CHESHIRE WEST & CHESTER COUNCIL

FAIR ACCESS TO CARE SERVICES ELIGIBILITY CRITERIA

PRACTICE GUIDANCE
1. INTRODUCTION

1.1 The Department of Health Fair Access to Care Services (FACS) Policy Guidance was introduced in 2003 and updated 2010 to address inconsistencies across the country about who gets support, in order to provide a fairer and more transparent system for the allocation of social care services. The overriding principle behind FACS was that there should be one single process to determine eligibility for social care support, based on risks to independence over time. Its aim was to provide a framework to enable councils to prioritise need for social care support in a way that is fair and proportionate to the impact it will have on individuals and the wider community, taking into account local budgetary considerations.

1.2. The guidance on implementing Fair Access to Care Services (FACS) is detailed. It describes the framework within which each council must work when defining local eligibility criteria. Eligibility depends on risk to independence (and well-being – see 1.8) if problems and issues are not addressed. The same eligibility criteria should be applied to all potential service users, regardless of their age or the types of need they may have.

1.3 Four factors of independence are defined:
- 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.

Needs in any of these areas may result in the person’s independence (and well-being) being at risk, and risk is measured according to 4 levels:

- critical
- substantial
- moderate
- low

1.4 Critical needs take priority over substantial needs, substantial needs are to be met before moderate needs and so on. Within this framework, Councils are free to determine the level of need and risk for which it will provide a service, taking account of resources and local circumstances. This level is the threshold for services. Needs resulting in a risk level above the threshold are defined as ‘eligible needs’ and must be met. Those resulting in a lower level of risk do not qualify for community care services.
1.5 The policy guidance also stipulates 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 and, that within a council area, individuals in similar circumstances receive support capable of achieving broadly similar outcomes.

1.6 The former Cheshire County Council, in common with the large majority of Councils, determined that only needs resulting in substantial or critical risks would be eligible for services. This criteria remains the basis for determining eligibility for adult social care support within Cheshire West and Chester Council.

1.7 Although there have been significant developments in social care policy since the introduction of FACS, most notably the requirement for total transformation of adult social care through personalisation, the original principles guiding the FACS framework still very much hold firm and were reiterated in the revised guidance 2010.

1.8 The Department of Health revised guidance aims to set social care eligibility criteria firmly within the context of both the new direction of policy established by Putting People First, and more generally within a broader theme of public service reform. Priorities for this reform include greater choice and control, better access to public services and information, empowerment of service users at local level and the definition of user satisfaction as a key measure of success. The revised guidance stresses the need for investing in prevention, promotion of well-being through universal services, the importance of everyone being able to access the right information, advice and support as well as targeted interventions to maximise independence. It also points to increasing evidence that joint approaches between health and social care can reduce demand on both systems. This includes the provision of reablement and recovery services. However the revised guidance proposes no real change to the original eligibility framework, other than to incorporate consideration of well-being in addition to independence when determining the level of risk. Such change would arguably simply reflect existing practice rather than being a new consideration.

1.9 Public funding for social care will always be limited in the face of demand and such resources as are available should therefore be allocated according to individual need in a way that is as fair and transparent as possible. The following practice guidance aims to establish a consistent and equitable approach to meeting any identified critical and substantial needs following assessment.

2. COMMUNITY CARE ASSESSMENTS

2.1 An individual’s eligibility for statutory support is determined following assessment. The NHS and Community Care Act 1990 specifies that where someone for whom a council may provide or commission community care services appears to the council to be in need of such services, the council has a duty to carry out an assessment of that person’s needs for those services. Councils must not exempt any person who approaches or is referred to them for help from the process to
determine eligibility for social care, regardless of their age, circumstances or the nature of their needs.

2.2 As part of the assessment, information about an individual’s presenting needs and related circumstances should be established and recorded. The NHS and Community Care Act 1990 requires that, having conducted the assessment, councils must decide whether the person’s needs call for the provision by it of any community care services. The FACS framework is used to determined the levels of need eligible for support.

3. APPLYING THE FACS FRAMEWORK.

3.1 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

- 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

- 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.

**ONLY THE ABOVE CRITICAL AND SUBSTANTIAL NEEDS WILL BE ELIGIBLE FOR SOCIAL CARE FUNDING**

**MODERATE**

• 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**

• 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.

3.2 ‘Eligible needs’ are those that fall inside the Council’s eligibility criteria i.e. above the threshold for services line.

4. **DETERMINING THE LEVEL OF SUPPORT: THE IMPORTANCE OF REABLEMENT AND RECOVERY SUPPORT**

4.1 The introduction of personal budgets has fundamentally changed the process of care planning. Instead of identifying specific services to meet identified eligible needs, care managers are now required to inform service users of the amount of money which can be allocated to them to meet their identified eligible needs in order that service users may have far greater say, choice and
control with regard to how the available money is used to deliver services to them.

4.2 Some Councils have developed point based resource allocation systems to determine the amount of money available for differing levels of need, whilst others, including Cheshire West and Chester, have decided to base allocations broadly on the basis of the funding they would have spent on the individual in meeting needs under the traditional system.

4.3 In the context of rising demand and limited resources, the latter approach relies heavily on social care assessors ensuring that formal social care provision is only made where there is no other way of meeting the identified eligible needs, that the level of provision is the minimum necessary to meet the identified needs and that the provision made is cost-effective. Provision of equipment (including telecare) as a way of promoting independence and negating or reducing the need for more costly on-going support should always be the first choice options.

Central to maximising independence and minimising needs is to ensure all service users with eligible needs are provided with a reablement or resourcing service opportunity. This should be the first option for all new service users and be offered to existing service users where there is potential benefit.

4.4 Some eligible needs of service users and carers may be appropriately met using opportunities in the community that do not rely on traditionally purchased services. Community based resources and volunteering opportunities as well as voluntary groups (befriending services / luncheon groups etc) are often available, together with services such as Age Concern’s “Supporting You” and Supporting People, and teams need to develop comprehensive information about all such resources in their local area. Such services help promote independence, ensure that service users are more able to actively participate in their local communities and prevent social exclusion.

4.5 In assessments care assessors must also consider how to support and sustain the contribution made by families and informal carers, and take this into account when determining an individual’s overall needs. Council funding to meet eligible needs should be supporting family and informal carers, not replacing them.

4.6 Having determined that there is no way of meeting identified eligible needs other than through formal social care provision it is crucial, in order to ensure fairness and equity, to be clear and consistent with regard to the level of service/support that is to be provided. The Council has now clarified that it will provide services to reduce the identified level of risk to independence to below the substantial level; **it will not be standard practice to reduce the risk to zero**, i.e. once a risk to independence is reduced to a ‘moderate’ level, any remaining risk is no longer eligible for support under the criteria.

4.7 This decision is entirely in line with the Fair Access to Services Guidance and the principles of fairness and equity because under this council’s FACS criteria low and moderate risks are below the eligibility threshold.
5. COST EFFECTIVE SERVICE PROVISION

5.1 Local authorities are under a specific Best Value duty under the Local Government Act 1999 to use resources effectively. The Department of Health’s Practice Guidance on Fair Access to Care Services also states ‘If an individual is eligible for support, the council should provide services that are cost-effective and appropriate’.

5.2 It is important to ensure that services are provided to meet eligible needs in the most cost-effective way, and that rigorous tests are applied to high cost care packages to ensure that they are justified in terms of the benefits they deliver for the individual, and in terms of cost effectiveness and best use of public funds.

5.3 The Council is strongly committed to the promotion of independence. Article 8 of the European Convention on Human Rights requires respect for home, private and family life. As far as limited resources allow, care at home, if it can meet the individual’s needs, is to be preferred to residential or nursing home care. Similarly, where it meets needs, volunteering or employment is preferable to day care.

5.4 However, in order to ensure needs are met in the most cost effective way, the maximum amount the council will usually expect to pay for packages of care at home will not exceed the gross cost of purchasing a residential or nursing home placement for meeting that individual’s assessed needs. If it is identified that an individual’s assessed needs can be met either through a residential or nursing care placement or a package of care at home, and the package of care at home is more expensive, then a dialogue should be held with the service user and their carers or advocate as to the range of options that may be open to them to configure their support arrangements within the proposed resource allocation. The Guidance in the Appendix suggests a range of “Creative Solutions” which may assist. These can also include using a carers or the service users own resources. If having explored all these options it remains impossible to construct a safe package a request to a Tier 4 Manager should be made. The following factors should be weighed up in determining the appropriate care package for the individual:

- The benefits of independent home based living for the individual in meeting their specific assessed needs.
- Any particular circumstances of the individual (e.g. a disabled parent where admission to residential/nursing care would impact adversely on a parenting role).
- The preferences of the individual and/or their carer.
- The cost differential between the home care package and the residential or nursing home placement.

The level of funding allocated to an individual should be based upon the most cost effective package of services that meets their needs, taking into account
their preferences. Any decision to allocate funding on the basis of a package of care at home which exceeds the cost of purchasing a residential or nursing home placement must be approved by a Tier 4 Senior Manager. In some situations a capacitated service user may be adamant that they do not wish to consider residential or nursing placement the key question then becomes whether or not it is possible for the identified needs to be appropriately and safely met within the level of funding that has been allocated to them. Assessment staff must recognise the right of a capacitated person to make what may be considered from other perspectives an unwise decision. The capacitated service user must be fully appraised of the potential implications of their decision. It may still be possible for needs to be met at home if other care is available to supplement the level of care the council is able to fund (either through carers or the service users own resources).

5.5 Where there are different options for meeting needs with no significant cost differences, the assessor must discuss these with the service user and in the case of a service user without capacity to make the decision, the person(s) speaking on their behalf so that the option that best suits his/her preference and lifestyle is chosen. However, if there are significant cost differentials and the cheaper option would actually meet the eligible need(s) appropriately, this option should be chosen.

6.0 SERVICE USERS’ CHOICE OF SERVICES

6.1 The Department has a statutory obligation to arrange services for eligible assessed needs, but the service user must be able to express choice about the type of service provision to meet that assessed need.

6.2 In all situations where the outcome of assessment concludes that a service user is in need of residential or nursing home care, they must be provided with a full range of information relating to accommodation suitable to their assessed needs, both within Local Authority and independent sector establishments.

6.3 Guidance issued in LAC(2004)20 on the National Assistance Act 1948 (Choice of Accommodation) Directions 1992 and the National Assistance (Residential Accommodation) (Additional Payments and Assessment of Resources) (Amendment) (England) Regulations 2001 states that when councils make placements in care homes, individuals should be able, within reason, to exercise genuine choice over where they live, and that councils should make all reasonable efforts to maximise choice as far as possible within available resources. Local authorities are required, following assessment of need, to place individuals in their “preferred accommodation”, provided that:-

- The accommodation is suitable to meet the person’s assessed needs;

- The preferred accommodation costs no more than the authority would usually expect to pay for someone with the individual’s assessed needs (the ‘usual cost’);

- The preferred accommodation is available;
• The home is prepared to comply with the authority’s usual standards, terms and conditions.

6.4 If the preferred accommodation is not available the service user may be offered a holding placement until their home of choice becomes available, or for some, the interim arrangement could be an enhanced care package at home.

6.5 If the individual requests it, the council must arrange a placement in preferred accommodation that is more expensive than it would usually fund provided that a third party or, in certain circumstances, the resident, is willing and able to pay the difference between the usual cost and the actual cost – to ‘top up’. However the user and their family need to be made aware that if this funding runs out, then the council is under no obligation to maintain this extra level of service.

6.6 The most important principle in relation to choice is that all individuals approaching the Department are given every assistance in representing their own views and wishes. Although not legislated, it is good practice to take into account individuals’ preferences as much as possible when arranging any service, provided that the preferred service is appropriate to meet the need, it is available and it does not cost more than the service the Department would normally provide. The choice of the carer, if there is one, should be similarly considered but if there is conflict between the carer’s wishes and the wishes of the service user, the service user’s wishes should take precedence. Exercise of choice must never result in the provision of inappropriate services.

6.7 It is acknowledged that some individuals may be unable to represent their own interests within the assessment and care management process. In such cases, the individual undertaking the assessment should recognise the importance of advocacy and, in some instances, the need to secure such a service from an independent source. In this case assessors should seek an advocate through voluntary sector partners who may provide advocacy under a service level agreement. Commissioning budgets should only be used in exceptional circumstances.

7.0 MENTAL CAPACITY

7.1 All assessments must start with a consideration of the person’s mental capacity to engage in the decision making process.

7.2 The Mental Capacity Act 2005 provides a statutory framework for acting and making decisions on behalf of people who lack capacity to make particular decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can act and take decisions on behalf of a person who lacks capacity, in which situations, and how they should go about this.

7.3 The Act sets out five principles which must be adhered to when working with people who lack capacity to make certain decisions. Councils are expected to follow these principles carefully during assessment and supporting planning.
1. A person must be assumed to have capacity unless it is established that they lack capacity.

2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.

3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.

4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.

5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person’s rights and freedom of action.

7.4 Summary of other key elements of the Act:

➢ The Act assumes that everyone can make their own decisions – just that some people need support.

➢ The Act makes provision for people to plan ahead for a time when they may need support. This introduces ‘advanced decisions’ to refuse treatment.

➢ The Act is decision specific in that it deals with difficulties a person may have with a particular issue.

➢ The Act upholds the principle of Best Interest for the individual concerned.

➢ A Court of Protection will help with difficult decisions. The Office of the Public Guardian (formerly Public Guardianship Office), the administrative arm of the Court of Protection, will help the Act work.

➢ An Independent Mental Capacity Advocate (IMCA) service will provide help for people who have no intimate support network.

➢ The Act makes it a criminal offence to wilfully neglect someone without capacity.

8. CULTURALLY APPROPRIATE PRACTICE

8.1 Assessments and any services arranged by Adult Social Care, must take account of an individual's age, gender, ethnic group, religion, culture, disabilities, personal relationships, sexual orientation or living and caring arrangements.

8.2 In undertaking assessments, commissioning services and agreeing care plans that are culturally appropriate, the following must be considered:

• Be aware of the individual’s wishes and beliefs
• If the person’s first language is not English, use an interpreter, do not expect the family to undertake this task – there may be a conflict of interests.

• Distinguish between essential needs and wants

• Consider religious needs and requirements for worship

• Learn from the individual about specific health problems and daily care routines

• Ensure practical care is delivered in a culturally appropriate way. Direct Payments may be helpful here

**ALWAYS ASK NEVER ASSUME.**

9. **CARERS**

9.1 The central role of carers is stressed in guidance on the NHS and Community Care Act 1990. All carers have the right to have their views taken into account by a social services department when it is considering how best to make provision for a disabled person. The Community Care Assessment Directions 2004 states that when undertaking a community care assessment, social services must:

- Consider whether the person has any carers and, if so, also consult them if the authority ‘thinks it appropriate’

- Take all reasonable steps to reach agreement with the person and, where they think it appropriate, any carers of that person, on the community care services which they are considering providing to meet the person’s needs

9.2 Carers that provide or intend to provide a substantial amount of care on a regular basis have additional rights.

9.3 The Carers and Disabled Children Act 2000 defines a carer as a friend or relative aged 16+ who provides or intends to provide a **substantial amount of care on a regular basis** for another individual aged 18 or over who is or would be entitled to a community care service, (or a parent of a disabled child who would be entitled to a Section 17 service). The care provided could be support with personal, practical or emotional needs. The term carer does not include an individual who provides care if it is:

- By virtue of contract of employment;

- As a volunteer for a voluntary organisation.

9.4 Carers have a right under the above Act to request an assessment of their needs as carers, independent of the needs of the person they provide care for. Therefore, where it is identified that a carer is providing regular and substantial care, that person should be offered a carers assessment.
9.5 This approach is re-enforced by the Carers (Equal Opportunities) Act 2004 which requires that: “If it appears to the local authority that it would be required to carry out a carer’s assessment on being asked to do so by (a) the carers or (b) a person with parental responsibility for a disabled child … The local authority must inform the carer, or, as appropriate, the responsible person, that he may be entitled to a carer’s assessment.”

9.6 This Act also requires that carers’ assessments include consideration of whether the carer works, or wishes to work, and are undertaking or wish to undertake, education, training or any leisure activity.

9.7 In line with the eligibility criteria for Adult Social Care services, the threshold for the provision of Carers’ Services has been also set so that only critical and substantial risks to sustaining the caring role will be eligible.

9.8 The term ‘substantial and regular’ is not defined in legislation. In any given situation, the test that a practitioner should apply will relate to the impact of the caring role on the individual carer. In particular the practitioner will need to address the following questions:

- Is the caring role sustainable?
- How great is the risk of the caring role becoming unsustainable?
APPENDIX

GUIDANCE ON APPROPRIATE LEVELS OF PROVISION TO REDUCE NEEDS TO BELOW THE ELIGIBILITY THRESHOLD

The transformation of adult social care and introduction of personal budgets requires that service users have far more say, choice and control with regard to the support they receive. Where a personal budget is calculated utilising a Resource Allocation System based on points and the service user is able to develop a support plan within the sum allocated the question of suitable levels of provision does not arise. However if, as is currently the approach in Cheshire West and Chester, the personal budget is broadly based on the costs the authority would have incurred under the traditional services model then, in order to be fair and equitable, it is important to have some consistent approach to the level of provision to be ordinarily provided to meet identified needs. Such clarification and understanding is also important when resolving situations where service users are unable &/or unwilling to develop appropriate support plans within the allocated personal budget as this will determine the most we would usually be prepared to spend on any one individual.

In undertaking assessment of need and determining individual personal budgets, the Cheshire West and Chester eligibility criteria must be strictly observed. Save for very exceptional circumstances, support will only be provided to people who have needs which are eligible under the eligibility criteria and who do not have access to any informal alternative source of support to meet the identified needs. In fact, as the service user's circumstances, including the help already available to her/him, would be taken into account in assessing the level of risk to independence, a person's needs would not normally be judged to result in a qualifying level of risk if adequate support is already available. The exception is where the caring relationship is itself at risk.

Cheshire West and Chester Council has determined that it will meet needs that fall into the Critical and Substantial risk bands of both the FACS eligibility criteria for service users, and the Carers eligibility criteria in the most cost effective manner possible.

In every case where a need for support is indicated, the potential for reablement and recovery should be fully assessed and used as the first choice options where appropriate. It is accepted that reablement and recovery services may provide additional support over and above the allocation advised in this guidance. Such ‘investment’ for service users and carers to achieve longer term gains is endorsed by the Council.

The following guidance, which is not exhaustive, should be used to help determine on-going levels of support. It is recognised that individual circumstances may on occasions require different levels of support but the rationale for varying from the guidance must be clearly evidenced. The guidance also seeks to clarify the purpose of and appropriate use of some of the service provision.

Based on this guidance an indicative amount should be calculated and the service user informed. The service user and any carers can use the amount flexibly to meet their agreed need. This would be set out in the Support Plan.
## PERSONAL CARE GUIDANCE

### Getting up: Dressing: Personal hygiene: Continence Care

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<tr>
<th>Determining Eligible Needs</th>
<th>Creative Solutions</th>
<th>Calculating Support Needs</th>
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| Inability to carry out vital or the majority of personal care tasks taking into account the support from family, friends, neighbours, community and voluntary services. | Could include:  
- Equipment  
- Adaptations  
- Assistive Technology  
- Independent Living Centre  
- Maximising benefits or other income streams  
- Purchasing privately  
- Voluntary Services  
- Reablement  
- OT Assessment  
If unable to meet all critical and substantial needs calculate support needs. | Personal Care Routine. Typically between 30-45 minutes per day.  
This includes:  
Getting up/going to bed  
Oral hygiene  
Washing/showering/bathing  
Hair washing  
Continence care  
Skin care/foot care  
(Continence care to be included in other tasks or 15 mins if separate visit). |
## Practical Aspects of Daily Living

Managing Finances, Essential Shopping, Hygiene Cleaning, Laundry

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| Inability to carry out vital or the majority of daily living routines taking into account the support from family, friends, neighbours, community and voluntary services. | Could include:  
- Internet shopping  
- Local delivery service  
- Internet banking  
- Direct debit/standing order  
- Age UK Support  
- Supporting People  
If unable to meet all critical and substantial needs calculate support needs. | Essential hygiene cleaning typically 1 hour per week.  
Essential shopping would be 1 – 1.5 hours per week.  
Laundry typically 3-45 minutes per week.  
Managing finances and personal correspondence typically up to 30 minutes per week.  
**NB:** It may be possible to combine tasks. |
## HEALTH AND WELLBEING

### Medication Management, Meeting Nutritional Needs

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<th>Determining Eligible Needs</th>
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<tr>
<td>Major or significant health problems which lead to immediate or significant harm or danger, taking into account the support from family, friends, neighbours, community and voluntary services.</td>
<td>Could include:</td>
<td>1 hot meal each day. This will usually be provided by Community Meals Service.</td>
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<td>- Purchase of ready meals or frozen meals</td>
<td>Domiciliary care for provision of hot meal would only be considered where this is more cost effective.</td>
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<td>- Attendance at luncheon club</td>
<td>Light snacks/drinks can be provided in a single visit. Typically this would be 30-45 minutes per day.</td>
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<td></td>
<td>- Using local café/pub etc</td>
<td>Prompt to supervise medication is typically 15 minutes.</td>
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<td>- Private purchase of delivered meals</td>
<td>Such visits are likely to be combined with other tasks.</td>
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<td>- Meals provider could provide medication prompt</td>
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<td>- Health Service provider could supervise medication</td>
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<td>- Medication routine may be able to be changed</td>
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<td>- Dosette systems</td>
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<td></td>
<td>- Telecare Prompt System</td>
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<tr>
<td>If unable to meet all critical and substantial needs calculate support needs.</td>
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CARERS

Practical Support, Respite Services – short breaks/day activities/overnight break

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| Carer is unable to sustain vital or many aspects of personal care, daily living, health and wellbeing or maintaining work or social networks taking into account the support from other family, friends, neighbours, community and voluntary services. | Could include:  
- Carers Support Groups  
- Carers training course  
- Carers Centre support  
- Emergency response card  
- Contingency plans  
- Information and advice  
- Telecare services  
- Including use of telecare to minimise use of paid staffing / carer overnight  
- Carers benefits  
- Employment services  
- Leisure services  
- Young Carers Support options | No standard allocation for respite services.  
Options included short breaks e.g. Family Based Care, residential respite. Day activities e.g. Day Services.  
Overnight respite in service users home can provide carers with a break.  
If the dependant person is not in receipt of any other service and is FAC eligible up to 3 hours/week allocation can be provided to the Carer to meet critical/substantial needs. |
| A separate Carers Assessment can assist determining eligibility where a carer is providing regular and substantial care. |  |  |
| Disabled parent with responsibility for a child is also eligible for assessment. |  |  |
### WORK AND LEARNING/FAMILY AND COMMUNITY LIFE

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| Inability to sustain vital or the majority of work and learning or family and community life taking into account the support from family, friends, neighbours, community and voluntary services. | Could include:  
- Supporting to SES (Supported Employment Service) or Job Centre Plus  
- Voluntary work  
- Adult education  
- College and university  
- Leisure facilities  
- Voluntary transport  
- Joining clubs  
- Concessionary travel  
- Library Services  
If unable to meet all critical and substantial needs calculate support needs. | No standard allocation. Options could include:  
- Personal assistant to support access to the above.  
- Day services/activities/Family Based care  
1-3 units/week would be typical allocation. This may be included in other allocations e.g. respite for carers; shopping.  
**NB: A unit = 3 hours support.** |
## VULNERABILITY AND KEEPING SAFE

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| Where there is immediate or significant risk to independence now, in the next few days or within 3 months or where there is a concern about neglect or abuse (actual or suspected) taking into account the support of family, friends, neighbours, community and voluntary services. | Could include:  
- Community alarm  
- Telecare  
- Family Based Care  
- Sheltered accommodation  
- Extra Care housing  
- Supported Living  
- Joint work with other agencies | Other support options may also support reducing risks e.g. attendance at day activities. Increases in other support may reduce risks in this area.  
There are no standard allocations.  
Issues to consider are:  
- Are there some risks of neglect (health, safety, wellbeing) which require some support every day.  
- Are there constant risks of neglect or is the condition so unpredictable that support is always needed in the immediate environment.  
- Are there constant risks of neglect such that constant support is needed with the service user. |
| Where there are safeguarding concerns staff should refer to the Safeguarding Procedures.  
If unable to meet all critical and substantial needs calculate support needs. |
Implementation: from 1 September 2010

This Practice Guidance comes into force on the 1 September 2010. All new assessments from this date will follow this guidance. Also all scheduled and unscheduled reviews will follow the Guidance from the above date.

Reviews

It is likely that the application of these guidelines will result in some service users seeing a reduction in their level of personal budget. It is important that service users have sufficient time to consider how they may adjust their support arrangements. It is expected that for small reductions (20% or less) that these changes would normally be completed within 8 weeks of the outcome of the review.

For more significant reductions it would be appropriate to consider a longer period of transition with key milestones being agreed. Such plans should normally be completed within a maximum of 9 months of the review date. The aim should however be to minimise the period of transition.

In all cases individuals should be supported to consider the options available through discussion with the care manager, family members, and if necessary, an advocate. Referral to a care broker can also be considered.

For an individual who lacks capacity, a best interest decision would be made, including an Independent Mental Capacity Advocate if necessary. This would determine the right care package and how it can be safely delivered within the limits of the personal budget.

Where a transitional plan is proving difficult to agree, discretion can be exercised subject to Senior Manager approval at Tier 4.

Determining the cost of a residential/nursing home placement

This is determined as the Council’s contract rate for the appropriate type of care.

However, if an individual’s needs cannot be met via a standard contract rate, usually where there are more complex and specialised care needs, Care Managers should secure a minimum of 3 quotes that can meet the critical and substantial needs identified. (However, consideration is being given to introducing a banding system in Learning Disabilities to simplify this process.) The lowest quote (or band in LD) would then provide a guide to the level of personal budget available. As noted above, individuals should be supported to consider the options available.

Best use of public funds

For quotes received outside of the standard package, it is likely the amounts will be in excess of £25,000 per annum.

If a service user chooses to remain in the community and if any single element of the proposed package costs are more than £25,000 a tender process for this element should be followed. Equally if any single provider is proposed to deliver support over this value a tender should be completed.
The outcome of this would then determine the level of personal budget, along with any other allocations agreed.

Self Funders

Individuals who are self funders are entitled to an assessment of their needs and access to reablement services if appropriate. They are also entitled to advice and support to find ongoing support services. This includes Brokerage Services. They are, however, not entitled to receive Council subsidised services. The only exception to this is if the necessary service is unavailable and other options have been exhausted. In such situations the Council would provide provision as a ‘service of last resort’ charging the standard charge.

If standard charge service users are currently using Council services, at the next review they should be informed of this guidance and consider the options available to them. A reasonable time should be allowed to make alternative arrangements. This would not normally be longer than 8 weeks.

Mick Howarth
Caroline Thomas

Heads of Service
19 August 2010.