

Fair Access to Care Services (FACS) Policy

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Section 1 – Introduction

Oxfordshire County Council is required by the Department of Health to operate just one set of eligibility criteria for all people who seek support from adult social services, and to base these criteria on a national framework that is built on needs and associated risks to independence.

Fair Access to Care Services (FACS) provides the national framework.

Factors such as age, gender, race, disability, living arrangements and location should play no part in deciding an adult's eligibility to care services. Thus, individuals with similar needs will receive similar decisions on their eligibility for social care.

Why have eligibility criteria?

The FACS guidance confirms that resources can be taken into account in assessing person's needs for services and in deciding whether it is necessary to make arrangements for those services.

We have to balance increasing demands for services with limited resources available to meet the needs of our community.

Community care services may be provided to individual adults with needs arising from physical, sensory, learning or cognitive disabilities and impairments or from mental health difficulties. In general, the council's responsibilities to provide such services are set out in the legislation specified in this document.

Local Policy

This policy sets out how decisions will be made in Oxfordshire about what sort of people, with what kinds of needs qualify for what types of services.

Oxfordshire's Eligibility Criteria will:

- Be non-discriminatory.
- Be applied equally across all adult service user groups including adult carers.
- Lead to equitable, transparent and consistent decision making within available resources.
- Be based on the assessed needs of, and risks to, individuals with particular reference to the seriousness of any consequences to independence.
- Be clear about the level of risk to independence that will trigger a service and the level that will trigger redirection and/or information and advice.
- Enable the authority to balance demand for services with available budget.
- Be written in a way that is easily understood by staff, service users and carers

* Be available in different formats.

The same Eligibility Criteria will be used for all adult service users, to ensure services are offered on a fair and consistent basis.

Individual's views will always be heard and respected. However, in the interests of equity and best use of resources, the Council retains responsibility to apply its Eligibility Criteria.

Not everyone who asks us for help can be given a service because we must make sure we can help those in greatest need.

Oxfordshire County Council is able to meet needs which give rise to Critical or Substantial risks to a person's independence - these are called "Eligible Needs".

Where the risks are judged to be Moderate or Low Oxfordshire County Council will provide information and advice or if appropriate, other preventative and low intensity services to meet the assessed needs of carers or those of the cared for person.

There is a leaflet available for the public to explain FACS and access to prevention services (Appendix 1)

This policy and procedural guidance will provide employees with clarity and the assurance that they are working within the framework adopted by the County Council.

The Eligibility Criteria threshold is set, and can be changed by, members of the council and must be reviewed at least annually. Members must agree any changes.

This policy only applies to those needs that the Social & Community Services are responsible for meeting. Assessments will identify needs that other agencies are responsible for meeting, including housing and health services. These agencies have their own policies for determining how services will be allocated to people. These include:

- NHS responsibilities for meeting continuing healthcare needs.
- Nursing care as set out in section 49 of the Health and Social Care Act 2001.
- Intermediate care.
- Supporting People.
- Disabled Facilities Grants.
- This policy will apply where pooled budget arrangements are in place, except for areas outlined above or specific criteria outlined in section 31.

NB: Please consult the relevant operational manager for further information.

Prevention

Prevention, promotion of independence and recovery are key themes in national documents for all adult service user and carer groups, including The National Service Framework (NSF) for Mental Health (1999), the NSF for Older People (2001), New Ambition In Old Age (2006), Valuing People (2001) and the Carers Equal Opportunities Act 2004, White paper Your health, Your care, Your Say.

All preventive approaches should encourage self-determination, choice and dignity including economic participation for those of working age.

There are three levels of prevention:

Level 1

- *To provide people with accessible and timely information and advice so that they can find solutions to their own problems wherever appropriate.*
- *To assist people to regain their independence so that they can undertake as many tasks for themselves without intervention from Social & Community Services.*

Level 2

- *To improve people's quality of life by increasing their independence and reducing social isolation.*

Level 3

- *To maintain people from deteriorating to high levels of dependency and enabling them to continue to live in their own homes.*

Presenting and Eligible Needs

This guidance defines the term 'need' in its every day sense. Needs may be intermittent or continuous in nature.

The term "presenting need" defines all the needs that a person has, as described both at the first point of contact and throughout the assessment.

The term 'eligible need' has a specific meaning and is defined as:

"...Needs that the council will meet as they are assessed as falling inside the Council's eligibility criteria that are set according to the council's resources."

(Ref. Fair Access to Care: Guidance on Eligibility Criteria for Adult Social Care - Department of Health)

If a person's assessed needs fall within the council's Eligibility Criteria, it becomes an 'eligible need' that the council should meet.

The distinction between need / presenting needs on the one hand and eligible needs on the other should be taken into account when assessment information is being evaluated and summarised and care plans are drawn up.

Monitoring and Review of the FACS Process

The purpose of Eligibility Criteria is to support the most effective and efficient use of available resources and to ensure consistency and fairness across the county and across service user groups. It is therefore important that the application of the Eligibility Criteria is carefully monitored and reviewed on a regular basis.

The national policy requires councils to audit and monitor their performance in respect of fair access to care services in the following ways:

- Gauge the extent to which different groups are referred and following assessment go on to receive services.
- Monitor the quality of the assessment and eligibility decisions for their staff.
- Audit service effectiveness with reference to care plans and reviews.
- Monitor the speed of assessment and subsequent service delivery in accordance with the local Better Care Higher Standards Charter and the Care Management Quality standards.
- Monitor the timing and frequency of reviews.

Implementation of our policy will be measured against delivery of national and local performance targets, as listed below:

- C28 Intensive Home care
- C29, 30, 31 and 32 People helped to live at home
- C51 Direct Payments
- D39 People receiving a statement of need
- D40 Clients receiving a review
- D52 Older people Home Care user survey
- D55 Assessment waiting times
- D56 Acceptable waiting times for services

- C62 Services for carers
- Improved ethnicity recording
- User outcomes following intervention from Intermediate care services
- Increased numbers of users receiving advice information and access to prevention services

We will use a variety of mechanisms within our performance-monitoring framework to monitor effective implementation of our policy:

- Monthly monitoring of our performance indicators
- Customer satisfaction and feed back survey
- Case file monitoring and other internal audit and inspection processes
- Staff supervision and appraisal system
- Action plan and information from external inspections and audits such as CSCI inspections, Internal/District Audit, Best Value or root and branch reviews
- Monitoring of financial performance

Section 2 - Practice Guidance

See SAP/FACS Flow Chart - Appendix 3

The following stages should be considered for all contacts.

- Provide information about services
- Complete assessment and consider carer's assessments and needs
- Evaluate and analyse the assessment information, for both the carer and the user
- Refer to the Eligibility Grid (See Appendix 2) to inform whether the person has eligible needs.
- Care planning and service delivery.
- Reviews (Including the eligibility grid)

Highlighted below are the specific issues for each of these processes that arise from the FACS approach:

Information Giving

Information to assist individuals to make arrangements to meet their own needs can be given at any stage, regardless of whether the person has needs above or below the threshold line for services.

Wherever possible, people should be empowered to make arrangements to meet their own needs through the provision of wide ranging information and advice, including that about welfare benefits.

Practitioners should either give the information and advice requested or, with the person's permission, contact another agency to ask them to provide the information and advice requested.

Information and advice is an appropriate response at the initial point of contact where:

- Where the person is clear about what is required and why. Their needs are clearly defined and require no further checking and the presenting situation is stable.
- Where another agency is better placed to respond to the presenting needs.

The Assessment.

Assessments should be holistic, and it should always be assumed that people are 'experts' in their own situation. Therefore assessments should ensure the needs, wishes and views of the individual and that of their carer are taken into account in the decision making process.

There is no eligibility for assessment however, before embarking on a community care assessment, practitioners should first ascertain whether significant needs are described or suspected and whether a person **appears** to be in need of community care services; for example, are they disabled, a carer, or have an illness (ref. National Health Service and Community Care Act 1990 Section 47(1) (a)).

The level and type of assessment carried out should be determined by presenting needs and difficulties and will require practitioners to exercise judgment about how best to respond.

Requests for information about services will not require an assessment. The case priority will be established at the referral and assessment stages. This prioritisation is an indication of the case priority based on the presenting information ascertained at the initial point of contact. It does not indicate a person's eligibility for services.

The assessment will gather information about a person's situation, needs and difficulties and identify the impact of those needs on the individual's safety and / or independence. Alternatives to the need for social care assistance arranged by Social & Community Services should always be explored and recorded at the assessment and review stages. This should include contributions from the individual, family, wider community, voluntary sector and other agencies, such as Supporting People, Adult Learning, and Community Based services.

Assessments / reviews will identify needs that other agencies are responsible for meeting. These agencies have their own policies for determining how services will be allocated. In these circumstances the Eligibility Grid will not be relevant as it is only used to determine if a person has eligible social care needs that require Social & Community Services support. Social & Community Services should not provide social care as an alternative to other agencies meeting their responsibilities.

Note: Completing an assessment is not a commitment by Social & Community Services to provide or arrange social care services.

Risk assessment is an integral part of the assessment processes and a critical part of determining an individual's eligibility for services. Alongside identifying the individual's strengths and abilities, the individual and practitioner should clarify potential difficulties and possible risks that could lead to increased dependency, harm or danger including risks to carers or other close relationships if needs are not addressed.

Using the assessment review information practitioners will need to predict how likely the risk is to occur.

In exploring the interaction between a person's needs and risks the individual and practitioner should consider:

- Instability / unpredictability of needs.

- Intensity of needs and level of distress.
- Number of different needs, how they interact and how the individual reacts to the difficulties facing them.
- Impact of external and environmental factors.
- Sustainability of assistance from family, wider community and other agencies.

Risk assessments should explore what is an acceptable level of risk. The individual's attitude and wishes concerning risk taking and whether the risks are a normal part of independent living or one which cause serious concern. The individual and practitioners views should be recorded on the assessment form or specialist risk assessment.

Carers Assessment

Access to carer's assessments is defined by the Carers Recognition (and Services) Act 1995 and the Carers and Disabled Children Act (2000). This applies where the carer provides, or intends to provide a substantial amount of care on a regular basis to another person aged 18 and that the carer is not being paid.

When carrying out an assessment of a person the council has a duty to offer the carer/s an assessment a joint or a separate carer's assessment. The carer's needs must be taken into consideration, when applying FACS eligibility criteria. The focus of the Carers Assessment is always 'the sustainability of the caring role, the risk to breakdown of employment, education and whether carers services are required.

The Eligibility Grid

The Eligibility grid must be referred to following an assessment where the assessment has identified needs that may require social care support. The Grid provides a framework for practitioners to determine whether the need is set at a level that can be met by social services. It is a tool to assist decision-making but does not replace the need for practitioners to make judgments about levels of needs and risks based on the assessment information.

Whilst an individual's views should inform the decision making process, the practitioner is responsible for determining types of needs and the level of impact on, and risks to, a person's independence and safety if they are not addressed, using the assessment information.

The Eligibility Grid is divided into the following domains: -

- Physical well-being
- Psychological well-being
- Activities of daily living
- Interpersonal relationships
- Social/Environmental circumstances
- Carers

There are four levels of risks:

- Critical
- Substantial
- Moderate
- Low

The six areas of need and four risk levels on the Eligibility Grid are used to determine an individual's eligibility for social care services. The practitioner will score the relevant statements within each area of need on the Eligibility Grid so that most closely reflects the assessment information. This needs to take account of:

- A comparison of the assessment information about needs and levels of risks to independence, harm or danger with the statements on the Eligibility Grid.
- Evaluating the risk to the individual's independence and the carer's ability to sustain the caring role.
- Taking account of a person's autonomy, that is, the freedom a person has over their immediate situation and the extent to which they are able to make and act on informed choices.
- Using the Carers assessment should be used to determine eligibility to services that carers have been assessed as needing **as carers** to support them in their caring role and to maintain their own health and well-being.

The 'threshold for services' line on the Grid identifies the point when Oxfordshire will make arrangements for services. Where no other appropriate alternatives are available, social care support will be arranged by Social & Community Services for eligible needs above the threshold for services line. Needs below the threshold line will trigger information, advice or redirection to preventative or voluntary sector services.

A person is only eligible for social care support arranged by Social & Community Services where:

- They have needs above the threshold line for services.

And

- They do not wish to arrange their own care and support.
- Assistance is not available from, or appropriately arranged by, others such as family, wider community, and other agencies and organisations.

In determining eligibility for services, staff must take account of the reasonable standards that a multi cultural society would expect, including any eligible needs arising from ethnic, religious or gender requirements, balanced against resource constraints thus enabling the council to discharge it's legal duty. In arranging services, cultural, ethnic, religious or gender requirements must be taken into account.

Note: It does not follow that once a person has some eligible needs for services, that all needs become eligible. Also, needs and risks may vary over time leading to a variety of outcomes at the review stage.

Interpreting the Statements on the Eligibility Grid

The assessment will have identified the interaction between all of a person's

assessed needs and risks, the individual's views and attitudes towards the risks and the predictability and time frames within which they are likely to occur. This information will inform decision-making about the level of seriousness of the risks in terms of harm or danger and the level of impact to an individual's independence.

For example, the impact of risks to an individual's independence, harm or danger will be influenced by factors such as the individual's housing circumstances and the level of support they receive from others such as carers, family, wider community, other agencies and voluntary organisations. An individual's situation is unique and the interaction of needs and risks will vary according to each person's situation, practitioners must use their skills to interpret and analyse the assessment / review information and to inform their judgments concerning eligibility. The assessment format will indicate whether a person is unable to do vital / most, many, some of the tasks or has difficulty with one or two activities.

Care Plans

Care plans set out the agreed goals between the service user and practitioner and the support and intervention that can best meet the eligible needs. Fair Access to Care Services requires that there is no service led Eligibility Criteria.

In deciding on levels and types of support practitioners should:

- Give people information so that they can solve their own problem where appropriate.
- Take account and encourage the strengths of the individual to problem solve, thereby minimising our intervention.
- Consider the contributions of family, friends and other agencies.
- Provide short-term intervention to enable people to become independent without support from Social & Community Services.
- Provide intervention to assist people to live independently over the longer term.
- Ensure people are not discriminated against on the grounds of their age, gender, ethnic group, religion, disabilities, personal relationships or living and caring arrangements.

Service Delivery / Service Refusal

Where, for whatever reason, delays occur providing or arranging services, this should be discussed with the service user and carer. People will be prioritised according to the risks to their independence with critical needs first, then people with substantial needs.

Where the service user and / or carer refuse help and services for whatever reason the following applies:

- If satisfied that the person has the capacity to make an informed decision then that person's refusal of services is determinative of the situation. Agencies do not have the power to compel a person to receive services.
- If a person does not have capacity to make an informed decision, discussion with the Unit Manager and or Service Manager must take place and the discussions should be recorded.

- A letter should be sent to the person concerned setting out what services were offered and why and the fact of the person's refusal to accept them. The letter should make it clear that the person can contact Social & Community Services at any time if they change their mind. In cases of high risk, consideration should be given to arrangements for monitoring the case to ensure that circumstances do not deteriorate to an unacceptable degree.
- Where a service user has declined an assessment or service(s), a carer is still eligible for an assessment under the Carers equal Opportunities Act 2004. Carers may also receive services as a **carer** where they have an eligible need.

Direct Payments

Direct Payments must be discussed with all people (individuals/carers) who have eligible needs as a preferred method of meeting their needs. Most service users, even with substantial impairments, are eligible for Direct Payments – there are a few exceptions in law. Refer to the Direct Payments Policy on the Intranet.

Reviews

The review will establish how far the support provided has achieved the outcomes set out in the care plan. No assumptions should be made about an individual's needs.

An initial review should take place within twelve weeks of the service being provided or major changes in service provision being effected. Reviews should then take place at least annually, more often if necessary. (One-off pieces of equipment do not need reviewing although major items should be reviewed at least annually to check for suitability and safety.)

The reviews should take account of the service users eligibility following the same the process as for assessments as described above, including using the eligibility checklist again if there are changes. Details of the changes in circumstances should be recorded clearly on the review form (See Appendix 6).

Accountabilities

Practitioners are accountable for:

- Adhering to the policy and practice guidance so that individuals are treated fairly and consistently
- Undertaking assessments within the relevant legislative framework
- Providing a FACS and prevention leaflet to users and carers (Appendix 1)
- Reference to the eligibility grid to determine that which statements reflect the information gathered during the assessment and review
- Ensuring that carers needs are assessed and identified as part of the assessment process
- Ensuring that the individual is offered a copy of the assessment with the completed FACS scoring. If this offer is declined, the reasons must be recorded on file
- Ensure that a copy of the assessment with the completed FACS scoring is placed on the service user's file
- Identify personal training needs and participate in and contribute to the identified learning opportunities

Managers are accountable for:

- Ensuring consistent application of the policy and practice guidance
- Contributing to the evaluation of the policy by undertaking regular file audit and addressing consistent application during supervision
- Ensuring that resources are used effectively so that individuals are treated fairly and consistently
- Ensuring that all staff including new staff, are familiar with the eligibility criteria so that they act lawfully and within the policy of the council
- Developing a culture of learning

Some important points to remember

- **There is no eligibility for assessment**
- **Eligibility criteria are used to determine if an individual is eligible for social care services**
- **Eligibility is about allocating resources based on risk to independence, harm or danger if social care needs are not addressed (Appendix 2)**
- **Eligibility criteria should assist practitioner decision making, not replace it**
- **Where services are delivered through pooled budget arrangements, FACS Eligibility must be applied except where there are statutory reasons for not doing so.**
- **Carers needs must be assessed and considered within the assessment process**
- **Direct payments must be offered to all users and reasons for refusal recorded accurately**
- **Social & Community Services should not provide social care as an alternative to other agencies meeting their responsibilities**
- **Managers and practitioners are duty bound to adhere to this policy.**