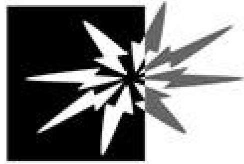

NOTICE OF MEETING

Scrutiny Review – Access to Services for Older People

MONDAY, 15TH OCTOBER, 2007 at 12:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Bull (Chair), Adamou, Alexander and Wilson

AGENDA

1. APOLOGIES FOR ABSENCE

(if any)

2. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. Where the item is already included on the agenda, it will appear under that item but new items of urgent business will be dealt with at item 8.

3. DECLARATIONS OF INTEREST

A member with a personal interest in a matter who attends a meeting of the Authority at which the matter is considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgement of the public interest.

4. SCOPE AND TERMS OF REFERENCE (PAGES 1 - 8)

To review the scope and terms of reference

5. OLDER PEOPLE'S SERVICE PRESENTATION (PAGES 9 - 52)

To receive a presentation from Tom Brown, Acting Assistant Director, Adult, Culture and Community Services Directorate.

6. DRAFT REVIEW TIMETABLE (PAGES 53 - 56)

To consider key diary dates for the project.

7. DATE OF NEXT MEETING

8. NEW ITEMS OF URGENT BUSINESS

To deal with any items of urgent business admitted at item 2 above.

Yuniea Semambo
Head of Members Services
225 River Park House
Wood Green N22 4HQ

Melanie Ponomarenko
Scrutiny Research Officer
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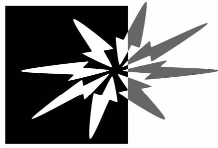
Agenda Item 4



Haringey Council

Agenda item:

[No.]

Overview and Scrutiny Committee	On [Date]

Report Title: **Scrutiny Review on Access to Services for Older People**	
Forward Plan reference number (if applicable): **[add reference]**	
Report of: **Chair of the Review Panel**	
Wards(s) affected: **All**	
1. Purpose (That is, the decision required) 1.1 To approve the scope and terms of reference for the Scrutiny Review on Services for Older People.	
2. Recommendations 2.1 That the scope be approved. 2.2 That the terms of reference be approved.	
Report Authorised by: **[Designation of Chief Officer (Include signature here)]**	
Contact Officer: **Melanie Ponomarenko, Research Officer, Overview and Scrutiny, Tel: 0208 489 2933**	

3. Local Government (Access to Information) Act 1985

3.1 Background papers relating to this report:

- Our Health, Our Care, Our Say, Department of Health, 2006
- Experience Counts, Haringey Council, 2005
- Fair Access to Care Services, Guidance on eligibility criteria for adult social care, Department of Health, 2003
- Local Area Agreement 2007-2010, Haringey Council, 2007
- Haringey Council Plan 2007/2010, To achieve our vision: A council we are all proud of, Haringey Council, 2007
- Haringey Health Report 2004; Mental Health, Haringey Teaching Primary Care Trust, 2004
- Developing World Class Primary Care in Haringey; A Consultation Document,

Haringey Teaching Primary Care Trust, 2007
- The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, Department of Health, 2007

4. Background

4.1 Adult Social Care is currently in a position where it is high on the government agenda, especially since the publication of the 'Our Health, Our Care, Our Say' white paper by the Department of Health early in 2006. It is also a priority in terms of the current demographic pressures across the country and the numbers of people meeting eligibility criteria for the receipt of services.

4.2 Services for Older People has been a topical area in recent years with National Frameworks and policy published by the Department of Health and research reports commissioned by organisations (such as The Kings Fund) to look at the provision of care for older people taking into account demographics and resource implications.

5. National Policy

5.1 The health and social care White Paper, Our Health, Our Care, Our Say (Department of Health, 2006) places emphasis on giving people more choice and control over their lives and on improving the overall well-being of the population. A key aspect of this is the provision of accessible and appropriate information to enable people to make informed choices.

5.1.1 Our Health, Our Care, Our Say has four overarching goals which include:

- *Better preventative services with earlier intervention* – through health and social care agencies working together to support preventative measures.
- *More support for people with long-term needs* – helping people to support themselves and in the provision of information to assist them in accessing appropriate services.

5.2 The Department of Health published its Fair Access to Care services criteria in January 2003. This criterion separates eligibility for social care commissioned services into four bandings which cover the "seriousness of risk to independence or other consequences if needs are not addressed"[1]. These bandings are Critical, Substantial, Moderate and Low.

- Critical includes when significant health problems have developed or will develop without support.
- Substantial includes when there is, or will be, an inability to carry out the majority of personal care or routines.
- Moderate includes when several social support systems and relationships can not or will not be maintained.
- Low includes when involvement in one or two aspects of work, education or learning can not or will not be sustained.

[1] Fair Access to Care Services; Guidance on Eligibility Criteria for adult social care, January 2003

5.3 In June 2007 the Department of Health published The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care. Definitions as given in the Department of Health guidance are as follows:

- "Continuing care means care provided over an extended period of time to a person aged 18 or over meet physical or mental health needs….
- NHS Continuing Healthcare means a package of continuing care arranged and funded solely by the NHS…[2]"

5.3.1 Across the country there have been discrepancies in who is eligible for funding of continued health care and until the above mentioned guidance was published Strategic Health Authorities had their own criteria interpreted from various pieces of legislation. This led to a lack of clarity between health and social care services as to who exactly was responsible to pay for some patients care.

5.3.2 The aim of this framework is to make the continuing care system easier to navigate after court judgements (Grogan and Coughlan) and the health service ombudsman ruling that more than 11,000 older and disabled people nationally were wrongly charged for their care[3]. The framework is due to be implemented from 1st October 2007 with Local Authorities and Primary Care Trusts being encouraged to work together to prepare for the implementation.

5.3.3 In basic terms the guidance states that "where a person's primary need is a health need, the NHS is regarded as responsible for providing for all of their needs, including accommodation, if that is part of the overall need, and so they are eligible for NHS Continuing Healthcare. The decision as to whether this is the case should be looked at in totality of the relevant needs[4]".

6. Local Policy

6.1 In 2005 Haringey Older People Services published Experience Counts, a partnership strategy for Older People in Haringey. This incorporated a large amount of consultation and joint working with health, social care and voluntary sectors across the borough and set out a number of key objectives to be achieved between 2005 and 2010. These include:

- *Keeping informed* – ensuring that quality information is available to older people and ensuring that the information is accessible, up to date and available in various appropriate formats.
- *Staying healthy* – keeping older people informed about healthier lifestyle choices and encouraging older people to use leisure and recreational facilities.
- *Living with support* – providing high quality co-ordinated services across health, housing and social care and the voluntary sector which is reflective of the cultural diversity of the people of the borough.

6.2 Haringey's Local Area Agreement targets were recently endorsed by the Government Office for London. Local Area Agreements (LAA) are three year targets jointly agreed between local and central government based on strong

[2] The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, Department of Health, 2007
[3] Democratic Health Network, National framework for continuing care briefing, June 2007
[4] The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, Department of Health, 2007

partnership working. Although Haringey Council is accountable for these targets members of the Haringey Strategic Partnership have signed up and have the responsibility for monitoring its delivery. There are a number of targets in relation to older people in the LAA, these include:

- Increasing access to a range of day opportunities including the appropriate provision of transport.
- Improved living conditions for vulnerable people with the aim of reaching the top performance banding for Older People permanently admitted into residential and nursing care.
- Working to improve the quality of life for older people, as set out in Experience Counts.

6.3 'Haringey Council Plan 2007/2010' also includes actions relating to older people. The Council Plan set out how the council aims to contribute to Haringey's Sustainable Community Strategy and includes priorities in order to meet the strategy's objectives. Under each priority there are a number of key actions laid out:

6.3.1 *"Encouraging lifetime well-being, at home, work, play and learning"*

- Increasing the proportion of adults taking part in sport and recreational activity
- Developing the Healthier Lifestyles programmes in Leisure Centres and open spaces.

6.3.2 *"Promoting independent living while supporting adults and children when needed"*

- Supporting vulnerable people to live independently with a better quality of life by:
  - Improving waiting times on assessments and care packages
  - Implementing rehabilitative strategies to reduce admission to hospital
  - Continuing to deliver the Supporting People programme
  - Implementing the Day Services Strategy
  - Helping older people to live independently in their own homes
  - Implementing the Commission for Social Care Inspectorates Mental health action plan.
  - Improving performance information and regaining 2 stars[5].

6.4 Haringey Teaching Primary Care Trust is at present consulting on its Primary Care Strategy (Developing World Class Primary Care in Haringey) for improving health care provision in Haringey over the next ten years. This strategy takes in to consideration both the local and national policy context of supporting preventative measures. Inevitably this will lead to an increased life expectancy in Haringey.

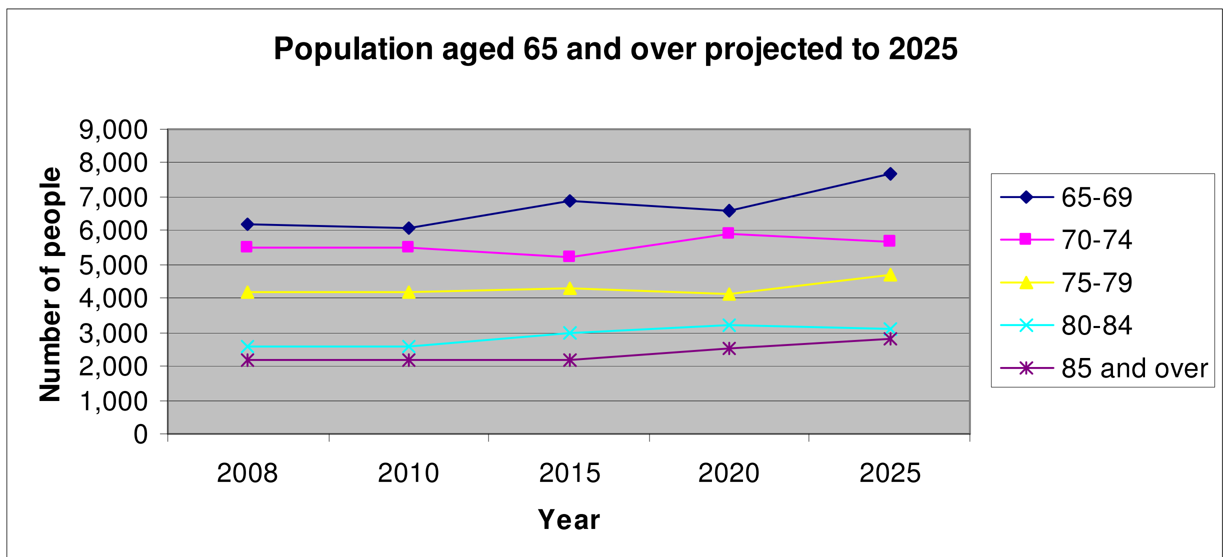
7. Local Context

7.1 Between January 1st 2006 and December 31st 2006 Haringey social services provided support to over 4,000 older people. With support of care managed

[5] Haringey Council Plan 2007/2010; To achieve our vision: A Council we are all proud of, 2007

services in the community being given to 3,221 people and support with residential or nursing home care being provided for 900 people[6].

7.2 As shown in the graph below Haringey has a projected population increase with regards to people aged 65 years of age and above. Between 2008 and 2025 the number of people aged 65 years of age and above living in Haringey is projected to increase by over 3000 people. The number of people aged 85 years of age and above is projected to rise by approximately 600 people by 2025. This is the part of our community which needs the most intensive support.[7]



7.3 In Haringey the Council currently operates at a level of Critical/Substantial Fair Access to Care services banding which is the more acute end of the eligibility criteria. This means that it is increasingly difficult for preventative measures to be taken in line with the government's well-being agenda. Preventative measures include areas such as leisure and recreational services. These areas would be covered under the lower FACs bandings of Moderate and Low.

7.3.1 One of the issues associated with this approach is that those requiring support at a lower level on a more immediate basis who are not eligible are more likely to need more intensive support further down the line.

7.4 Mental Health is a significant aspect of an older person's health with the prevalence of mental health needs e.g. dementia, increasing with a person's age. In 2004 38% of hospital admissions were due to Dementia and 30% due to Depression for those aged 65 years and above[8]. Mental health needs have also been found to have an impact on the outcome of care for physical illness.

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[6] Adult Services Business Plan, 2007-2010, Adult, Culture and Community Services Directorate, Haringey Council.

[7] Projecting Older People Population Information, Care Services Improvement Partnership, 2007

[8] Haringey Health Report 2004; Mental Health, Haringey Teaching Primary Care Trust

7.4.1 In 2004 Haringey TPCT estimates that there were approximately 1,700 people with dementia in Haringey, with approximately 55% of these suffering from Alzheimer's[9] and many more in with undiagnosed confusional states. Dementia services are currently an issue in Haringey in terms of cost pressures on the service and inevitably the projected increase has implications for social care. The number of people projected to need specialist residential dementia services is expected to increase by approximately 40 between 2007 and 2011 alone.

7.4.2 On a national basis the number of people in England with dementia is estimated to be 560,000 with a steep rising trend in the near future. In terms of expenditure this equates to £2.13billion in costs for social care with the overall economic burden overall estimated to be in the region of £14.3 billion (this includes both formal and informal costs e.g. carer's time)[10].

7.5 Work is currently beginning in the Adult, Culture and Community Services Directorate to look at an Access Pathways project and to align the new directorate with the aims and objectives of both the council priorities and the wider government agenda. This review would therefore complement this.

8. **Terms of Reference**

8.1 "To review the current arrangements of the council and its partners in the provision of services for older people, with specific reference to access pathways to commissioned and in-house services, information given to members of the public in line with the wider well-being agenda and the relationship with the Fair Access to Care services criteria"

8.2 The specific objectives of the review are to:

- Identify gaps in provision of commissioned and in-house services for older people across the borough with specific reference to Black Minority Ethnic Communities and whether there is geographic equity in Haringey.
- Investigate access pathways into services for older people, with specific reference to meeting local and national policy direction relating to the well-being agenda.
- Gain an insight into the information provided to older people contacting social care services, including those not eligible for service provision under FACs after an assessment has taken place.
- Look at the preparation and policies in place in line with the Department of Health's National Framework for NHS continuing healthcare and NHS funded nursing care, due to be enforced in October 2007.
- Look at the Fair Access to Care service criteria and gain an understanding of how this translates into commissioned services.
- Make recommendations to aid in policy and service development for the improvement of services to older people in Haringey.

[9] Haringey Health Report 2004; Mental Health, Haringey Teaching Primary Care Trust
[10] Improving Services and support for people with dementia, National Audit Office, 2007

- Gain an understanding into how services are funded, including TPCT contributions and external funding, and also the rationale behind the funding of a demand led service.

9. Anticipated Outcomes

9.1 Raised awareness of the commissioned services which are available for older people in Haringey.
9.2 Identify any gaps in provision across the borough and gain an understanding of the resource implications with the potential for addressing the gaps.
9.3 An understanding of how access is gained to services and subsequently to make recommendations as to what could be done differently.
9.4 An understanding of how the Fair Access to Care services eligibility criteria translates into service provision.
9.5 An understanding of the relationship between the needs of older people in Haringey and the resources funding this.
9.6 Potential for levering in additional resources for the older people services supported by evidence based research and analysis.
9.7 Contribution to improved performance in the social care directorate and subsequently both directorate and council wide inspections ratings.

10. Sources of Evidence:

10.1 Evidence will be collated from a range of sources including:

- Local and National research documentation, including policy and strategy, information disseminated to older people in Haringey and local and national targets.
- Comparison with other councils, including comparator groups as used by the Commission for Social Care and Inspection.
- Interviews with a range of stakeholders including Age Concern, Teaching Primary Care Trust, Mental Health Trust and Adult Services.
- Evidence from service users and their carers.
- Attendance at a Panel meeting to enable members of the review panel to gain an insight into the decision making process when making decisions to allocate care packages.

11. Members of the Review Panel

Councillor Bull	Chair
Councillor Adamou	
Councillor Alexander	
Councillor Wilson	
Melanie Ponomarenko	Scrutiny research Officer, Overview and Scrutiny

Stakeholders

Mary Hennigan	Assistant Director, Adult Services

Tom Brown	Older People Service Manager
Alex McTeare	TBC - Health
Robert Edmonds	TBC - Age Concern
Matthew Pelling	Supporting People Manager
	TBC - Older People's Forum representative
	TBC - Libraries representative
	TBC - Leisure representative

12. Scrutiny Process

12.1 Exact timescales for the review process have yet to be confirmed, however it is anticipated that this review will be completed before the end of the municipal year.

12.2 It is anticipated that there will be between four and six panel meetings to collect evidence from various stakeholders.

12.3 Panel members may wish to hold panel meetings in informal settings, for example within voluntary sector buildings, to enable wider engagement in the scrutiny process and to enable members to visit sites that provide services for older people.

12.4 *Initial Draft* panel meeting items are as follow:

1. Overview of service, background and legislation.
    a. What are the current statutory requirements and what is being provided outside of these statutory requirements.
    b. How the voluntary sector fits into the wider picture.
    c. Current service pathways.
    d. The relationship between demand, assessment, need and resources.
2. Well-being Agenda
    a. How the Adult, Culture and Community Services Directorate is moving forward as a directorate with respect to outcomes identified for older people.
    b. Links with leisure, libraries and recreation.
3. Information provision and pathways
    a. Access Pathways project
    b. How FACs is translated into commissioned services
    c. Geographic equity
4. Evidence from witnesses
    a. Service users and their families
    b. Supporting People
    c. Older People's forum/Pensioner Group
    d. Other Providers e.g. non assessed services
    e. Voluntary Sector
    f. Teaching Primary Care Trust

Further, more specific, details to be confirmed.

5. Pulling together of evidence and Recommendations.

FAIR ACCESS TO CARE SERVICES

GUIDANCE ON ELIGIBILITY CRITERIA FOR ADULT SOCIAL CARE

Overview

1. This guidance provides councils with social services responsibilities (hereafter referred to as "councils") with a framework for determining eligibility for adult social care. It covers how councils should carry out assessments and reviews, and support individuals through these processes. Councils should ensure that they can provide or commission services to meet eligible needs, subject to their resources and, that within a council area, individuals in similar circumstances receive services capable of achieving broadly similar outcomes. Councils should implement the guidance by 7 April 2003. Through using the same framework to determine eligibility, local implementation should lead to a more consistent approach to eligibility and fairer access to care services across the country. Councils should be aware that this guidance neither says that different councils should make identical decisions about eligibility, nor prescribes what services should be available to service users who have similar needs.

2. A fundamental aspect of this guidance is for individual councils to make only one eligibility decision with respect to adults seeking social care support; that is, whether they are eligible for help or not. This decision should be made following an assessment of an individual's ***presenting needs***. Councils should not operate eligibility criteria for specific types of assessment; rather, the scale and depth of the assessment should be proportionate to the individual's presenting needs and circumstances. Neither should councils operate eligibility criteria for different services to meet ***eligible needs***. The most appropriate and cost-effective help should be determined by matching services to eligible needs through the use of statements of purpose.

3. 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 make changes in their practice to 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.

4. Reviews should be undertaken at regular intervals to ensure that the care provided to individuals is still required and achieving the agreed outcomes. These reviews should include a re-assessment of an individual's needs.

5. The guidance advises councils on work to tackle age discrimination as outlined in the National Service Framework (NSF) for Older People (Department of Health, 2001).

6. The guidance is issued under section 7(1) of the Local Authority Social Services Act 1970. Practice guidance, offering suggestions and good practice models, will be published separately (Department of Health, forthcoming).

Links to other legislation

Health and social care

7. Local health bodies and councils were requested to agree their respective responsibilities for continuing health and social care services by 1 March 2002 (HSC 2001/015; LAC (2001)18). Once there is agreement about local responsibilities for NHS care and social care, councils should use this Fair Access guidance to determine eligibility for the services for which they are responsible by 1 October 2002 where possible, but no later than 7 April 2003. Continuing care criteria need to be agreed at a Strategic Health Authority level by 1 October 2002. As the framework for determining eligibility focuses on risks to independence, including health risks, this guidance may also be used as a starting point for eligibility criteria for packages of continuing health and social care.

8. For similar reasons, where local health bodies and councils are operating partnership arrangements under section 31 of the Health Act 1999, this guidance should be used by those agencies as a starting point to help them determine joint eligibility.

Children and Families

9. In the course of assessing an individual's needs, councils should recognise that adults, who have parenting responsibilities for a child under 18 years, may require help with these responsibilities. In this respect, in addition to the provision of adult care assessment and support, councils should be prepared to address their duty under the Children Act 1989 to safeguard and promote the welfare of children in their area. Where appropriate, councils should consider the use of the "Framework for the Assessment of Children in Need and their Families" (or "Assessment Framework") (Department of Health, 2000) to explore whether there are any issues relating to children in need and their parenting. The Assessment Framework should be used if it appears that there are children in need. On occasions, within one family, it may be necessary to concurrently assess the needs of an adult parent using the appropriate format for adult assessment, and the needs of the children and related parenting issues using the Assessment Framework.

Carers

10. This Fair Access guidance focuses on adults using, or seeking to use, social services. However, for many individuals the help and support of family

members or other carers is essential to them remaining independent. Often carers should, and need to be, involved in the assessments and subsequent decisions about the help that is provided to the individual. Carers' own needs may be assessed within the framework of "The Carers and Disabled Children Act 2000 : A practitioners guide to carers' assessments" (Department of Health, 2001) where the focus is the carer's needs and the sustainability of the caring role.

Road Traffic Act 2000

11. The provision of services, such as travel concessions, and disabled persons parking badges for motor vehicles, is covered by regulations and guidance under the Road Traffic Act 2000, which give prescribed eligible categories and descriptions of disabled people who may receive such services. As such, these services are outside the scope of this Fair Access guidance.

Rights and discrimination

12. When drawing up eligibility criteria for adult social care, councils should have regard to the Sex Discrimination Act 1975, the Disability Discrimination Act 1995, the Human Rights Act 1998, and the Race Relations (Amendment) Act 2000.

Interpretation

13. In this guidance the issues and problems that are identified when individuals contact, or are referred to, councils seeking social care support are defined as "presenting needs". Those presenting needs for which a council will provide help because they fall within the council's eligibility criteria, are defined as "eligible needs". "Eligibility criteria" describe the full range of eligible needs that will be met by councils having taken their resources into account.

Setting the eligibility criteria

14. In general, councils may provide community care services to individual adults with needs arising from physical, sensory, learning or cognitive disabilities and impairments, or from mental health difficulties. In this regard, councils' responsibilities to provide such services are principally set out in the :
    - National Assistance Act 1948.
    - Health Services and Public Health Act 1968.
    - Chronically Sick and Disabled Persons Act 1970.
    - National Health Service Act 1977.
    - Mental Health Act 1983.
    - Disabled Persons (Services, Consultation and Representation) Act 1986.

15. Councils should use the following eligibility framework to specify their eligibility criteria. In other words, they should use the framework to describe those circumstances that make individuals, with the disabilities, impairments and difficulties described in paragraph 14, eligible for help. The eligibility framework is based on the impact of needs on factors that are key to

maintaining an individual's independence over time. The framework makes no reference to age, gender, ethnic group, religion, disabilities, impairments or similar difficulties, personal relationships, location, living and caring arrangements, and similar factors. In themselves, these factors do not threaten independence; however, they may need to be taken into account as needs are assessed and services considered.

16. 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.

17. In constructing and using their eligibility criteria, and also in determining eligibility for individuals, councils should prioritise needs that have immediate and longer-term critical consequences for independence ahead of needs with substantial consequences. Similarly, needs that have substantial consequences should be placed before needs with moderate consequences; and so on.

18. In setting their eligibility criteria councils should take account of their resources, local expectations, and local costs. Councils should take account of agreements with the NHS, including those covering transfers of care and hospital discharge. They should also take account of other agreements with other agencies, as well as other local and national factors.

19. Councils should review their eligibility criteria in line with their usual budget cycles. Such reviews may be brought forward if there are major or unexpected changes, including those with significant resource consequences.

20. Although final decisions remain with councils, they should consult service users, carers and appropriate local agencies and organisations about their eligibility criteria and how information about the criteria is presented and made available. Eligibility criteria should be published in local "Better Care, Higher Standards" charters, and made readily available and accessible to service users, the public more generally, and other relevant local bodies.

Preventative approaches

21. With respect to prevention :
    - Councils should develop methods of risk assessment to help them identify those individuals where risks to independence appear relatively low, but are likely to become more serious over time. In doing so, they should refer to LAC(99)13 and LAC(99)14, issued in support of the Prevention Special Grant (subsequently the Promoting Independence Grant). Councils should also consider the benefits of preventative action to support carers, and refer to the Carers and Disabled Children Act 2000 in this regard.
    - Councils may become involved with other agencies in wider community development, "Supporting People" or health promotion approaches, where there is widespread social disadvantage, or evidence that particular groups of people are socially excluded, or are geographically isolated. They should be prepared to act where it is difficult to estimate the likely benefit to a particular individual, but where there is evidence of the likely

preventative benefits from non-intensive or other help to certain populations or groups.

22. Councils' published eligibility criteria should state explicitly how they approach the preventative issues set out above.

Commissioning services

23. On determining their eligibility criteria for any given period, councils should ensure that services are in place to meet eligible needs. Councils should not adhere so rigidly to budget headings for specific services that resources cannot move from one budget heading to another, if necessary. Neither should they have blanket policies not to provide specific services. In particular, as noted in the NSF for Older People, they should consider whether age-based services for adults are in the best interests of service users, and be able to justify commissioning or providing services that, for example, separate older users from other adults.

24. Councils should develop strategies to fill service gaps and improve the range, accessibility and effectiveness of current service options, ensuring that services are sensitive to, and respect, the culture and faith, and communication and sensory attributes, of service users. Services should also be accessible to those who live in remote and isolated rural areas. To assist them in their commissioning, councils should follow the good practice outlined in "Building capacity and partnership in care" (Department of Health, 2001).

25. For each service that councils directly provide or commission from others, there should be a statement of purpose. For registered services, statements of purpose will have been provided to the National Care Standards Commission. For non-registered services, councils should secure similar statements of purpose when finalising contracts or service agreements. These should set out the objectives and philosophy of care, nature of services, facilities, physical and geographical access, and likely charges. They should also describe the types of circumstances and the people for whom the service is designed. The statements of purpose should be used at the care planning stage to match services to eligible needs and desired outcomes.

26. Councils should use the framework of Best Value to ensure that services are reviewed and developed in a cost-effective, fair and transparent manner. Councils will be assisted in these reviews by the collection and analysis of information for the purposes of self-audit and monitoring, as described in paragraph 73.

27. Councils should ensure that commissioning arrangements are consistent with the objective of promoting direct payments. If a council chooses to set aside a budget for direct payments, separate from other budgets for non-residential care, it should be prepared to act flexibly if direct payments prove a more popular way than expected of meeting individuals' needs. Moreover, councils should prevent inflexible internal budget management procedures from hindering the commencement of a direct payments package.

General principles of assessment

28. Appropriate assessment lies at the heart of effective service delivery for a whole range of health and social care provision. Its purpose is to identify and evaluate an individual's presenting needs and how they constrain or support his/her capacity to live a full and independent life. Councils should ensure that individuals are active partners in the assessment of their needs. Appropriate service provision can then be planned both in the immediate and the longer-term to promote or preserve independence. Information from an individual's assessment should be used to inform decisions on eligibility and services that may be offered.

29. Councils should help individuals who may wish to approach them for support by publishing and disseminating information about access, eligibility and services, in a range of languages and formats. The information should also say what usually happens during assessment and care management processes, related time-scales, and how individuals might access direct payments. Local "Better Care, Higher Standards" charters will be the means for providing this information and for setting standards and targets. Councils should promote the development of services that provide interpreters, translators, advocates, and supporters to help individuals access and make best use of the assessment process.

30. With reference to section 47(1) of the NHS and Community Care Act 1990, before starting a community care assessment councils should first ascertain whether a person appears to be in need of community care services. In exercising this judgement councils should set a low threshold, and avoid screening individuals out of the assessment process before sufficient information is known about them.

31. The presenting needs and circumstances of adults should be assessed with reference to this general assessment guidance, which builds on the "Care management and assessment : practitioners' guide" issued by the Social Services Inspectorate (SSI) of the Department of Health and the Social Work Services Group of the Scottish Office in 1991.

32. In addition, reference should be made to the relevant policy and practice guidance for assessment and care planning for particular groups :
    - The NSF for Mental Health (Department of Health, 1999) and "Effective Care Co-ordination in Mental Health Services – Modernising the Care Programme Approach" (Department of Health, 1999).
    - The NSF for Older People, and the detailed guidance on the single assessment process (Department of Health, 2002).
    - "Valuing people : a new strategy for learning disability for the 21st century" (Department of Health, 2001).
    - "The Carers and Disabled Children Act 2000 : a practitioners guide to carers' assessments" (Department of Health, 2001).

33. Where individuals of working age are subject to an assessment, councils should ensure that practices and protocols are developed that reflect the local "Welfare to Work" Joint Investment Plans for disabled people.

34. Whichever assessment framework is used, councils should not operate eligibility criteria to determine the complexity of the assessment offered; rather the depth and breadth of the assessment should be proportionate to individuals' presenting needs and circumstances. Based on their judgement, professionals may wish to carry out initial assessments, or assessments to take stock of wider needs, or specialist assessments of particular needs, or comprehensive assessment across all potential needs. In many cases, combinations of these assessment types may be used.

35. It is important for assessment to be rounded and person-centred, and for the evaluation of assessment information to lead to appropriate eligibility decisions and services that promote independence. In addition to social care problems, where appropriate, assessment should take account of health and other problems such as housing, but at the same time aim to be as simple and timely as possible. Councils should recognise that individuals are the experts on their own situation and encourage a partnership approach to assessment. They should help them prepare for the assessment process and find the best way for each individual to state their views. The use of interpreters, translators, advocates or supporters can be critical in this regard.

36. Assessment should be carried out in such a way, and be sufficiently transparent, for individuals to :
    - Gain a better understanding of their situation.
    - Identify the options that are available for managing their own lives.
    - Identify the outcomes required from any help that is provided.
    - Understand the basis on which decisions are reached.

37. In responding to the individual's account of his/her presenting needs, professionals should explore the intensity of particular needs including the physical pain, distress or disruption they cause, and the instability and predictability of problems, both on a day-to-day basis and over longer periods of time. They should consider with the individual any external and environmental factors that have caused, or exacerbate, the difficulties the individual is experiencing. The number of different needs faced by individuals, how needs interact, and how individuals react to the difficulties facing them are also important. Together, the individual and professional should look at the strengths and abilities that the individual can bring to bear on the presenting needs.

38. Assessment should be co-ordinated and integrated across local agencies relevant to the service user group. Agencies should share and agree the values that will underpin their work on assessment and care planning. They should ensure that information from assessment and related activities is shared among professionals, with due regard to informed consent, in such a way that duplication of assessment is minimised for service users and professionals alike. The content of the assessment process, and the systems and protocols for

how agencies interact with each other should be agreed. The result will be an assessment process that individuals experience as consistent and timely

39. Assessment should not unfairly discriminate against individuals on the grounds of their age, gender, ethnic group, religion, disabilities, personal relationships, or living and caring arrangements, or whether they live in an urban or rural area. However, councils should take account of these factors in so far as they have a bearing on either presenting needs or the type and intensity of any care that is provided.

40. As presenting needs are fully described and explored, the individual and professional should consider and evaluate the risks to independence that result from the needs both in the immediate and longer-term. This evaluation should take full account of how needs and risks might change over time and the likely outcome if help were not to be provided. The evaluation of risks should focus on the following aspects that are central to an individual's independence :
    - Autonomy and freedom to make choices.
    - Health and safety including freedom from harm, abuse and neglect, and taking wider issues of housing and community safety into account.
    - The ability to manage personal and other daily routines.
    - Involvement in family and wider community life, including leisure, hobbies, unpaid and paid work, learning, and volunteering.

41. Individuals and professionals should consider risks faced not only by individuals but also those close to them, such as carers. They should consider which risks cause serious concern, and which risks may be acceptable or viewed as a natural and healthy part of independent living.

Determining eligibility in respect of individuals

42. Eligibility for an individual is determined following assessment. As part of the assessment, information about an individual's presenting needs and related circumstances is established, and should be recorded. This information is then evaluated against the risks to his/ her autonomy, health and safety, ability to manage daily routines, and involvement in family and wider community life. Councils may wish to facilitate the risk evaluation by asking their professionals to identify risks using the framework in paragraph 16 above. These identified risks to independence will then be compared to the council's eligibility criteria. Through identifying the risks that fall within the eligibility criteria, professionals should identify eligible needs.

43. Once eligible needs are identified, councils should meet them. However, services may also be provided to meet some presenting needs as a consequence of, or to facilitate, eligible needs being met.

44. The determination of eligibility in individual cases should take account of the support from carers, family members, friends and neighbours which individuals can access to help them meet presenting needs. If, for example, an individual cannot perform several personal care tasks, but can do so without difficulty with the help of a carer, and the carer is happy to sustain their caring

role in this way, both currently and in the longer-term, then the individual should not be perceived as having needs calling for community care services. That is, they should not be perceived as having eligible needs. However, during the actual assessment, no assumptions should be made about the level and quality of such support without the agreement of the relevant parties. Even where carers and others are providing support to an individual, the nature of the individual's needs, and the level of care, could be such as to make the individual eligible for community care services.

45. Councils should also be ready to support carers and others whenever necessary and appropriate, and in doing so consider a separate assessment of their circumstances.

46. Where eligible needs, and associated risks to independence, have been identified for an individual, they should be recorded, and agreed wherever possible, by them or their representatives. Councils should refer to paragraphs 65 to 68 for action they should take following decisions not to provide community care services as a consequence of either first assessments or subsequent reviews.

Care planning

47. If an individual is eligible for help then, together with the individual, councils should develop a care plan. The written record of the care plan should include as a minimum :
    - A note of the eligible needs and associated risks.
    - The preferred outcomes of service provision.
    - Contingency plans to manage emergency changes.
    - Details of services to be provided, and any charges the individual is assessed to pay, or if direct payments have been agreed.
    - Contributions which carers and others are willing and able to make.
    - A review date.

48. Appropriate services should be identified with reference to the statements of purpose requested from providers and, where appropriate, with reference to local continuing care agreements. Wherever applicable, the use of direct payments should also be considered and a decision made about their use.

49. Councils should aim to agree care plans with the service user, and should provide them with a copy of the care plan. Service users should be made aware of the arrangements for review and, where appropriate, advised that services may be withdrawn or changed as a result of the review.

50. Specific service user groups are subject to particular arrangements for care planning. Reference should be made to the documents listed in paragraph 32.

51. Councils are reminded that they should consider potential outcomes for individuals, and the cost-effectiveness of providing care to them, on the merits of each case. In doing so they should tailor services to each individual's circumstances, and should only use upper-cost parameters for care packages as

a guide. Councils who only provide certain services to particular groups of adult service users including age-groups, or who have blanket policies about not providing other services including those geared towards prevention (see LAC(99)13 and LAC(99)14), should review their policies.

52. Councils are also reminded that they may take their resources into account when drawing up their eligibility criteria against which they assess individuals' needs, and when deciding which services will be provided to meet those needs. However, this does not mean that councils can take decisions on the basis of resources alone. Once a council has decided it is necessary to provide services to meet the eligible needs of an individual, it is under a duty to provide those services. For fuller details see LASSL(97)13 "Responsibilities of council social services departments : implications of recent judgments".

53. Councils should provide services promptly once they have agreed to do so, but where waiting is unavoidable they should ensure alternative services are in place to meet eligible needs.

54. A council should ensure that all service users in its area with similar eligible needs, receive packages of care that are capable of achieving broadly similar outcomes, even though the particular form of help offered will be tailored to the individual service user.

Transitions

55. Councils should have in place arrangements to identify individuals who, as they move from youth to adulthood and then into older age, may need different kinds of service. In these situations, councils may wish to re-assess their needs, but in responding should note that marked changes in the type, level and location of support are usually not in service users' best interests.

56. When a service user permanently moves from one council area to another, the "receiving" council should, pending an assessment, take account of the services that were previously received and the effect of any substantial changes on the service user when reaching an interim decision about what services to provide. The "receiving" council should have regard to these factors, as well as the outcomes that were previously pursued, when carrying out the assessment and reaching longer-term decisions about what services will be provided. Where "receiving" councils intend to pursue significantly different outcomes, or provide significantly different services, they should produce clear and written explanations for service users.

Reviews

57. From 7 April 2003, councils should begin to review the circumstances of all individuals in receipt of social care services, provided or commissioned by the council or purchased with direct payments. Notwithstanding closure, the circumstances of all service users in receipt of services on 7 April 2003 should

have been reviewed at least once by the beginning of April 2004, and further reviews should be planned in accordance with this guidance.

58. Reviews should :
- ❑ Establish how far the services provided have achieved the outcomes, set out in the care plan.
- ❑ Re-assess the needs and circumstances of individual service users.
- ❑ Help determine individuals' continued eligibility for support.
- ❑ Confirm or amend the current care plan, or lead to closure.
- ❑ Comment on the effectiveness of direct payments, where appropriate.

59. If not covered by the NSFs for Mental Health and Older People, or other guidance, the re-assessment part of the review should follow the general principles of assessment in this guidance.

60. There should be an initial review within three months of help first being provided or major changes made to current services. Thereafter, reviews should be scheduled at least annually or more often if individuals' circumstances appear to warrant it. Reviews may be considered on request from service users, providers of services and other appropriate individuals or agencies.

61. Reviews should be co-ordinated by council professionals who are competent in assessment and are in a position to determine eligibility and plan care services. Councils should bear in mind that council professionals involved in providing particular residential or community care services may not be best placed to carry out these functions, and that many users would prefer reviews to be independent of those actually providing their care. Such providers, as well as those in the independent sector, can however, provide useful information for use in the review.

62. In addition to the service user, reviews should involve : carers and representatives of the service user where appropriate; agencies that have purchased services for the service user; and key providers of those services. Reviews should consist of a meeting between the individual service user and the council professional responsible for the review, and may involve key others from those just listed. In exceptional circumstances reviews may be undertaken without direct face-to-face contact with the service user; however, councils need to be assured that this is feasible, particularly with respect to the re-assessment part of the review.

63. One-off pieces of assistive equipment provided to meet eligible needs for personal care, or to help service users manage their environment, do not need reviewing after initial confirmation of suitability. Major items of equipment should be reviewed as to their suitability and safety on an annual basis. The suitability and effectiveness of periodic services such as short-term breaks should be reviewed shortly after the first period and annually thereafter.

64. Councils should record the results of reviews with reference to the functions in paragraph 58. For those service users who remain eligible councils should

update the care plan. For those people who are no longer eligible, councils should record the reasons for closure and share these with the individual.

Supporting individuals whose needs are not eligible for help

65. Following assessment, councils may decide not to provide help because an individual's needs are not eligible for support. In reaching its conclusion, the council should have satisfied itself that needs would not significantly worsen or increase in the foreseeable future for the lack of help, and thereby compromise key aspects of independence, including involvement in employment, training and education and parenting responsibilities, set out in paragraph 40 above. Similarly, when following a review it is planned to withdraw services from an individual, councils should be certain that needs will not worsen or increase and become eligible for help again in the foreseeable future as independence is undermined. (In helping to evaluate needs in this way, see paragraph 21 above.) When considering needs in this context, councils should not make assumptions about the capacity of family members or close friends to offer support. As with other key decisions, it will be particularly important when councils are considering significantly reducing or withdrawing services that service users fully appreciate what is happening and the consequences. In this regard, the use of interpreters, translators, advocates and supporters will be essential where appropriate.

66. Councils should exercise considerable caution and sensitivity when considering the withdrawal of services, following implementation of the Fair Access guidance, where reviews of needs and services have not been carried out for some time. In some individual cases it may not be practicable or safe to withdraw services, even though needs and associated risks may initially appear to fall outside eligibility criteria. In addition, before proceeding with closure, councils should check any commitments they gave to service users at the outset about the longevity of service receipt.

67. Where councils do not offer direct help following assessment, or feel able to withdraw services after review, they should put such decisions and reasons in writing, and make a written record available to the individual. Councils should be prepared to provide individuals with useful information and advice about other sources of support to address outstanding issues and problems. Councils should make individuals aware that they may use the complaints procedures to challenge decisions to withhold or withdraw services. Councils should tell individuals who are not eligible for help that if their circumstances change, they should renew contact at which time their needs may be re-assessed. A contact number in the council should be given.

68. If individuals need other services, officers of the council should help them to find the right person to talk to in the relevant agency or organisation, and make contact on their behalf (see "Better Care, Higher Standards"). Councils may also consider that a cross-council or cross-agency approach in support of wider community development, "Supporting People" or health promotion is appropriate to certain individuals, and should facilitate access to relevant services.

Emergencies and crises

69. Councils should provide an immediate response to those individuals who approach them, or are referred, for social care support in emergencies and crises. After this initial response, they should inform the individual that a fuller assessment will follow, and services may be withdrawn or changed as a result of this assessment.

Individuals' resources and capacity

70. An individual's financial circumstances should have no bearing on whether a council carries out a community care assessment or not. Neither should the individual's finances affect the level or detail of the assessment process. Once an individual's care needs have been assessed and a decision made about the care to be provided, an assessment of their ability to pay charges should be carried out promptly, and written information about any charges payable, and how they have been calculated, should be communicated to the individual.

Care home residents

71. Residents of care homes are important consumers of services. When planning to move into a care home, councils should inform individuals of suitable homes and provide them with statements of purpose for these homes including information on facilities, fees, charging arrangements, and NHS-funded nursing care where appropriate. Throughout their stay, care home residents should be kept informed of changes and developments that affect them. (For fuller details refer to "Care Homes for Older People : National Minimum Standards", Department of Health, 2001.)

72. If an individual is to move to residential accommodation, and has both the "capacity" (that is, mental ability) and the financial resources to arrange and pay for this care, the council should, if requested, provide information and advice to help him/her find an appropriate care home. However, generally, in these circumstances any contract for the residential accommodation will be between the individual and the provider of service. (There are exceptions. For example, during the 12-weeks property disregard, the contract should be agreed between the council and care home.)

Self-audit and management information

73. Councils should ensure that they audit and monitor their performance with respect to fair access. In particular, they should be able to :
    - Monitor the extent to which different groups are referred, which groups receive an assessment and, following assessment, which groups go on to receive services.
    - Monitor the quality of the assessment and the eligibility decisions of their staff.
    - Monitor which presenting needs are evaluated as eligible needs and which are not.

- Audit service effectiveness with reference to care plans and reviews.
- Monitor the speed of assessment and subsequent service delivery in accordance with local "Better Care, Higher Standards" charters.
- Monitor the timing and frequency of reviews.
- Monitor the extent to which residents of different geographical areas within the council's boundary receive an assessment and which go on to receive services.

74. Once information has been collected and analysed, results from all the above analyses should be shared with a range of interested parties including service users, elected members, and other local agencies.

Monitoring progress.

75. While the primary responsibility for monitoring fair access to services lies with councils, the Department of Health will check the implementation of this Fair Access guidance through SSI monitoring and inspections, and other means. Councils whose eligibility criteria are most out of line will be expected to justify their positions.

Staff learning and understanding

76. Councils should put in place training and development activities to enable an organisational culture that promotes person-centred care and independence. In particular, training on the assessment process should focus on improving risk assessments to identify the longer-term consequences of individuals' circumstances. Training should build on councils' achievements in this area and draw on the expertise and experience of particular service user and professional groups, anti-discriminatory practice and effective multi-disciplinary working. Training should involve staff from other agencies who may be involved in social care assessments and contribute to eligibility decisions. Training with other agencies will be essential where eligibility criteria have been developed jointly with other agencies and operate across agency boundaries.

Cost of implementation

77. For the most part this guidance confirms and consolidates the 1990 Caring for People policy guidance and the 1991 "Care management and assessment : practitioners' guide". As such this guidance has limited resource consequences. The guidance is fully consistent with the financial settlements for Personal Social Services resulting from the Government's Spending Reviews in 2000 and 2002. Nothing in it alters each council's responsibility to determine the level of resources allocated to social care for adults.

Summary of implementation

78. Councils should use this guidance to review and revise their eligibility criteria and related arrangements including case reviews for adult social care. Prior to 7 April 2003, councils should review and consult on their eligibility criteria for

adult social care in line with this Fair Access guidance. From 7 April 2003, they should apply eligibility criteria based on this guidance to all new referrals and requests for help, and schedule and conduct reviews if and as appropriate. All cases open on 7 April 2003 should be reviewed and reassessed by the beginning of April 2004, and further reviews should be planned for cases that remain open.

Rooting out age discrimination

79. Through implementing this Fair Access guidance, councils will fulfil the first stage requirement of Standard One of the NSF for Older People with respect to rooting out age discrimination. Namely, they will achieve the milestone, originally set for April 2002, for reviewing their "eligibility criteria for adult social care to ensure that they do not discriminate against older people". Implementation will also assist councils to review wider policies for, and access to, adult social care in pursuit of Standard One.

80. The next milestone, for October 2002, in the NSF for Older People with respect to tackling age discrimination relates to the analysis of levels and patterns of services, particularly in the NHS. More detailed guidance will be issued in 2002. Councils are encouraged to engage in this process, through their local NSF for Older People implementation teams, and to apply it to their own services.

Copies and enquiries

81. This guidance can be accessed on the Internet at **www.doh.gov.uk/scg/facs**. Further copies of the guidance may be obtained from the Department of Health, PO Box 777, London SE1 6XH, telephone 0870 155 5455 or fax 01623 724 524.

82. Enquiries about this guidance, apart from requests for copies, can be made to :

Department of Health (FACS)
Older Peoples Services CC3
Area 221
Wellington House
133 – 155 Waterloo Road
London SE1 8UG

FAIR ACCESS TO CARE SERVICES

Practice Guidance

IMPLEMENTATION QUESTIONS AND ANSWERS

6 March 2003

This guidance has been updated to address questions that have arisen since August 2002 and to assist with the final stages of implementation.

Modified answers to existing questions, and **new** questions and answers, are clearly indicated in the text. If not indicated in this way, questions and answers remain unchanged.

The questions have been numbered in this update.

An Annex has been added to give case examples of how different needs and attendant risks fall within the eligibility framework of paragraph 16 of the FACS policy guidance.

Introduction

Policy guidance on "Fair Access to Care Services" (FACS) was published on 28 May 2002, under cover of a local authority circular, LAC(2002)13. The guidance provides councils with an eligibility framework for adult social care for them to use when setting and applying their eligibility criteria. The guidance and the LAC can be found on www.doh.gov.uk/scg/facs.

To help with implementation, this practice guidance sets out the most commonly asked questions about the policy guidance, and provides answers. Case examples are also included.

If councils and other interested parties have further questions, they should contact the Department of Health on 020 7 972 4117 or Titilayo.Sylvester@doh.gsi.gov.uk.
Where a question addresses a difficult issue or a common concern, both the question and the answer will be added to this note. Other questions will be answered directly.

Councils and other stakeholders may also wish to share good practice approaches to implementation. Please send contributions to the above email address, giving a contact number and address.

Publication

Q1.1 ***The need for policy guidance was announced in 1998. Why the delay in publishing it?***

A There are two reasons. First, this is a complex policy area, and considerable fieldwork and consultation has been required to get it right. Second, making an effective decision on the eligibility of services for individuals depends on a good assessment. Development of Fair Access was delayed pending the publication of the Single Assessment Process for older people and "Valuing People" for learning disabled people.

Q1.2 ***How can councils go about implementing the policy guidance without the full practice guidance?***

A The policy guidance provides councils with enough detail for them to make a good start. They will be further assisted by this note, which provides answers to the questions most frequently asked since publication of the policy guidance.

Timetable

Q2.1 (new) ***Can councils delay implementing FACS so local procedures can be finalised and staff trained?***

A Councils should not delay implementation. They should begin to apply eligibility criteria based on the FACS policy guidance from 7 April 2003 to all new referrals and requests for help. The care plans of all cases open on 7 April 2003 should be reviewed, and individual's needs re-assessed, by the beginning of April 2004. Given that a consultation draft of the guidance was issued in the summer of 2001, the final policy guidance issued in May 2002 and this practice guidance first issued in August 2002, councils have had plenty of time to deliver on FACS. This is not to say that following implementation some councils may need to fine-tune their approaches and revisit staff learning programmes.

The eligibility framework

Q3.1 ***Is the eligibility framework in paragraph 16 of the guidance to be used as a guide to local eligibility criteria, or should it be strictly followed word for word?***

A (amended) The eligibility framework is not merely a guide, and councils should not vary the wording. Once a council decides where to draw the line, subject to the resources it has allocated to adult social care, it should use the exact wording of the bands given in paragraph 16 of the FACS policy guidance to describe the risks from which eligible needs will be identified and met. Whereas councils should not delete or amend the current wording, they may add additional risk factors as extra bullet points within a band. If doing so, councils should ensure the additional points reflect the spirit of the guidance and clearly

relate to the key factors of independence – autonomy, health and safety, management of daily routines and involvement in family and wider life.

Councils that are considering setting out their eligibility criteria in matrices or other ways that depart from the straightforward approach and wording of paragraph 16 should consider the merits of such plans and, if they proceed, should retain the original wording.

Q3.2 (new) ***If councils have to use the eligibility framework word for word, what is there to consult about?***

A Although it is up to a council to determine the bands it will include in its eligibility criteria, it should nevertheless assure itself that key local user groups or communities will not be unfairly disadvantaged by the proposed criteria. It should consult widely on this point. Once content is finalised, it is unlikely that councils would wish to publish the full versions of their eligibility criteria in local "Better Care, Higher Standards" charters. They should consult on how the criteria may be summarised in local charters and in other public documents. Some councils may wish to add to, or exemplify, the risk factors of the eligibility criteria. They should consult about such amendments.

Those who should be consulted on the above matters include service users, carers, local agencies including Primary Care Trusts and housing authorities, local voluntary organisations and local community groups. Councils should also consult their own staff, including those who make eligibility decisions.

Q3.3 ***Within each of the eligibility bands – critical, substantial, moderate and low – there appears to be a hierarchy of needs with the first mentioned being more important than those mentioned last. Is this the case?***

A No. There is no hierarchy of needs and related risks within an eligibility band, with the exception of life threatening circumstances in the critical band. For example, critical risks to independence faced by :

- an older person who is unable to perform vital personal care tasks including washing and bathing herself
- a younger disabled person who is facing significant obstacles in taking up the education and training that is fundamental to his independence and well-being, or
- a single mother, with children who are often looked after by her own mother, but whose morale is severely compromised because mental health difficulties make it impossible at times for her to fulfil her parental role, which in turn exacerbates her mental health problems

should be given equal weight.

Q3.4 ***In each of the bands there is mention of involvement in work, education, or learning, social support systems and relationships and family and other social roles and responsibilities. How can these issues be as important as health and safety, abuse, and an inability to carry out daily routines?***

A For some individuals, threats to their safety, abuse they are suffering or problems they experience with personal care will be paramount. For others, problems in accessing work and education, difficulties in social support and relationships, and difficulties in playing a full part in family and wider

community life can be just as important. All these factors, considered independently, can have profoundly negative effects on well-being and independence, and should not be discounted by agencies and professionals. Consideration should also be given to how these factors, if not tackled, can also interact with the effect that their overall impact on an individual's independence and physical and mental needs may be increased as a result.

Q3.5 ***In the critical and substantial bands of the eligibility framework there is reference to choice and control. What does it mean and why is it important?***

A Many service users value their autonomy and dignity, and their ability to make informed and independent choices, very highly. Exercising choice and control is not simply about being able to do this or that, it's the freedom to do things when individuals want and in a way of their choosing. For example, a disabled mother who lives with her adult son may be acutely embarrassed when her son helps her with personal care tasks. The son does not recognise his mother's feelings, and at times insists that he help her with even fairly intimate tasks. The mother accepts that the help is well-intended and involves no impropriety but, to avoid further embarrassment, the mother increasingly hides her needs from her son and suffers in silence. This could worsen her difficulties, damage her independence, and strain family relationships. In this case, the council may agree to provide support, at suitable times through a female home carer, to not only attend to the mother's care needs but also to restore dignity, choice and control to her.

Q3.6 ***Words such as "critical" and "vital" in the eligibility framework can be subjective. How can councils apply these terms objectively and consistently?***

A (amended) Guidance can only go so far; and councils will need to exercise common-sense and judgement when interpreting and applying the various terms of the eligibility framework. To a large extent, the eligibility framework draws on current practice, and councils already work with a variety of terms that cause them no difficulties.

Councils will be very familiar with cases where risks are critical because life is threatened or individuals are at great risk of serious illness or harm. These are described in the "critical" band of the eligibility framework of paragraph 16 of the policy guidance. When the guidance says that vital aspects of a person's daily life are affected by their needs, it means that without help, individuals are at great risk of <u>either</u> losing their independence, possibly necessitating admission to institutional care <u>or</u> making very little, damaging or inappropriate contributions to family and wider community life with serious consequences for the individual and others. Having said that, councils should continue to recognise that what may be "vital" to one individual may not be "vital" to another as people can react differently to needs and circumstances

In the interests of fairness, individual councils should monitor the implementation and use of the guidance to ensure that assessments and eligibility decisions are consistent and of an acceptable quality. They should bear in mind that although assessments should be person-centred and take full account of individual's views and wishes, final decisions on what is "critical" or "vital" have to rest with the council.

The case examples included in the Annex to this practice guidance may assist councils to better understand and apply the eligibility framework. The case examples are meant to be illustrative and may be used as a basis for local staff learning and public dissemination.

Q3.7 (new) ***The eligibility framework refers to individuals' inability to carry out personal or domestic routines. Should this be taken to mean that individuals literally cannot, for example, wash themselves or do housework?***

A It should not be taken literally. It includes not only individuals who cannot carry out certain personal or domestic routines but also individuals who have great difficulty, perhaps even with unskilled assistance, with these routines.

Q3.8 ***Paragraph 16 gives an eligibility framework. What is the difference between the eligibility framework and a council's eligibility criteria?***

A The eligibility framework comprises four bands of potential eligibility. If a council determines that it only has resources sufficient to meet needs and risks falling into the critical and substantial bands, the councils' eligibility criteria simply comprise the critical and substantial bands. In other words, a council's eligibility criteria comprises the bands from the framework that represent the needs the council will meet, having taken its resources into account.

Q3.9 ***How do councils go about deciding which bands of the eligibility framework to include in their eligibility criteria?***

A At the risk of over-simplification, the following theoretical process answers this question. For any given planning period, and observant of its statutory duties under community care legislation (see paragraph 14 of the FACS policy guidance), a council should estimate the numbers of adults currently receiving services, and who potentially may be referred to it. The council should attempt to categorise these individuals' needs into the four bands of the eligibility framework. The council should then estimate the kinds of services that typically would be required to meet the needs arising in each band, including immediate needs and developing needs. It should cost this service provision with respect to prices typically faced when commissioning and purchasing services. (A council should also reflect on the longer-term costs of not meeting low level needs that would considerably worsen for the lack of timely help.) The council should then add up the costs of meeting needs falling into each eligibility band. Starting with the critical band, if the estimated costs of providing services to individuals with needs in this band equals the resources locally available to adult social care, then the council's eligibility framework would simply comprise the critical band. If a council's resources could cover the cost of services for individuals whose needs fall within the critical or substantial bands, then the council's eligibility criteria should comprise the critical and substantial bands; and so on.

When planning for implementation in April 2003, councils should consider fine-tuning their current methods for eligibility setting, rather than starting from scratch with the potential risk that current resource and service patterns are overly disrupted to the detriment of service users.

Q3.10 ***What do councils do if it appears to them that, for example, they have the resources to meet needs in both the critical and substantial bands, and can extend into the moderate band without being able to meet all needs that would fall into the moderate band?***

A (amended) Different approaches may be taken. For example, the council could separate the moderate band into two sub-bands. These may be termed, say, "moderate - greater" and "moderate - lesser". In doing the separation the council should regard each of the current four elements of the band as having equal weight, and split each element up into risks of greater or lesser importance. The costs of meeting the greater risks should be equal to the resources that are left over once needs falling into the critical and substantial bands are met. The council's eligibility criteria comprise the critical and substantial bands and the "moderate - greater" sub-band.

Alternatively, councils could take a less formal approach. Instead of reclassifying the moderate band, they could ask their professionals to make judgements as to whether risks, arising from an individuals' needs, lean more to substantial than "mainstream" moderate. In doing so the council should again regard each of the current four elements of the moderate band as having equal weight. Councils would need to monitor professionals' judgements to ensure both consistency and that they stay within budget.

Q3.11 ***Which bands from the eligibility framework will most councils include in their eligibility criteria?***

A This is hard to predict, and each council must make its own decision in the light of local resources and circumstances. The Department of Health will, however, monitor this aspect of implementation, and consider taking action where it appears that eligibility criteria are too restrictive. Given the additional resources made available to councils from April 2003 as a result of the Spending Review for 2002, eligibility criteria should not become any tougher than they currently are. Moreover, when FACS guidance is implemented, all adults in genuine need should be able to access appropriate social care support

Q3.12 (new) ***What counts as an eligible need? Is it the person or the need that is eligible for help?***

A The question and answer lie at the heart of how FACS-based eligibility criteria, and related assessments and evaluations of risk, should work. The key paragraph from the policy guidance is paragraph 42, which spells out the logic of how to go from the assessment to a determination of eligibility. Basically, paragraph 42 says that presenting needs should be explored, and evaluated against risks to independence.

In doing so, councils should always bear in mind that needs assessment and risk evaluation rely for their quality on person-centred conversations with individuals seeking help carried out by competent professionals prepared to exercise their judgement. Frameworks, case examples and the like can only ever support the exercise of person-centred, competent judgement.

Once needs and risks are identified, the risks are then banded as critical, substantial, moderate or low. For an individual, different sets of needs can pose

different risks and hence be banded differently. The individual's risks, and the band(s) they fall into, are then compared to the council's eligibility criteria. The final sentence of paragraph 42 then says that through identifying the risks that fall within its eligibility criteria, councils should identify eligible needs.

This final sentence reflects the policy intention that councils should identify the needs, which give rise to the eligible risks**, which if addressed will ameliorate, contain or reduce the risks**. This identification of eligible needs will depend on competent professionals exercising their judgement. In some situations, professionals will deem it appropriate to address all or most needs. In other situations, professionals will consider it appropriate only to address certain needs.

It is difficult to offer prescription on this point. However, councils should note that there is no explicit suggestion in the policy guidance, that all needs associated with "eligible risks" (that is, risks that fall within a council's eligibility criteria) should be addressed. Decisions on which needs to address will depend on individual circumstances.

The implication of this interpretation is that :

- only those needs associated with "eligible risks" to independence may be considered for social care support;
- however, needs associated with "eligible risks" should only be deemed eligible if through addressing them risks are ameliorated, contained or reduced. The extent to which professionals consider risks should be addressed will rely on good assessments and effective dialogue with individuals and others.

The practical consequences of the above interpretation may be shown by the following example. Mrs Jones cannot perform the majority of personal care or domestic routines although none are vital to her independence. At the same time her involvement in one or two support systems cannot be sustained. According to the eligibility framework of paragraph 16 of the FACS policy guidance, Mrs Jones' difficulties with personal care and domestic routine fall within the substantial risk band; while her support system difficulties fall within the low risk band. If the council's eligibility criteria include critical and substantial risks, the council is only obliged to consider meeting needs associated with personal care and domestic routines. It is not obliged to address needs associated with support systems. Furthermore, the council when determining which personal care and domestic routine difficulties to address is only obliged to address those which will ameliorate, contain or reduce the substantial risks. This means that Mrs Jones may be helped with bathing, aspects of toileting, aspects of cooking and paying bills, but may not be helped with gardening, shopping for weekly groceries (because these can be delivered by the local supermarket) and writing letters to friends.

There is another way to think about needs, risks and eligibility. If among an individual's needs there are some needs which if presented by themselves would lead to risks that would be placed outside a council's eligibility criteria, the council may consider it unnecessary to address those needs. The council

would do so where it was sure that the needs in question did not exacerbate or otherwise worsen the other needs to be addressed.

When implementing and applying FACS-based eligibility criteria, it is not generally possible to identify eligible needs directly from the risks described in eligibility framework of paragraph 16. This is because the eligibility bands are expressed as risks not needs, meaning that councils have to make sense of the risks and consider how best to tackle them. Hence, in the example above, Mrs Jones may not be helped with all the personal care and domestic routines that she can no longer do.

Q3.13 ***If an individual has several needs, but only some of them fall within the council's eligibility criteria, should the council attempt to meet all the needs whether they are eligible or not?***

A (amended) See the answer immediately above. In addition, the FACS policy guidance advises that services may be provided to meet some presenting needs as a consequence of, or to facilitate, needs associated with eligible risks being met. For example, if risks arise for Mr Smith because he cannot wash or bathe himself, it could make sense for care workers to help Mr Smith get dressed after his morning wash and to help him get into his pyjamas after his evening bath. Professionals will need to use their judgement over help they give with dressing and undressing. If Mr Smith is perfectly capable of dressing and undressing himself, or has difficulty but wants to, then it is best that he gets on with it. If he has some difficulty and welcomes help, then care workers may feel it best if they assist him. As said above, the help that is provided will vary according to circumstances, and common sense should prevail.

Q3.14 (new) ***Why do the risk factors of the eligibility framework appear to lack precision and present difficulties when put into practice?***

A Difficulties arise if the risk factors are taken too literally, and when implementation relies on prescriptive examples. The risk factors are indicators of the seriousness of problems faced by individuals. The framework places weight on the number of daily routines, aspects of work, education and learning support systems, relationships, family roles and responsibilities that are at risk because generally speaking the greater the number the greater the threat to independence.

However, as the answer to Q3.12(new) says, councils should bear in mind that needs assessment and risk evaluation rely for their quality on person-centred conversations with individuals seeking help carried out by competent professionals prepared to exercise their judgement. Frameworks, case examples and the like can only ever support the exercise of person-centred, competent judgement.

The risk factors of the eligibility framework are a sound starting point for evaluating risks. The framework offers four broad types of risk – critical, substantial, moderate and low. Critical risks arise when life is threatened, significant health problems are present or vital aspects of independence are threatened. It should not matter how many aspects of independence are threatened. It will be for professionals to determine, based on their

conversations with individuals and taking account of the risks to arise from the person's needs, whether vital aspects of independence are threatened. On some aspects of daily living there can be consensus over what is vital and what is not. For example, on a routine basis it is vital for individuals to get to a toilet or use some other hygienic and private means. However, with regard to other aspects of daily living and involvement in work, education and family life, councils should bear in mind that what may be vital for one person may not be vital for another. For example, despite advice to the contrary, some individuals would prefer to live in accommodation that is not so clean or eat a less than healthy diet, if this enables them to retain and exercise choice and control over their lives. So a mechanistic approach to defining "vital" and other terms in the guidance will not always be appropriate.

The "substantial" eligibility band includes indicators of substantial risk to independence. Hence, if a person cannot perform a great many personal care and domestic routines or undertake many aspects of work, education, family live and so on, there is a very high likelihood that her/his independence will be greatly threatened. If any of these threats are to vital aspects of independence then the individual should be placed in the "critical" band. Because the risk factors are indicators, they should not be treated as the final word. For this reason, councils may add to or exemplify the risk factors but should not remove any.

The "moderate" and "low" eligibility bands can be regarded in the same way. The risk factors included in these two bands are indicators. For example, if a person cannot perform three or four personal care and domestic routines, where none are vital to independence, it is highly likely that risks to independence are moderate. Likewise, where a person's involvement in three or four aspects of work, education and family life are proving difficult to sustain, but none are vital to independence, overall risks to independence will be moderate. This is because, generally speaking, the more serious the difficulties faced by an individual the more difficulties there will be. However, there are also exceptions to general rules, and councils should be prepared to add to or exemplify their eligibility criteria to take account of a full range of circumstances.

Q3.15 (new) ***What is meant by many, several or one or two aspects of work, education and learning?***

A Aspects of work, education and learning include the basis of the work or learning (that is, full-time, part-time, working or studying at home), the daily hours worked or spent studying, and the type of work or learning undertaken. Such aspects of work may be at risk if : employers or colleges have rigid work/course patterns; transport to and from work is not available or inaccessible; the work place or college has limited disabled access; if pay and terms and conditions are insufficient; and so on.

Where an individual's job or education is at risk, it follows that all or most aspects are threatened.

Q3.16 ***Is there a danger that when a council publishes its eligibility criteria based on FACS, some individuals may be put off from approaching the council for help, as they will assume that their needs are not sufficiently serious?***

A Councils should publish their eligibility criteria in local "Better Care, Higher Standards" charters. It is better that councils are clear about the needs they will support, and those needs that may not be eligible for support. However, councils can also make it clear that some low or moderate needs may be eligible for help if that help can stop problems from getting significantly worse. Also, councils should point out that, where appropriate, they would direct individuals to other forms of help if social care were not needed.

Parents with care needs

Q4.1 ***Is the policy guidance wholly directed at adults with care needs?***

A Yes. Furthermore, FACS focuses on eligibility criteria rather than general service matters including how councils organise their services for adults. However, in implementing and using the policy guidance, councils will need to be clear how different social services teams and units for all service user groups work together. This is particularly true when adult parents approach councils for help. In some cases the care needs of the parents may be causing difficulties for their children; in other cases, both the parents and their children may have care needs in their own right. It will be important for children & family teams to have agreed policies and protocols with adult teams on the handling of such cases. Similarly, policies and protocols should be agreed between council teams for handling eligibility decisions, care management and service delivery, for individuals who cross age boundaries from youth to adulthood, and from working age to old age. As the policy guidance says, dramatic and unplanned changes in care co-ordination and service provision can undermine individuals' independence and confidence.

Q4.2 ***The policy guidance does not say very much about adults who are parents and may have parenting needs. How is eligibility for such parents to be determined?***

A Many adults who seek social care support are parents of children aged under 18. If an adult parent has care needs that do not arise from being a parent, and which do not impact on their children, their assessment should be carried out within an adult assessment framework, and eligibility determined according to FACS. If adult parents have care needs that affect their parenting abilities and possibly impact on the well-being of their children, then councils should consider their duties under the Children Act 1989 and the use of the "Framework for the Assessment of Children in Need and their Families". Even when there are children's needs to be addressed, it is wholly possible that aspects of the parent's needs should be dealt with separately under the appropriate adult assessment framework, and FACS. Often it will be a matter of professional judgement on how to proceed in such cases. In exercising that judgement, professionals should bear in mind that the provision of services that assist disabled parents who need support in bringing up their children is often the most effective means of promoting the welfare of the children.

Even though children may be well-cared for in a domestic situation, an adult parent's well-being could be undermined, and problems exacerbated, if s/he is not able to fulfil the parenting roles s/he aspires to. For this reason, "parenting roles and responsibilities" fall into those elements of the eligibility framework of paragraph 16 dealing with family and other social roles and responsibilities.

Other groups

Q5.1 (new) ***Should councils help individuals subject to section 117 (Mental Health Act 1983) no matter the level of their assessed needs?***

A Councils, in close collaboration with the NHS, should carry out community care assessments to determine what help individuals subject to section 117 of the Mental Health 1983 may need. When services are provided for such individuals, councils should not charge for them. Practically speaking, individuals under section 117 will have needs giving rise to risks that come within councils' eligibility criteria.

Q5.2 (new) ***Should councils help adult asylum seekers no matter the level of their assessed care needs?***

A Where adult asylum seekers are destitute they should be accommodated by the National Asylum Support Service (NASS). Many forms of social care support, including accommodation under section 21 of the National Assistance Act 1948, are cut off from such asylum seekers by sections 116 and 117 of the Immigration and Asylum Act 1999. However, where destitute asylum seekers have assessed care needs for which councils may provide community care services, no matter whether these care needs fall within or outside councils' eligibility criteria, councils should accommodate such asylum seekers under section 21 of the 1948 Act. The services provided must be sufficient to address their needs, as they are cut off from all other means of support. This position was confirmed by the Law Lords judgment in the case of Westminster City Council v NASS in 2002.

Fairness

Q6.1 ***What is fair about Fair Access to Care Services?***

A The guidance is fair as it asks councils to operate just one set of eligibility criteria for all adults who seek social services, and to base their eligibility criteria on a national framework that is built on needs and associated risks to independence. Implementation of the guidance will ensure that factors such as age, gender, race, living arrangements and location play no part per se in deciding an adult's eligibility to care services.

Q6.2 ***What is wrong with the way councils approach eligibility for adult social care?***

A Some councils apply different eligibility criteria to different types of actual or prospective service users. This means that some individuals will find it tougher to access services than others, even when needs are the same. Some councils include factors in their eligibility criteria that make assumptions about individuals' needs. For example, some councils give a low priority to individuals who live with others, rather than basing eligibility on actual needs.

Some council's eligibility criteria focus on immediate and obvious needs, to the detriment of those with developing needs that could be prevented from becoming much worse through the provision of timely help. Some councils have eligibility criteria for assessment and services, in addition to general eligibility criteria, making access overly complicated and confusing. Some councils do not consistently review individual service users' needs over time, and this can lead to some people continuing to receive services despite the fact that their needs are no longer eligible for support. Other service users may need more help over time.

All of this can amount to considerable unfairness for some individuals, within and between council areas.

Q6.3 ***How can the guidance lead to fairness if individual councils can continue to make their eligibility criteria more or less tight depending on their local resources?***

A When setting their eligibility criteria, councils should take the resources that have been locally allocated to adult social care into account. Councils should not declare they will meet needs in this and that situation, if they have not got the resources to do so. This is common sense. Once a council has assessed that an individual's needs fall within its eligibility criteria, it should meet those needs.

The effect of local-decision making means that FACS will not lead to a situation whereby similar decisions about eligibility are made for individuals with similar needs but living in different parts of the country. What FACS will do is to ensure that decisions about eligibility are made for the right reasons and in way that takes full account of immediate and developing needs. Within a council area, implementation will mean that individuals with similar needs receive similar decisions on their eligibility for social care.

Q6.4 ***How can councils control resources and ensure fairness on a case-by-case basis if, as the guidance says, councils should not set fixed cost-ceilings on packages of care at home?***

A If an individual is eligible for support, the council should provide services that are cost-effective and appropriate. Cost-ceilings may be used as a guide, but they should not be used rigidly. Councils should always base their decisions on their assessment of a particular individual's needs, and if spending above a cost-ceiling can make a significant difference to an individual, then the council should consider doing so. They should also consider that more may be needed to be spent on certain service users because the costs of providing services to them are higher than for other groups. An example of this is the higher costs often associated with providing culturally sensitive services in people's own homes or day care and residential establishments. Cost-ceilings used in this sensible way can ensure fairness to both individuals whose needs might call for extra help or for whom the costs of services are higher and other service users.

Q6.5 ***How can councils develop preventative services if, as the guidance says, they must prioritise people in the greatest need?***

A Of course councils should target their services on those in greatest need. If a person has low level needs, that are predicted to remain low for the foreseeable future, it would be perverse to give this person services at the expense of someone with greater immediate or developing needs. The FACS guidance says that councils, when setting their eligibility criteria and determining eligibility in individual cases, should prioritise not only those in greatest need, but also those whose needs would significantly worsen for the lack of timely help. Currently, many councils focus services on those whose needs are immediate and obvious, to the detriment of prevention. FACS will help to remedy this blinkered approach.

The guidance also reminds councils that they should, often as part of community development, "Supporting People", health promotion or social services prevention strategies, provide preventative services to communities or groups of people where there is widespread evidence of disadvantage.

Health-related matters

Q7.1 ***The timings for FACS and local agreements for continuing care do not appear to match up. Doesn't this create problems?***

A It should not create problems. Local health bodies and councils were requested to agree their respective responsibilities for continuing health and social care services by 1 March 2002. Based on local agreement, councils should use the FACS guidance to determine eligibility for services for which they have accepted responsibility. The deadline for the NHS to agree criteria for fully-funded continuing care criteria was extended to October 2002 to allow the "Shifting the Balance" changes to work through to the NHS. Strategic Health Authorities are expected to agree criteria in conjunction with local councils by October 2002. To meet this deadline, councils should use working draft versions of FACS in any discussion with the NHS, and fine-tune their agreements by April 2003, when FACS is fully implemented.

Q7.2 ***Does the critical band of the eligibility framework imply that councils should become more heavily involved in continuing health care than previously agreed?***

A No it does not. The March 2002 (and October 2002) agreements on continuing health and social care should have established respective responsibilities. The contents of the critical band merely indicate that councils will be involved in responding to the needs of some people with health problems through the provision of appropriate social care services. This does not relieve the NHS of its duties to provide health care.

Q7.3 ***What sense does it make to say that agreements about hospital discharge with the NHS can over-ride the eligibility criteria of FACS? What has this to do with prioritising those individuals in greatest need?***

A Discharge of many older people and other adults from hospital may be delayed for a variety of reasons. Such delays serve the interests of no-one. For example, they can be demoralising and dangerous for patients, deny hospital

beds to new patients, and be a considerable drain on local resources. For these reasons it makes complete sense to prioritise help to people waiting in hospital for discharge. Moreover, it is highly likely that people awaiting discharge will have considerable needs, and delays in discharge may simply serve to exacerbate those needs and threaten recovery.

Q7.4 (new) ***Should FACS apply to social care services that are provided by or with NHS bodies?***

A So long as the social services function being performed, or service being provided, is one for which the local council has statutory responsibility, the FACS policy guidance applies. It does not matter whether the function/service is delegated to the NHS or pooled with or provided alongside NHS services (perhaps under section 31 of the Health Act 1999). If it's a council service, eligibility is determined according to FACS–based eligibility criteria. Once such services are provided they should be reviewed according to the FACS policy guidance, namely within three months after first receipt and at least annually thereafter.

As the FACS policy guidance states, the guidance may be used as a starting point for eligibility criteria for packages of continuing health and social care. It should also be used by NHS bodies and councils operating partnership arrangements under section 31 of the Health Act 1999 as a starting point to determine joint eligibility.

Assessment

Q8.1 ***Has the 1990 policy guidance from the Department of Health on care management and assessment, and the associated 1991 practice guidance, now being replaced by FACS?***

A In part the FACS policy guidance adds to the 1990 and 1991 "Caring for People" guidance on care management and assessment. For example, passages in FACS about the general principles of assessment and review requirements update the 1990 and 1991 guidance, but follow the same principles. The FACS eligibility framework and the passages on determining eligibility are obviously new.

Furthermore, councils will be aware that in recent years specific and detailed assessment and care planning frameworks have been published by the Department of Health for particular groups. These comprise : the National Service Framework for Mental Health and the booklet "Effective care co-ordination in mental health services – modernising the Care Programme Approach"; the National Service Framework for Older People and detailed guidance on the single assessment process; and "Valuing people : a new strategy for learning disability in the 21st century".

In general, councils should in the first instance refer to the FACS guidance, and to the recent guidance on assessment and care planning for specific groups. They can usefully refer to the 1991 practice guidance for fuller information, where appropriate.

Q8.2 ***If councils cannot set eligibility criteria for assessment and should set a low threshold when screening people in and out, won't they be swamped by assessments?***

A No, provided they work to both the general principles of assessment included in the FACS guidance, and guidance for specific service user groups such as the National Service Frameworks for Mental Health and Older People and Valuing People for learning disabled people. The general principles of assessment advise that assessment should be kept in proportion to individuals' needs and circumstances. The single assessment process, for example, provides an assessment framework that ratchets up the level and complexity of the assessment depending on needs that are identified.

There is considerable evidence that screening systems operated by councils can turn people away without their needs being identified. Some councils go further by declaring that they do not help particular groups of individuals, such as those with higher functioning autism/Asperger Syndrome, and make no attempt to assess needs as they should do. This is unacceptable. Often these screening systems are not connected to assessment and care management systems, which cannot be helpful. Councils should always bear in mind that almost all adults approach social services for support only when they feel they need to.

Q8.3 ***Does the policy guidance, and the particular factors listed in the eligibility framework, lead professionals to look at problems in isolation?***

A Hopefully not, as this would represent poor practice. Often needs interact, and the combined impact of specific needs can threaten independence to a greater extent than if each need is operating in isolation. Paragraph 37 of the policy guidance addresses the point by asking professionals to take account of the intensity, instability, and predictability of problems on a day-to-day and longer term-basis. It adds that professionals should consider external and environmental factors that may have caused or are exacerbating problems. It advises professionals to take account of the number of problems faced by individuals, and how problems interact. In this way, professionals can, for example, explore the impact of poor accommodation, inadequate local facilities, and the extent of local work, learning and leisure opportunities on individuals' physical and mental well-being and independence.

Q8.4 ***How can professionals be assisted to carry out effective risk assessments so that foreseeable and preventable needs may be identified and addressed?***

A There is no easy answer to this question. As a start, professionals should refer to LAC(99)13 and LAC(99)14, issued in support of the Prevention Special Grant (subsequently the Promoting Independence Grant). They can also look to paragraph 37 of the FACS policy guidance (referenced in the answer to the previous question) and to paragraph 42 which advises that identified needs should be evaluated against the risks they pose to autonomy, health and safety, the ability to manage daily routines, and involvement in wider community life. Such guidance can only ever support informed professional judgement, where competence, experience and an awareness of how health and social care conditions often develop will be at a premium.

Q8.5 ***Should an individual who has the means to pay for services still be assessed by the council? Should the council go on to arrange services?***

A The carrying out and completion of a community care assessment should not be contingent on whether or not an individual can pay for care services, be they provided in a care home or the individual's own home.

Following assessment, arranging residential care on behalf of service users is dealt with in paragraphs 71 and 72 of the FACS policy guidance. With respect to individuals receiving services at home, a council should arrange those services irrespective of the resources or capacity of the service user, if that is what the service user wants the council to do. Where an individual is to receive services under section 29 of the National Assistance Act 1948 and is ordinarily resident in a council area, that council has a duty to arrange services on his/her behalf

Q8.6 ***Can duty officers and other frontline staff make decisions on whom to help?***

A Councils have a duty under section 47(1) of the NHS and Community Care Act 1990 to provide a community care assessment to individuals who appear to them to need community care services. Once a community care assessment is carried out, councils need to make decisions about whether to provide support or not. Eligibility for care services should only be determined when sufficient assessment information has been collected and properly evaluated. Council professionals who decide that a community care assessment is necessary, and who decide on eligibility, should be competent and in a position to determine eligibility. It does not matter if professionals undertaking these tasks are front-line staff or situated elsewhere. It may not matter that they are qualified or not as long as they are competent. (See Annex G of the January 2002 guidance on the single assessment process for an example of how competence and qualifications are described with regards to assessment and care co-ordination.)

Q8.7 ***Sometimes people have to wait so long for an assessment that it's tantamount to being denied fair access. What does the guidance have to say about waiting times for assessment?***

A The policy guidance reminds councils that assessment should be timely for all individuals. "Better Care, Higher Standards" (BCHS) adds that individuals should be told how long they have to wait for assessment, and how long the assessment process will take. As BCHS makes clear advice about services (such as home care, delivered meals, rehabilitation, disability equipment and adaptations) to help people to stay at home or become independent should be given promptly. Further details should be given in local BCHS charters.

In addition, a new target for all assessments of older people's needs was announced by the Secretary of State for Health in his statement on older people's services on 23 July 2002. By December 2004, all such assessments should begin within 48 hours and be completed within a month.

Q8.8 ***How does the guidance square with Local Authority Circular LAC(2001)8 "Social Care for Deafblind Children and Adults"***

A LAC(2001)8 was issued under section 7 of the Local Authority Social Services Act 1970. Its provision that assessments of the needs of individual deafblind

adults should be carried out by specifically trained persons or teams, equipped to assess the needs of deafblind persons is not affected by FACS. Similarly, the provisions of LAC(2001)8 for the delivery of services for deafblind adults are not affected by FACS. Generally speaking the provisions of LAC(2001)8 sit comfortably with the matters set out in the FACS policy guidance, and together should continue to promote better access, assessment and services for deafblind adults.

Q8.9 ***The guidance did not say much about carers' assessments and their eligibility for support. Why is this?***

A It is true that while there are references to carers in the FACS guidance, the main emphasis is on individuals seeking help for their own care needs. This does not mean to say that carers' issues are less important and should be treated as a secondary concern by councils. Far from it. The FACS guidance recognises that the input of carers can be essential to the independence and well-being of individuals seeking support, and encourages the appropriate involvement of carers in the assessment of, and care planning for, such individuals.

Where carers have needs in their own right, or there are concerns about the sustainability of the caring role, these matters should be assessed within the framework of "The Carers and Disabled Children Act 2000 : a practitioners guide to carers' assessment".

Services

Q9.1 ***What services are included in the Fair Access to Care Services guidance? For example, does the guidance extend to OT services and disability equipment?***

A (amended) The guidance covers all adult social care services, with the exception of some specific services or situations. For example, services provided under the Road Traffic Act 2000, where eligibility is determined on the basis of fixed disability-based criteria, should be excluded. Services to destitute asylum seekers are outside the compass of FACS, as provision is not determined on the basis of local eligibility criteria. Certain services required under the Criminal Justice system are also excluded.

However, most services arranged for and provided by OTs and their staff should come within the scope of the guidance.

Q9.2 (new) ***Should there be a correlation between the eligibility band of an individual and the scale and cost of services they should receive?***

A In practice, there probably is some correlation between the extent of need and the scale and cost of services. However, there will be instances where needs with critical risks can be addressed through low level services or support; and instances where needs with less serious ramifications require complex or costly services.

Q9.3 ***If people with eligible needs have to wait a long time for services, their independence and safety can be threatened. What does the guidance say about waiting for services?***

A The guidance says that councils should provide services promptly once they have agreed to do so. Where waiting is unavoidable, councils should ensure alternative services are in place to meet eligible needs. "Better Care, Higher Standards" (BCHS) states that where a council has agreed to supply disability equipment, items costing less than £1,000 should be provided within three weeks. In addition, local BCHS charters should set standards giving a maximum time that individuals have to wait before decisions about requests for services to help people stay or become independent are made.

In addition, new targets for the provision of services for older people were announced by the Secretary of State for Health in his statement on older people's services on 23 July 2002. By December 2004, all equipment should be provided within one week, and all other services should be provided within a month, of the completion of assessment.

Q9.4 ***Does implementation inevitably mean some people will lose services?***

A No. Those councils whose eligibility criteria are already fair, and who review service users' needs and circumstances on a regular basis, should experience minimal disruption as they implement FACS. Those councils who have been applying different eligibility criteria to different groups of people irrespective of their needs, or have continued to provide services to individuals although they are no longer eligible for them, may face some difficult decisions. However, services should only be withdrawn from individuals, following a review including a re-assessment of their needs, where it is safe and practical to do so. The policy guidance gives councils options they should consider if they plan to significantly reduce or withdraw services following a review, so that individuals are not left high and dry.

Furthermore, the additional resources made available to councils from April 2003, as a result of the Spending Review for 2002, will enable councils to successfully implement FACS and ensure that all adults in genuine need can access appropriate support.

Q9.5 ***If councils cannot set eligibility criteria for individual services how can they manage to fairly allocate services to individuals?***

A Quite readily. Councils should operate just one eligibility decision : should the individual be supported or not? Further eligibility criteria for specific services can be confusing for individuals and are unnecessary. Once a council has identified an individual's eligible needs, it should provide whatever services are most appropriate. They should do this by matching services to needs by referring to statements of purpose that all providers should produce (either for the National Care Standards Commission or for the council where services are not registered).

Q9.6 ***FACS does not appear to give much weight to direct payments?***

A FACS is primarily concerned about setting and applying eligibility criteria for adult social care. How councils decide to deliver services to meet eligible

needs is largely a matter for their judgement and subject to different guidance. The provision of direct payments is an important way of empowering individuals with eligible needs so that they can choose the most appropriate services and support for them. The Government is committed to the principles that underpin direct payments and expects to see their use for both adults of working age and older people expanded.

In addition, in his statement on older people's services on 23 July 2002, the Secretary of State for Health announced that the Government intends to make it an obligation on every council to offer older people access to direct payments. This will mean that every older person assessed as being in need of care must be given the choice of receiving a service or, instead, receiving a cash payment to purchase care for themselves that better suits their individual needs.

Reviews

Q10.1 ***FACS makes it clear that councils should undertake reviews of service users' circumstances. How will councils cope with all the reviews they are now asked to carry out?***

A Councils have always had a responsibility to routinely and regularly review service users' needs and circumstances. This was made clear in the "Caring for People" policy guidance that supported the community care changes of the early 1990s. FACS, as did "Better Care, Higher Standards", simply confirms this responsibility and lays down time-scales for first and subsequent reviews. The Personal Social Services settlement that resulted from the Spending Review in 2000 is consistent with this aspect of councils' work.

Q10.2 ***Is it right that reviews should include a re-assessment of individuals' needs?***

A Yes. Reviews not only comprise a check of service delivery, but also should include a re-assessment of service users' needs. This is not a new requirement as it reflects what councils should already be doing. It makes sense because a review checks eligibility and ensures that services are appropriate to needs, and to do this properly there has to be a re-assessment of those needs. This re-assessment will be as full as it needs to be, and should be carried out according to the principles that govern first assessment.

Q10.3 (new) ***Is the FACS guidance on reviews and re-assessments out-of-step with the Referral, Assessment and Packages of Care (RAP) returns?***

A The Department of Health's RAP returns have been amended to reflect the FACS policy guidance, and revised returns will apply from April 2003. The returns make a distinction between assessment (for new service users) and reviews (for existing service users), emphasise that re-assessment is part of review, and end the distinction between scheduled and unscheduled reviews.

Q10.4 (new) ***Should councils carry out reviews if it intends to withdraw or reduce services?***

A Over time the care plans of most individuals will need to be adjusted. Where adjustment is minor, there will often be no need for a review (and re-assessment of needs) as required by the FACS policy guidance. Where

significant adjustments are to be made, including the withdrawal of all or some services, councils should carry out reviews and satisfy themselves, and the individual concerned, that it is safe and appropriate to do so. The guidance included in paragraphs 65 to 68 of the policy guidance is relevant in this regard.

When councils make major adjustments to their eligibility criteria over time, they should review each service user's needs and circumstances to determine whether their needs and attendant risks remain eligible for support. Councils should not withdraw or significantly reduce services without such reviews.

Q10.5 ***Why cannot providers carry out reviews on behalf of councils? After all, they know the most about service users.***

A Providers can play an important part in both assessment and reviews because of their knowledge about individual service users. However, councils cannot delegate their statutory duty of assessment to third parties, except health colleagues when acting under partnership arrangements of section 31 of the Health Act 1999. In-house providers can technically carry out reviews, but this will not make sense if they are not skilled in assessment, do not carry care management responsibilities, and lack the authority to make decisions about eligibility. From the perspective of service users, reviews are best carried out by competent professionals who are independent of the services they are receiving.

"Unmet need"

Q11.1 ***Is it true that because of FACS, councils will be able to monitor unmet need without fear of adverse repercussions?***

A FACS makes a distinction between "presenting needs" (the needs described by adults seeking social care support or others on their behalf) and "eligible needs" (those needs that are assessed as falling within a council's eligibility criteria, and which should be met). The difference between presenting needs and eligible needs should be monitored, and results used to inform service delivery, planning and commissioning.

Q11.2 ***Should councils record "unmet needs" in service user's care plans?***

A Formally, the FACS policy guidance only requires a note of eligible needs and associated risks to be recorded in a service user's care plan. Information on presenting needs should, however, also be recorded and placed on the individual's file. A comparison of presenting needs and eligible needs can highlight those needs that do not fall into the council's eligibility criteria.

In addition, through monitoring and reviews councils should check that services are being delivered in the best possible way to individual service users. It may be necessary to finesse or otherwise revise provision from time to time to ensure that services are commensurate to eligible needs.

Q11.3 ***Won't individual adults whose needs fell outside a council's eligibility criteria have cause for complaint if it turns out that the council has under-spent its budget for adult social care in the financial year? Had the council got its sums right, its eligibility criteria could have been broadened sufficiently to include more individuals.***

A Budgeting is not a science, and during the course of a financial year, there will be many events to throw well-made plans off track. Where a council has made its best efforts to set its budgets at the right level, based on estimates of need, it is unlikely that individuals do have just cause to complain if it turns out their needs might otherwise have been met.

Comments and complaints

Q12.1 ***How can individuals comment on or complain about access, assessment, care planning and service delivery?***

A They should use the normal channels. In the first instance, individuals should seek to resolve difficulties with councils, and approach appropriate social services professionals. These professionals should be identified in completed assessment documentation and in care plans. If this does not resolve the difficulties, individuals can seek redress through the complaints procedure operated by the council.

6 March 2003

ANNEX TO THE PRACTICE GUIDANCE

FAIR ACCESS TO CARE SERVICES

CASE EXAMPLES
OF
RISKS TO INDEPENDENCE AND ELIGIBILITY

Introduction

The following 14 case examples have been designed to illustrate key aspects of the FACS policy guidance, and should help councils with implementation. They can be used to facilitate dissemination and staff learning. Councils can add to the examples to suit local needs and concerns. The case examples should be used with caution as they can only ever be illustrative; they can never be definitive. Councils should always be aware that good assessments of needs and risks, and good eligibility decisions, will rely on person-centred conversations between individuals seeking help and competent professionals prepared to exercise their judgement.

For simplicity, most of the cases are presented as if there has been limited or no social services support in the past. In practice, this is unlikely given the chronic and long-term nature of some of the needs that are described. Two cases, where it is important to acknowledge past and current social services involvement, are also presented.

The level of support that may be given to meet eligible needs may not bear a direct relationship to the number of needs or the seriousness of the risks to independence. The case examples stop short of suggesting the type of services that may be provided.

Councils should not take an all-or-nothing approach to eligibility. For example, if a council's eligibility criteria comprise critical and substantial bands, it should not turn its back on individuals with needs that give rise to moderate or low risks to independence. In these situations, councils can provide useful information and advice, and should refer people to other agencies where appropriate. In addition, in pursuit of community-based prevention, they might consider that individuals with moderate or low needs come from communities or areas that suffer social exclusion or general ill-health, and may wish to work with other agencies in addressing such problems.

When used as part of staff learning programmes, trainers might present the case examples given below but without reference to the eligibility bands that are suggested. An important part of the learning would be to discuss the cases, identify additional risks, and agree the eligibility band each case belongs to.

Critical risks to independence

Mr A is aged 39 and lives at home with his parents who are both in their late seventies. He has a mild learning disability. He is also prone to anxiety and depression, and when upset can have violent outbursts that frighten his parents. For the past four years he has worked on a part-time basis at a local shop. The work gives Mr A independence and income and has improved his self-esteem. It also gives his parents some much valued time to themselves. The shop is to close in a month's time, and Mr A has become extremely depressed, and has more frequent outbursts at home. Recently he slapped his mother hard across the face, causing a deep cut and substantial bruising. Unless he is helped to find alternative work, his mental health problems could escalate and his parents fear that they are at risk of serious physical harm. They are also very worried about what would happen to their son should either of them, or both, die.

Mr B is aged 42 and lives at home with his father, aged 79. Mr B has a dual sensory impairment as a result of Usher Syndrome, a genetic condition. He was born profoundly deaf and gradually lost his vision in his twenties. He now has tunnel vision in only one eye, which is like looking through a straw, which is deteriorating. In addition, he has no intelligible speech and Usher Syndrome causes him problems with his balance. He mainly communicates by touch, using British Sign Language in a tactile form. He cannot cook for himself, relying entirely on his father for this. He has frequent falls inside and outside the home. His ability to form new relationships is limited because of restricted access to opportunities to meeting people and a lack of access to trained communication and guiding support. His father, although fit and well and very devoted to his son, finds it increasingly hard to cope. Unless Mr B and his father are helped, Mr B could become isolated and wholly dependent. At the same time, the father may have to limit or withdraw his support leading to threats of residential care for Mr B.

Ms C is aged 51 and lives with her youngest daughter, aged 14. Ms C has long-standing mental health problems, including a number of admissions to psychiatric hospital, and a mild learning disability. She has two children. She successfully brought up her first daughter (now an adult) with the help of her mother. However, her mother is now too frail to provide much help with the care of the second child, Karen, who also has a learning disability. Karen's father is allowed supervised contact with Karen, but has been separated from Ms C since Karen was 2 years old. He has been the subject of allegations of child abuse. Karen has been on the child protection register for emotional neglect for several years, and her care is supervised by a social worker from the child and family social work team. Daily outreach support and specialist help is provided to Ms C to help her with a variety of parenting tasks and skills. These include : maintaining a healthy diet for Karen; giving Karen advice on relationships, lifestyles and sex; maintaining appropriate discipline and making sure there is balance between homework, TV and other leisure activities; letting Karen's father into her life in a safe way; supporting Karen at school and making sure she attends; encouraging Karen to take part in safe and appropriate leisure activities; planning for Karen's adulthood; and dealing with Karen's occasionally difficult behaviour. In addition, the learning disability team fund some support for Ms C to help her with budgeting and a number of household management tasks. The joint mental health team is also involved as and when appropriate. If this support were withdrawn, Ms C would not be able to

cope with Karen, who would be removed from her. Ms C's own mental health would significantly worsen, and could lead to re-admission to psychiatric care.

Miss D is aged 90 and lives alone. She is incontinent of urine on a daily but unpredictable basis, and also suffers from osteoporosis. She cannot bathe or wash herself and there is no-one to help her. The incontinence, and her inability to properly cleanse herself following accidents, is acutely distressing to this proud and independent individual. In addition, she has great difficulty in undertaking a range of other personal care and domestic tasks. Unless Miss D is helped with bathing and washing significant physical ill-health could develop, and social isolation and depression are also likely.

Substantial risks to independence

Mr E is aged 20, and is an undergraduate in his first year at University. Always bright, his mother, a single parent, had high hopes for him. However, during the summer, after leaving school, he was involved in a crash while a passenger on a motorcycle and suffered injuries to his back and head. Following a period of intensive rehabilitation Mr E was able to start his course. He still receives regular physiotherapy sessions, is becoming a keen squash player, and has been gaining good grades. However, his tutors at the University are becoming concerned about his disruptive behaviour during lectures and seminars, and occasional foul language. They have warned him that he may be asked to leave. The hospital consultant who oversees Mr E's long-term recovery has advised Mr E, and those close to him, that his disinhibited behaviour can be attributed to the head injury. The situation is not only putting a strain on Mr E, but also on his mother who has been finding it hard to cope with supporting him and looking after his three younger brothers on her own. Both have become depressed. Mr E is aware of his behaviour and wishes he could control himself and his immediate environment more effectively. In the short-term, unless Mr E is helped his education could be jeopardised. In the longer-term if he is not helped to control his feelings, and others helped to understand him, he will become increasingly isolated and frustrated, with consequent risks to his mental health and that of his mother.

Mr F is aged 54 and Mrs F is 53. They are married and live together. They are both physically disabled with restricted mobility, and Mr F has a history of mental health problems. They have a chaotic lifestyle and, as a result, often forget to take their prescribed medication, mismanage their finances and fail to deal with bills. Between them they cannot do heavy laundry or other forms of heavy housework. They are unable to prepare cooked meals and maintain a healthy diet. In addition, neither can climb up and down stairs, go to the local shops. They have no-one to help them with these tasks. They manage other personal care and household tasks, with limited support from each other, although it takes them considerable time and effort. Unless they are helped individually and as a couple, health problems could escalate due to the lack of cleanliness of the home, their inadequate diets and medication lapses. They are in danger of becoming isolated in the home, and of getting into debt with consequent threats to their gas, electric and water supplies. Mr F is at risk of schizophrenic episodes reoccurring.

Mrs G is aged 81 and lives alone. She is becoming increasingly frail due to chronic arthritis and she is experiencing the early stages of Alzheimer's disease. Currently she

manages most personal care tasks as her daughter, who lives nearby, comes in three times a day to help her. The daughter, however, is emigrating in two months and in the build-up to departure can only visit once a week. Without her, Mrs G probably will not be able to fully dress herself, shampoo and set her hair, or take a bath. It is unlikely that she will always remember to take her medication. She needs help to maintain a healthy diet, do heavy housework, and manage her household finances. She is unable to do the weekly shopping alone, and needs reminding to lock the house at night. If Mrs G lacks help both prior to her daughter's departure and afterwards, she could well develop more serious health problems, and her ability to live independently at home will be compromised.

Moderate risks to independence

Ms H is aged 27 and lives with her husband and two children. She has been in a wheelchair for six months since she damaged her spine after slipping on ice outside her back door. Following the accident Ms H has been determined to adjust quickly and maintain her parenting responsibilities. Both the children attend primary school, but since the injury Ms H has needed help getting them to and from school. Her husband has been trying to help in the mornings and his boss has been very understanding; however, Ms H's husband fears that he will lose his job if he keeps turning up late. To cope with this threat, Ms H has relied on a neighbour to pick the children up after school, and while Ms H appreciates this support it also makes her feel helpless. To make matters worse, during the evening Ms H tires quickly and is unable to help the children with their homework and get them ready for bed. Although Mr H does this happily, it further increases Ms H's feelings of helplessness. Prior to her accident Ms H had been working as a fitness instructor. She now gets bored and restless during the day, and would like to re-train as an IT technician. She has seen a course that she would like to go on, but she and her husband would find it difficult to pay the course fees. Unless Ms H is helped, she may not be able to perform the parenting roles she would like to, and she may become housebound and isolated for much of the day.

Mr I is aged 36 and lives alone. He has both a learning and physical disability. His marriage broke down six months ago, and since that time he has had trouble maintaining the cleanliness of his flat. Emotionally he seems to have recovered from the upset of the break-up (this was helped by the fact that no children were involved); however, Mr I does not want to participate in his usual social activities. His friends continue to call and offer whatever support they think he will accept. In addition, support staff visit three times a week to help him with his laundry, heavy housework and shopping and to make sure he pays his bills. A local day care centre has been suggested to him, but he is undecided about the offer. Without continued support, and until he lets his friends back into his life, Mr I could struggle at home.

Mrs J is aged 57 and lives with her husband and adult son. She had a stroke two years ago from which she made a good recovery but has been left with some disability. Her condition is predicted to remain stable for the foreseeable future. She can manage most personal care tasks reasonably well but has some difficulty in looking after the home and getting out and about. Because of adaptations to the home Mrs J can move relatively freely inside. Her husband and son provide considerable emotional support but because of the nature of their jobs find it

difficult to help Ms J with practical tasks until the evening. Unless Ms J is helped during the day, she will spend increasingly long hours indoors thereby threatening her mobility and increasing her sense of isolation. Not being able to do some aspects of housework could affect her morale as she values her role of home-maker highly. She would like to get involved with voluntary work locally, and with some support might be able to manage part-time employment, but does not know whom to approach about this.

Mrs K is aged 77 and lives alone. Since a hip operation a year ago, her mobility has been restricted. She cannot do heavy housework and lacks the confidence to go out of doors to the local shops. Since her husband died five years ago, she becomes agitated when it comes to dealing with her bills and household repairs. Her sister, who lives 20 miles away helps occasionally with these tasks, but her availability is limited by distance and her own family commitments. Otherwise, Mrs K manages other daily routines adequately. Without help in the home and with the shopping, Mrs K's independence is threatened to a degree. Her sister thinks that weekly help with housework and some confidence building could go a long way to putting things right.

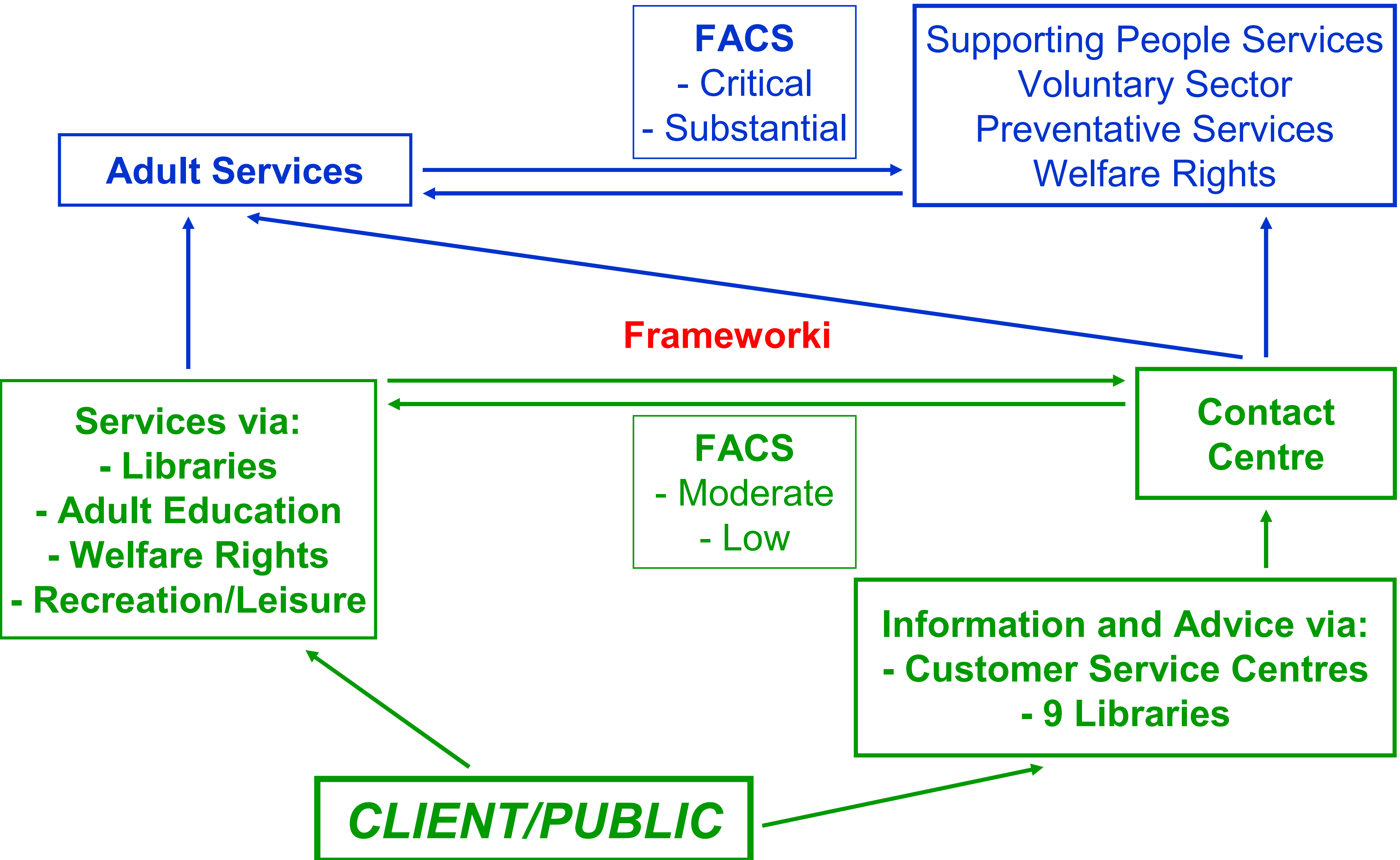
Low risks to independence

Mr L is aged 22 and lives by himself. He has Asperger's syndrome. He has a good job with a local accountancy firm. He leads a quiet social life and can be a loner. Problems have surfaced in recent weeks following a bitter argument with his one close friend. As a result Mr L has severed that relationship. Since the argument, Mr L's performance at work and has been adversely affected and his social life is more limited than ever. Unless he is helped, and/or the friendship is repaired, Mr L could face an uncertain time.

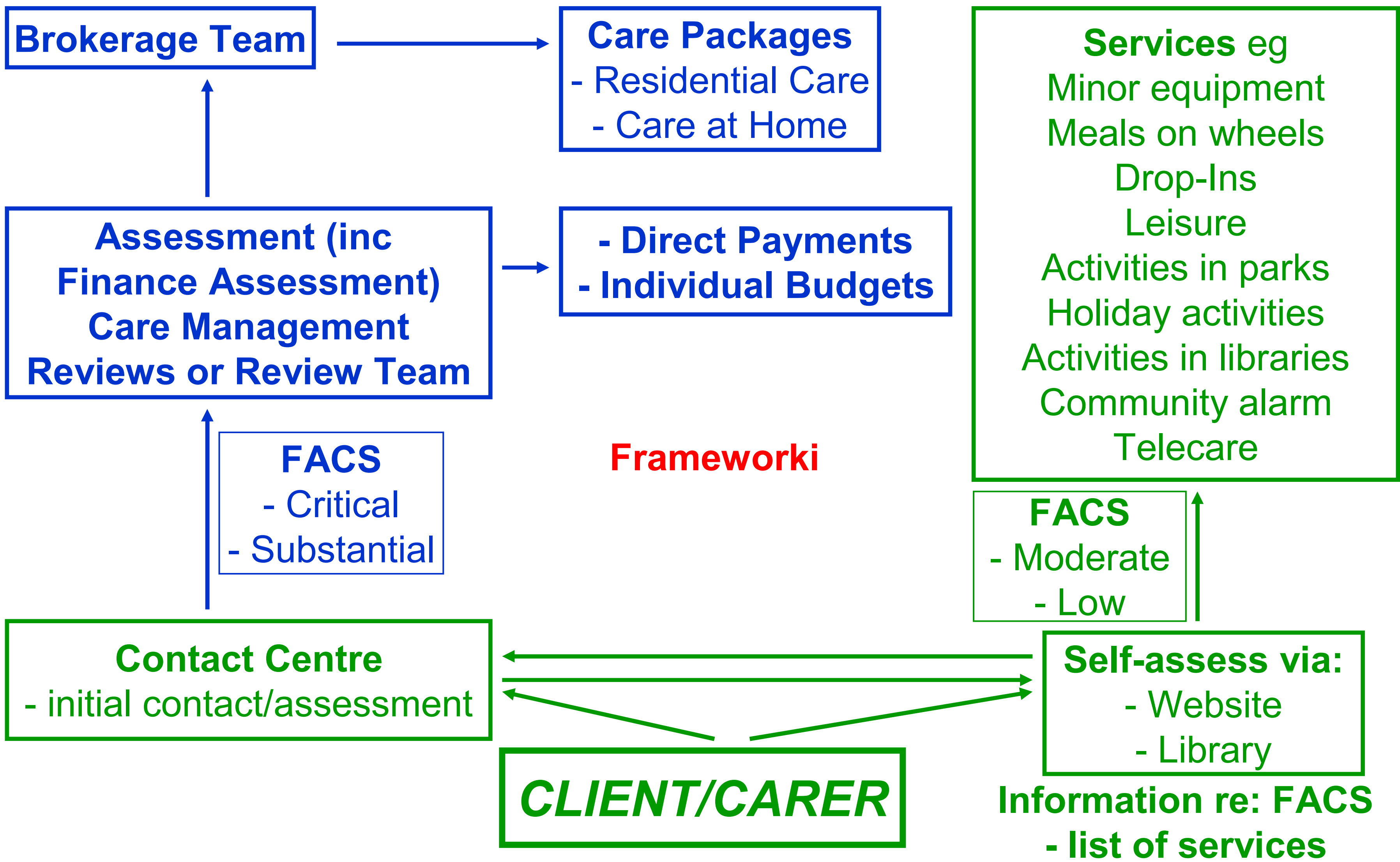
Mr M is aged 57 and lives alone. He is partially sighted and has a mild physical disability. He cannot easily do his own laundry on a regular basis, and is embarrassed to let his adult daughter, who lives a few streets away, help him. There is no-one else to help him. Otherwise he manages most other personal care and domestic tasks adequately, often with his daughter's help. Unless he is helped, or he finds a way to get his laundry done every week, Mr M may have to wear less clean clothes and sleep between less clean sheets than he would like.

Mrs N is aged 66 and lives with her husband. She is physically disabled. She cannot take a bath, although she can gives herself an overall wash and her husband can help her get into the shower. She can manage all other personal care and domestic tasks, sometimes with the help of her husband and other family members. Unless Mrs N is helped, she will have to forego taking regular baths. Her hygiene and health are not at risk.

Department of Adult, Culture and Community Services – Access Pathway



Department of Adult, Culture and Community Services – Service Pathway



Draft Review Timetable

Activity	Date
Meeting 1: 15th October Overview of service, background and legislation. ➢ What are the current statutory requirements and what is being provided outside of these statutory requirements? ➢ How the voluntary sector fits into the wider picture. ➢ Current service pathways. ➢ The relationship between demand, assessment, need and resources.	October
Panel Members attend Commissioning Panel Meeting (Occurs every Wednesday from 11-12)	October/November
Panel Members visit to Centre(s)	November
Meeting 2: (TBC - Monday 12th November/Monday 19th November) Well-being Agenda	November

➢ How the Adult, Culture and Community Services Directorate is moving forward as a directorate with respect to outcomes identified for older people. ➢ Links with leisure, libraries and recreation.	
Panel Members visit to Centre(s)	November/December
Meeting 3: (TBC Monday 10th December/Monday 17th December) Information provision and pathways ➢ Access Pathways project ➢ How FACs is translated into commissioned services ➢ Geographic equity	December
Meeting 4: (TBC – Monday 7th January/Monday 14th January) Evidence from witnesses ➢ Service users and their families ➢ Supporting People ➢ Older People's forum/Pensioner Group ➢ Other Providers e.g. non assessed services ➢ Voluntary Sector ➢ Teaching Primary Care Trust Further, more specific, details to be confirmed	January
Meeting 5: (TBC – *Monday 18th February*/Monday 25th February)	

➢ Pulling together of evidence and Recommendations.	February
Drafting of Report	February/March
Report approved by Chair and Panel	TBC
Report circulated to officers for comments and factual accuracy	TBC
Report to Overview and Scrutiny for approval	7th April
Report to Cabinet	May
Formal response considered by Cabinet	TBC

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