changed. It needs to consider what needs it will meet (i.e. what its eligibility criteria will be), and reassess needs against revised criteria.

3. Current Arrangements

- 3.1 The City Council has a duty under S47 of the NHS & Community Care Act 1990 to assess people who appear to need community care services, and on the basis of that assessment decide whether it is necessary for the Council to provide services in order to meet identified needs. Since community care arrangements were introduced in 1993 assessments have been differentiated between assessments for services on the one hand and full needs assessments on the other, on the basis of presenting needs.

3.2 The difficulty with this approach is that it does not provide consistency in the way people with similar risks to their independence and needs for community care services are responded to by the City Council as:

- existing arrangements for differential assessments do not always ensure that an holistic approach is made to assessing a person's needs, risks and circumstances when allocated a service focused assessment;
- eligibility criteria for one service area may be tighter than another based on the levels of demand and the availability of resources; it also does not facilitate the development of comparative performance data.

3.3 Similarly the lack of a consistent and effective case review policy in adult services has meant that continued eligibility for service provision has not always been determined and some people have continued to receive services after their circumstances have improved and risks have diminished.

4. Principles of the New Guidance

- The Council should not operate eligibility criteria for specific types of assessment, but should tailor the assessment to the person's needs and circumstances (these issues will be addressed through the implementation of the Single Assessment Process.).
- The Council should make only one eligibility decision with respect to people who have been assessed for community care services i.e.: are they eligible for social care services or not.
- The Council should promote a non-discriminatory approach to assessment and service provision by ensuring eligibility is based on needs and risks to independence, and not, for instance, on age, disability, or service availability.
- The Council should not operate eligibility criteria for different services, but should arrange the most appropriate and cost-effective help by matching services to eligible needs.
- People's presenting needs should be assessed and their eligible needs prioritized according to the risks to their independence in both the short and medium term if support is not provided, taking account of a longer-term preventive view of needs and circumstances.
- People whose needs have critical consequences for their independence and/or safety should be supported ahead of those with needs that have substantial consequences and so on.
- People's needs and circumstances must be reviewed on a regular basis to determine continued eligibility for services and appropriateness of service provision.
- The Council is required to focus resources and other local factors on helping those in greatest immediate or longer-term need, and be prepared to move resources from one budget head to another where necessary.

- The Council is required to review its eligibility criteria on a regular basis, and having determined its criteria it should ensure that services are in place to meet eligible needs.
- The Council should promote a wider community approach to prevention, involving Primary Care Trusts, *supporting people* and health promotion.

5. The Eligibility Framework

5.1 The eligibility framework has been constructed to enable the types and levels of risk in areas of life, which are central to a person's independence and well being to be identified.

5.2 The levels of risk have been graded into four bands that describe the seriousness of the risk to a person's independence, or other consequences, if needs are not addressed. The four bands specified by the DoH are:

- Critical
- Substantial
- Moderate
- Low

5.3 Priority One: Critical

Where there is an immediate risk to a person's life and/or independence requiring intervention within 24 hours.

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

5.4 Priority Two: Substantial

Where the lack of intervention *within 10 working days* could lead to the loss of independence and could lead to the person's health and safety being put at risk.

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

- The majority of family and other social roles and responsibilities cannot or will not be undertaken.

5.5 **Priority Three: Moderate**

Where the support needs are perceived, but lack of early intervention will not result in a loss of independence, with any consequence risk to health and safety, response will be made within one calendar month.

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

5.6 **Priority Four: Low**

Response on a case by case basis but May often involve redirection to alternative services.

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

5.7 The four areas identified by the DoH as being central to maintaining a person's independence are:

- Autonomy
- Health and safety
- Managing personal and other daily routines
- Involvement in family and wider community life

5.8 These four factors have been used to construct a framework to identify the risks attached to various needs and circumstances within different areas of independence. The Council's responsibilities is to determine which of these needs and circumstances will be eligible for the provision of social care services in Leicester.

5.9 There are certain parameters, which need to be taken into account:

- The threshold for eligibility can only be set between the levels of risk to independence and not between the areas of independence, i.e. between moderate risk and low risk, for instance, or between moderate risk and substantial risk.

- The Council must provide services to people whom it has assessed as having an eligible need for social care services, i.e. if the Council sets the threshold for eligibility between the Moderate and Low bands, it must ensure that it has the resources to meet the needs identified within the Moderate, Substantial and Critical bands. If it does not it would have to set the threshold higher, say between the Moderate and Substantial bands.
- Where a person has a variety of needs and circumstances, some which are eligible for social care support, and some which are not, the Council is not obliged to meet those needs which fall below the threshold of eligibility, but it may consider it appropriate to do so in certain circumstances for preventative reasons.
- The Council is unable to modify the components of the risk bandings (identified in **bold** in the framework) as these have been prescribed by the DoH, but the Council can describe the types of needs and circumstances it considers fall within the different levels of risk and areas of independence, and these should be reviewed on regular basis.

6. Impact of FACS on Resource Management

- 6.1 The FACS eligibility framework is welcomed as an appropriate and timely instrument to assist the Council in managing its limited resources. The benefits of the framework lie in its relevance to adults of all ages and with any disabling condition who approach the Council for social care support, and it provides the Council with a legitimate and transparent means of determining resource allocation and eligibility for service based on the availability of resources.
- 6.2 Although the Council does not operate a formal prioritization system for case allocations within adult services, the eligibility framework will enable new referrals to be prioritized in terms of the perceived risks to a person's independence based on presenting needs; and for assessed needs and circumstances to be prioritized and recorded in terms of risk and eligibility for service provision.
- 6.3 This will enable a new set of performance data to be collated appropriately deployed, and the extent to which particular service areas may be over or under provided for, within the parameters of what the Council has determined as eligible need.
- 6.4 Once the Council has determined the level of risk and the types of need that are eligible for social care support, it will be the responsibility of social work staff to apply this, and assess the needs and circumstances of individual's to determine the level of risk which these pose to their independence, evaluated against the risks to their autonomy, health and safety, ability to manage daily routines, and involvement in family and community life. They should consider which risks cause serious harm, and which risks may be acceptable or viewed as a natural and healthy part of independent living.
- 6.5 By identifying the risks attached to various needs and circumstances the assessor is able to determine whether the individual has eligible needs for social care services using the eligibility framework. When determining eligibility the assessor must take account of the support that a person may already be receiving from carers, family members, friends and neighbours, and of the risks faced by them in their caring role.

- If, for example, a person is unable to perform several personal care tasks, but can do so with the help of a carer, and the carer is willing and able to continue caring both currently and in the longer-term, then the person should not be perceived as having eligible needs for social care services.
- If, on the other hand, the caring relationship is close to breakdown, the person's needs would be eligible for social care services, as there would be a critical risk of the person losing their independence and of the carer developing a significant health problem.

6.6 Where a person has eligible needs a care plan will be formulated to arrange for the provision of appropriate services tailored to their particular circumstances, and a decision made about the appropriateness of direct payments. Once the Council has decided that it is necessary to provide services to meet a person's eligible needs it is under a duty to provide those services.

6.7 The Council is also required to consider the potential outcomes for people being provided with services and to seek cost-effective solutions. To this end the practice of applying cost ceilings (Normal limits Policy) to care packages is being reinforced in Leicester as part of improving resource management. This practice is not ruled out within the FACS guidance but it is suggested that upper-cost parameters for care packages should only be used as a guide. It is important therefore that the use of cost ceilings is made explicit within the Council's revised eligibility criteria. See Appendix 2.

6.8 Given the current levels of commitments, activity levels and limited availability of resources, it is perceived that the Council would face serious difficulties in providing care services to meet the needs of people whose circumstances have been assessed as presenting a moderate risk to their independence. The appropriate threshold for determining eligibility for social care services is considered to be between the Moderate and Substantial Bands of risk. The implications of this require the Council to provide social care services to any person whose assessed circumstances present a critical or substantial risk to their independence if services are not provided.

7. Impact on Service Users

7.1 If the eligibility threshold is established at the Substantial risk bandings, it is anticipated that a significant number of existing service users would not be eligible to receive social care services because the risk to their independence would not be critical or substantial. There would still be identified needs which would probably pose a moderate risk to independence and the Council would be required to seek alternative ways of meeting these needs as part of a preventive strategy.

7.2 A considerable amount of work has already been undertaken to identify the opportunities presented by *Supporting People* in developing alternatives to social care services where a person's primary need is for social support, rather than personal care support, to enable them to live independently.

7.3 Similarly assessments of adults with Learning disabilities receiving day care services are also being undertaken to determine the extent of the risk to their independence if services were to be redesigned or stopped. Action is being taken to develop alternative ways of meeting social support needs through *Welfare to Work* initiatives and facilitating access to further education.

- 7.4 The full effect of introducing the Eligibility Framework and applying a stricter criteria will not be known until a complete review of all known service users needs and circumstances has been completed, and it is anticipated that some discrepancies in the levels of needs and circumstances of particular service user groups will be reflected by the eligibility framework.
- 7.5 The Council is required to review all service users receiving a social care service, arranged or provided by the Council, or purchased through direct payments, on 7 April 2003 within the following 12 months. A draft review policy has been formulated (appendix 3)

8. Preventive Strategy

- 8.1 The potential impact of revised eligibility criteria on existing services users highlights the need for a clear and coherent prevention strategy. Prevention is also a key theme in other national guidance for all adult service user and carer groups, including The National Service Framework (NSF) for Mental Health (1999), the NSF for Older People (2001), the White Paper Valuing People (2001) and the Carers and Disabled Children Act (2000).
- 8.2 Prevention in terms of social care is the action that is required to prevent or delay loss of a person's independence and to improve their quality of life, and it is therefore imperative that preventive approaches encourage self-determination, choice and dignity, including economic participation for people of working age.
- 8.3 Preventive services should aim to:
- provide people with accessible and timely information and advice so that they can find solutions to their own problems wherever appropriate;
 - promote the community's capacity to respond to low level needs in an informed and preventive manner;
 - assist people to regain their independence so that they can undertake as many tasks for themselves without intervention from social services;
 - prevent people from deteriorating to high levels of dependency and enable them to continue to live in their own homes;
 - diminish the risks of avoidable injuries;
 - improve people's quality of life by increasing their independence and reduce social isolation.
- 8.4 Support from the Carers Special Grant and Partnership Contracts already exist with various voluntary sector organisations and with Health to provide preventive services such as sitting services, day care, lunch clubs, and *care and repair* schemes; and further work is currently being undertaken with partner agencies to develop supported living schemes

9. The Process of Implementation

- 9.1 The eligibility framework is being introduced in a working environment that involves close interagency partnerships. It applies equally to social care services arranged

through partnership arrangements, e.g.: the Leicestershire Partnership Trust (Mental Health), and protocols will be developed to facilitate this. The implementation of such a major initiative at a time when other major changes are also in train (e.g. the Single Assessment Process, Fairer Charging, CareFirst, and integration with Health) requires a carefully planned and phased approach.

- 9.2 Simultaneously a training and awareness raising programme will commence with assessment staff within adult services in February and March 2003 in preparation for implementation from 7 April 2003, and consideration needs to be given to a familiarisation seminar for Members who may be approached to represent constituents should the application of the eligibility framework result in them not receiving a service.
- 9.3 Steps are also being taken to ensure that the eligibility framework is built into the development of the CareFirst database to enable effective performance information to be collated to indicate the extent of risk being addressed and types of needs and circumstances being provided for.

10. Monitoring Implementation

- 10.1 The purpose of eligibility criteria is to support the most effective and efficient use of available resources and to ensure consistency and fairness across the city and across service user groups. It is therefore important that the application of the eligibility criteria is carefully monitored and reviewed on a regular basis.
- 10.2 The FACS guidance requires the Council to audit and monitor its performance of fair access to care services by:
- gauging the extent to which different groups are referred and following assessment go on to receive services;
 - monitoring the quality of the assessment and eligibility decisions of their staff;
 - auditing service effectiveness with reference to care plans and reviews;
 - monitoring the speed of assessment and subsequent service delivery in accordance with the local Better Care Higher Standards Charter and care management quality standards;
 - monitoring the timing and frequency of reviews.
- 10.3 This will be achieved through the performance management and quality systems, which include:
- *Fair Access and Quality of Services for Users and Carers* performance information within National Performance Assessment Framework (PAF)
 - Customer satisfaction and feedback surveys.
 - Analysis and evaluation of Complaints and Compliments.
 - Internal audit and inspection processes.
 - Staff Supervision and Appraisal system.

- Information from external inspections and audits such as, Social Services Inspectorate, District Audit and the Best Value Inspectorate.
- Monitoring financial performance against the FACS categories and service targets.

11. Reviewing the Eligibility Threshold

- 11.1 The FACS guidance requires the Council to review its eligibility criteria at least annually, and it will therefore be possible to adjust this if the resource position changes or a more accurate assessment of the position can be made.
- 11.2 Progress in implementing FACS will be reported to Scrutiny Committee at least annually to enable Members to review Council decisions on eligibility for social care services are in line with the Council's financial planning strategy.

12. Consultation

- 12.1 A series of information sessions are being held using existing consultation fora, e.g. reference groups, to enable service users, their carers and other relevant stakeholders to become familiar with the eligibility framework and the wider policy implications. This exercise would be replicated for the various independent agencies which provide services on the Council's behalf, and for the different NHS trust boards that exist within the city, where links to NHS continuing health care policies need to be acknowledged and explored. This will enable comments to be received and fed back to the Council if significant amendments to the framework are advocated.

13. Financial, Legal and other implications

13.1 Financial implications

Whilst the Department of Health foresee no significant financial/resource implications arising from the implementation of FACS, the requirement to undertake annual reviews on all open cases is not budgeted for in existing resources.

13.2 Legal implications

The threshold should be set at a level, that provides services that would indicate that the Council has fulfilled its duty to adequately balance its limited resources against the community care needs of the local population.

Once the threshold has been set, the Council is legally bound to provide services, which meet all of the eligible needs above the threshold.

13.3 Other Implications

OTHER IMPLICATIONS	YES/NO	PARAGRAPH REFERENCES WITHIN SUPPORTING INFORMATION
Equal Opportunities	Yes	Throughout report
Policy	Yes	Whole report
Sustainable & Environmental	No	
Crime & Disorder	No	
Human Rights Act	Yes	Throughout report
Elderly/People on Low Income	Yes	Throughout report

14. Background Papers

- Local Authority Social Services Act 1970, Section 7(1).
- Health: Continuing Care: HSC 2001/015: LAC (2001) 18; Section 31: Health Act 1999 Flexibilities.
- Children and Families: Children Act 1989 and the “Assessment Framework”.
- Carers: “Carers and Disabled Children Act 2000: a Practitioners Guide to Carers’ Assessments”.
- Road Traffic Act 2000.
- Rights and Discrimination: Sex Discrimination Act 1975; Disability Discrimination Act 1995; Human Rights Act 1998; Race Relations (Amendment) Act 2000.
- Information Collection and Sharing Common Law Duty of Confidentiality; Data Protection Act 1998; Human Rights Act 1998; Caldicott Guidance.

15. Report Authors

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FAIR ACCESS TO CARE SERVICES

DRAFT ELIGIBILITY CRITERIA FOR THE PROVISION OF ADULT SOCIAL CARE

Leicester Social Care and Health Directorate

Risk Banding	Risk Factors which are central to the maintenance and promotion of Independence			
<p>The words in bold are prescribed by Government and constitute the eligibility framework.</p>	<p>AUTONOMY & FREEDOM TO MAKE CHOICES i.e. physical health/mobility, sensory impairment, mental capacity, environmental issues</p>	<p>HEALTH & SAFETY i.e. physical and mental health, freedom from harm, abuse and neglect, and environmental safety within home and wider community</p>	<p>MANAGING PERSONAL AND OTHER DAILY ROUTINES i.e. personal care, domestic activities, finances</p>	<p>INVOLVEMENT IN FAMILY & WIDER COMMUNITY i.e. family roles & responsibilities, work, education and leisure</p>

<p style="text-align: center;">CRITICAL</p> <p>There is an immediate and longer-term critical risk to the health & safety or survival of the person or others, and to their independence, <i>if social care services are <u>not</u> provided</i></p> <p>NOTE: The needs highlighted describe the sorts of circumstances that puts a person's independence at critical risk, and makes them, or their carer, eligible for the provision of social care services.</p> <p>The aim of Social Services intervention is to reduce risk and create stability e.g.:</p> <ul style="list-style-type: none"> • Emergency admission to care or hospital • Rapid response community services • Respite care • Night care visiting • Equipment & Adaptations • Community alarm • Palliative care 	<p>There is, or will be, little or no choice and control over vital aspects of the immediate environment</p> <ul style="list-style-type: none"> • the person has severe difficulty communicating their basic needs and wishes, which threatens their safety • the person has complex and unstable health and social care needs, is socially isolated, and is unable to gain access to help in an emergency • the person's mental capacity/insight is severely limited, making them unable to make informed choices, and threatening their safety • the person is severely physically impaired and/or severely ill, and is or will be unable to exercise choice and control of their immediate environment • the person requires assistance of two people with moving and transferring and poses a critical risk to the health and safety of others 	<p>Life is, or will be, threatened, and/or serious abuse or neglect has occurred or will occur</p> <ul style="list-style-type: none"> • there is an imminent risk to life through severe neglect, or harm to others or self • serious abuse, involving physical and/or sexual abuse, has occurred, is suspected, or is likely to occur • lack of basic environmental amenities, and/or state of disrepair/security, poses immediate threat to health and safety <p>Significant health problems have developed or will develop</p> <ul style="list-style-type: none"> • the person has a severe mental health problem and an acute episode of illness has occurred or is expected to occur imminently • the person has a chronic debilitating medical condition, and volatile and unstable health problems have developed, or are expected to develop imminently 	<p>There is, or will be, an inability to carry out vital personal care or domestic routines</p> <ul style="list-style-type: none"> • the person has very high levels of dependency requiring intensive 24 hour support, and is unable to perform vital personal care tasks (washing, dressing, feeding, toileting) and vital domestic routines (laundry, essential shopping, food preparation, hygiene maintenance) • the person has limited, or no capacity to manage their financial affairs • the person is unable to administer their own medication and/or treatment 	<p>Vital involvement in work, education or learning cannot or will not be sustained</p> <ul style="list-style-type: none"> • the person with care needs, or a carer, is at imminent risk of losing employment, education or learning placement due to the high level of the person's support needs, or due to the extensive commitments of the carer's role <p>Vital social support systems and relationships cannot or will not be sustained</p> <ul style="list-style-type: none"> • the person with care needs, and/or a carer, is unable to participate in most or all important family or community activities, placing social support systems and relationships at risk of imminent breakdown <p>Vital family and other social roles and responsibilities cannot or will not be undertaken</p> <ul style="list-style-type: none"> • a person with chronic illness or a disability, or a carer, experiences, or will experience, severe difficulties in carrying out or maintaining essential parent/family responsibilities
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<p>SUBSTANTIAL</p> <p>There is a substantial and high risk to the health and safety of the person or others, and to their independence, <i>if social care services are <u>not</u> provided.</i></p> <p>NOTE: The eligible needs highlighted describe the sorts of circumstances that make a person eligible for the provision of social care services</p> <p>The aim of Social Services intervention is to prevent loss of independence, restore stability and reduce risk e.g.:</p> <ul style="list-style-type: none"> • Intermediate care • Continuing community health and social care • Carer support services • Equipment & adaptations • Community alarm • Adult placement • Planned respite care 	<p>There is, or will be, only partial choice and control over the immediate environment</p> <ul style="list-style-type: none"> • the person has communication difficulties and/or sensory/physical impairments that present significant obstacles to maintaining independent living, and exercising control over immediate environment • the person's mental capacity/insight is limited, restricting their ability to make informed choices • the person's immediate environment severely restricts their independence • the person requires assistance of another person with moving and transferring and poses a substantial risk to their health and safety 	<p>Abuse or neglect has occurred or will occur</p> <ul style="list-style-type: none"> • the person's lifestyle or behaviour presents a significant risk to the health or safety of the individual or others. • the person has experienced or is likely to experience financial abuse or abuse of their property and belongings 	<p>There is, or will be, an inability to carry out the majority of personal care or domestic routines</p> <ul style="list-style-type: none"> • the person has a high level of dependency requiring daily support, and is unable to perform a range of vital personal care tasks (washing, dressing, feeding, toileting) and vital domestic routines (laundry, essential shopping, food preparation, hygiene maintenance) • the person needs assistance to manage some elements of their day-to-day financial affairs • the person needs regular monitoring and support to enable them to administer own medication and/or treatment 	<p>Involvement in many aspects of work, education or learning cannot or will not be sustained</p> <ul style="list-style-type: none"> • the person with care needs, or a carer is at risk of losing employment, education or learning placement due to the extent of the person's support needs, or due to the commitments of the carer's role <p>The majority of social support systems and relationships cannot or will not be sustained</p> <ul style="list-style-type: none"> • the person with care needs, and/ or a carer, is unable to participate in many important family or community activities, placing social support systems and relationships at risk of breakdown. <p>The majority of family and other social roles and responsibilities cannot or will not be undertaken.</p> <ul style="list-style-type: none"> • a person with chronic illness or a disability, or a carer, experiences, or will experience, substantial difficulties in carrying out or maintaining essential parent/family responsibilities
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<p style="text-align: center;">MODERATE</p> <p>There is a moderate risk to the health and safety and well being of the person or others, and to their independence, <i>if social care services are <u>not</u> provided.</i></p> <p>NOTE: The circumstances highlighted will mean that a person is <u>not</u> eligible to receive social care services arranged or provided by Social Services.</p> <p>The aim of any intervention is to maintain and promote independence, and prevent dependency. A community care assessment would not be required to access the services available to meet these needs e.g.:</p> <ul style="list-style-type: none"> • Information & sign posting • Some items of equipment • Lunch clubs • Staying Put repairs • Community alarm • Handy Person service • Tenancy Support service 	<p>There is, or will be, an inability to carry out several personal care or domestic routines</p> <ul style="list-style-type: none"> • the person needs help with some personal care tasks several times a week (e.g.: bathing) and several domestic tasks (laundry, shopping and cleaning) • the person needs help to prepare a hot meal on a regular basis, but is able to reheat pre-cooked meals • the person needs assistance with essential home maintenance tasks 	<p>Involvement in several aspects of work, education or learning cannot or will not be sustained</p> <ul style="list-style-type: none"> • the person needs regular support to participate in employment, education and learning <p>Several social support systems and relationships cannot or will not be sustained</p> <ul style="list-style-type: none"> • the person has few if any links to family or with the local community, and is socially isolated <p>Several family and other social roles and responsibilities cannot or will not be undertaken.</p> <ul style="list-style-type: none"> • a person with chronic illness or a disability, or a carer, experiences some difficulties in carrying out essential parent/family responsibilities
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<p style="text-align: center;">LOW</p> <p>There is no apparent risk to the health, safety or well-being of the person or others, <i>if social care services are <u>not</u> provided</i></p> <p>NOTE: The circumstances highlighted will mean that a person is <u>not</u> eligible to receive social care services arranged or provided by Social Services.</p> <p>The aim of any intervention is to promote independence and well-being e.g.:</p> <ul style="list-style-type: none"> • Provision of information and signposting to appropriate services 	<p>There is, or will be, an inability to carry out one or two personal care or domestic routines</p> <ul style="list-style-type: none"> • the person is unable to manage light housework but can maintain essential domestic hygiene consistently over a given period of time • the person requests benefits advice and assistance to maximize their income • the person is unable to manage home maintenance and gardening tasks 	<p>Involvement in one or two aspects of work, education or learning cannot or will not be sustained</p> <ul style="list-style-type: none"> • the person needs some support to participate in employment, education and learning. <p>One or two social support systems and relationships cannot or will not be sustained</p> <ul style="list-style-type: none"> • the person has limited information on community and leisure activities <p>One or two family and other social roles and responsibilities cannot or will not be undertaken.</p> <ul style="list-style-type: none"> • a person with chronic illness or a disability, or a carer, experiences some difficulties in carrying out some non-essential parent/family roles
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Policy Guidelines in Respect to Cost Ceilings (Normal Limits Policy) for Care Plans

Background

1. This policy addresses directly the increasing pressure on the community care budget. It recognises that there are some cases where very complex home-based packages of care can sometimes exceed the cost to the Council of an appropriate residential package. Equally, it intends to ensure that the provision of support at home may be made available to more service users by using limited resources as efficiently and effectively as possible.

Normal Limits

2. When a care plan has been costed and this indicates that a home-based support package will adequately and appropriately meet the needs of the service user, this may be offered on condition that the cost of the support package is not more than the gross cost of an equivalent residential or nursing band placement (excluding any additional allowances).
3. If the figure is higher than the gross cost of an equivalent residential or nursing band placement, then it should be referred via the appropriate Service Manager to the Service Director who will reach a judgment on whether the request meets the criteria for exceptions.

Exceptional Circumstances

4. For the majority of people, the standard cost ceiling per week as mentioned above will apply. However, care packages costing above the 'limits' will be considered only in the following exceptional circumstances:
 - A short-term plan for re-ablement exists and there is a good indication that the long term needs of the individual will require less intensive intervention.

Or

 - Where a person is terminally ill, has expressed the wish to die at home and requires a short term care package to allow this.

Or

 - Where the cost of a care home or nursing home placement for the person is greater than appropriate residential or nursing bands and a home care package can be arranged for the same cost.

Or

 - Other exceptional circumstances where Social Care and Health Directorate considers that the proposed care package is the only way of meeting the assessed needs of the person and their carer.

Other Considerations

5. Consideration will always be given to the possibility of sharing the arrangements for care. For example, individuals with lower level needs may be eligible for additional support through the Supporting People initiative in order to maintain independence through assistance with accommodation. Additionally, where a service user is under 65 they may be eligible for an independent living fund contribution (ILF) which would be deducted from the 'Normal Limit'. Alternatively, exceptional care needs may require a joint contribution between the Health Service and the Local Authority. These options will be made clear during the process of assessment and care management with individuals.
6. In any of the above circumstances, individuals can opt to arrange their own care through receiving a direct payment from the Local Authority. This will enable an individual to organize their own care independently. If none of the exception options apply, as listed above, then an individual's need will be met in an alternative setting e.g. a care home.

Right to Refuse Residential/Nursing Care accommodation

7. The service user has the right to refuse to accept residential care. Where this occurs there is no statutory duty upon the Council to alter its decision on service provision merely to accede to the expressed wishes of the service user, particularly if this would result in high cost individual care arrangements.

Where the service user exercises the right to refusal, s/he and her/his family/carer(s) should be advised of the risks involved. Notification should also be sent to the GP and/or the Health Services if there are any resultant health needs to be considered.

8. In such cases, a copy of the service user's written refusal to accept residential care, together with the assessment documentation, proposed care plan, any record of liaison with Health Services and notification of the decision to the service user should be placed on the case file.

Reviews

9. All service users needs will be reviewed according to the 'review policy' The amount of the cost ceiling will be reviewed annually in the light of experience and national policy.

Leicester CITY COUNCIL**Social Care and Health Directorate****DRAFT POLICY GUIDANCE FOR CASE REVIEWS****1. Introduction**

- 1.1 This draft policy document has been formulated in response to the publication of a Local Authority Circular LAC (2002) 13 entitled Fair Access to Care Services which provides guidance to Councils on the formulation of eligibility criteria for adult social care.
- 1.2 The need for guidance on eligibility criteria was identified in the 1998 White Paper “Modernizing Social Services” as inspections had found that different Councils use different eligibility criteria, and reviews of ongoing eligibility were patchy. The guidance reminds Councils of their responsibility for reviewing care plans, including re-assessments of needs, at regular intervals.
- 1.3 The guidance confirms that reviews should be undertaken at regular intervals; should include a re-assessment of an individual’s needs; ensure that the care provided is still required and appropriate and achieving agreed outcomes; and that service users remain eligible.

2. Aim of the Policy

- 2.1 To provide guidance to staff, and information for service users and their carers, as to when reviews should be undertaken, how they should be carried out, and who should be involved.

3. Legal Context

- 3.1 The guidance on Fair Access to Care Services is issued under S7 (1) of the Local Authority Social Services Act 1970.
- 3.2 The City Council and local health bodies have to agree their respective responsibilities for continuing health and social care services, (HSC2001/015; LAC (2001)18) and once there is agreement the Council is expected to use Fair Access guidance to determine eligibility for the services they are responsible for providing.
- 3.3 The Council has a duty under S47 (1) of the NHS & Community Care Act 1990 to assess the needs of people who appear to have community care needs, and in general, the Council may provide community care services to people with needs arising from physical sensory, learning or cognitive disabilities and impairments, or from mental health difficulties.
- 3.4 An eligibility framework has been developed to enable the Council to determine the needs and circumstances that make people eligible to receive social care services, based on the identified risk to their independence if services were not to be provided.

4. Purpose of Reviews

- 4.1 Reviews will establish how far the services provided (including services purchased through direct payments,) have achieved the outcomes set out in the care plan; the care plan will either be confirmed or amended; or the case may be closed and services withdrawn.

- 4.2 Reviews will also involve a reassessment of the needs and circumstances of individual service users, which will enable their continued eligibility for support to be determined.

5. Timing of Reviews

- 5.1 The FACS guidance recommends that an initial review is undertaken within 3 months of help first being provided, or within 3 months of major changes made to current services e.g.: following a person's admission to residential care after being supported at home with home care services.
- 5.2 In Leicester good practice has often led to initial reviews being undertaken within 6 weeks of service provision or major changes to care arrangements. It is intended that this practice will continue where the needs, risks and circumstances of the service user indicate that this is appropriate.
- 5.3 Thereafter reviews will be undertaken at least annually or more often if a person's circumstances appear to warrant it e.g.: where there is a critical risk to their independence if services were not to be provided. Where a person is vulnerable, living alone and whose only source of support is from commissioned services, reviews will be undertaken on at least a 6 monthly basis.
- 5.4 The CareFirst database (when available) will be used to schedule all reviews from April 2003 in accordance with FACS guidelines, and Leicester's policy for undertaking reviews of adult social care arrangements.

6. Co-ordination of Reviews

- 6.1 Reviews will be co-ordinated/carried out by the Review Team, and by other Commissioning Teams, who will be independent of service provision, and will be in a position to determine eligibility and plan care services.
- 6.2 It is not considered appropriate for this responsibility to be carried out by professionals involved in the provision of services, as many service users would prefer reviews to be independent of those actually providing care, but their involvement means that they are able to provide useful information for the review.
- 6.3 The service user will be central to the review process which will involve carers and/or other representatives of the service user where appropriate e.g.: an advocate; representatives who have purchased services for the service user e.g.: social workers and care managers; and key representatives from the service providers.

7. People Attending Reviews

- 7.1 Reviews will usually involve a meeting between the individual service user and the social worker or care manager responsible for co-ordinating the review, and may involve other people outlined in 6.3. above, dependent on their interest, involvement and availability. Good practice demands that reviews involve face-to-face contact with the service user, though it is recognized that there may be exceptional circumstances where this will not be possible.

8. Recording Reviews

- 8.1 Reviews will be recorded with reference to the purpose of reviews outlined in section 4 above. Where the review determines that a person's needs and circumstances indicate their continued eligibility for social care services the care plan should be updated and amended where appropriate.

- 8.2 Where the review indicates that a person is no longer eligible to receive social care services the social worker or care manager will record the reasons and share these with the service user. The case will then be closed, which may involve the withdrawal of services.
- 8.3 Where a service user does not agree with the outcome of the review they can challenge the decision through the Social Services complaints procedure.

9. Status of the Policy

- 9.1 The Case Review policy forms part of the Council's response to the implementation of the Fair Access to Care Services policy guidance, and will be implemented from 7 April 2003. All reviews before that date will use the fair access to care policy standards in order to determine future eligibility for care.

