

**Fair Access to Care Services Policy  
Eligibility Criteria for Adult Social  
Care Services**

**March 2013**

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**Name of Document**    **Fair Access to Care Services Policy  
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**Document Control**

|                           |             |
|---------------------------|-------------|
| <b>Document Reference</b> |             |
| <b>Version</b>            | 1.0         |
| <b>Date Created</b>       | March 2013  |
| <b>Review date</b>        | March 2014  |
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| <b>Where stored</b>       |             |

**Change History**

| <b>Version</b> | <b>Date</b> | <b>Description</b> | <b>Author</b> |
|----------------|-------------|--------------------|---------------|
|                |             |                    |               |

**Linked Documents**

| <b>Title</b> | <b>Where stored</b> |
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## **Fair Access to Care Services Policy**

### **2. Management Summary**

- 2.1 This policy is designed to demonstrate how Bracknell Forest Council operates its eligibility framework for access to Adult Social Care. This policy is operated under Fair Access to Care Services (FACS). In its delivery of this eligibility framework the Council will Operate within the making decisions arrangements of the Mental Capacity Act 2005.
- 2.2 The policy applies to any person aged over 18 who lives within Bracknell Forest, or is eligible for a tenancy from the council, or is recognised as having “ordinary residence” status within BFBC

### **3. National and Legal context of Fairer Access to Care Services (FACS)**

- 3.1 The Department of Health issued FACS guidance in a circular to Councils with Social Services Responsibilities (CSSR's) in May 2002, for implementation by April 2003. The guidance was issued by the Secretary of State under Section 7 (1) of the Local Authority Social Services Act 1970 and, as such, is mandatory.
- 3.2 FACS guidance provides councils with social services responsibilities 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 and, that within a council area, individuals in similar circumstances receive services capable of achieving broadly similar outcomes.
- 3.3 Eligibility is based upon a system of 4 bands which describe the risk to independence, or other consequences if needs are not met:
- Critical
  - Substantial
  - Moderate
  - Low
- 3.4 The policy guidance specifies 4 key factors of independence, which assessments should cover:
- 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

- 3.5 The 2002 guidance also advises councils on work to tackle age discrimination as outlined in the National Service Framework (NSF) for Older People, so the same eligibility criteria apply to all care groups.
- 3.6 The government publication in 2007 of "Putting People First" and the subsequent local government circular "Transforming Social Care" places a new emphasis on packages of care tailored to the needs of the individual through, for example, personal budgets. This personalised approach is supported by a greater emphasis on early interventions such as re-ablement which are available to the whole population to promote independence and reduce the need for funded care services.
- 3.7 The 2010 Department of Health guidance("Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care") seeks to update the national FACS framework to ensure better alignment with the Putting People First agenda. There is an expectation that all councils with social services responsibility review their FACS policy in light of this guidance.

#### 4 Local Policy

- 4.1 Each local authority has to define a threshold within this eligibility framework to indicate which levels of risk they will provide services for. Needs that produce risks above the agreed threshold are "eligible needs" and must be met. Needs below the threshold will not usually be met.
- 4.2 The FACS guidance confirms that local authority resources can be taken into account in assessing a persons needs for services and in deciding whether it is necessary to make arrangements for those services.
- 4.3 In Bracknell Forest Council, the threshold has been set so that **only needs** resulting in **substantial** or **critical** will be met.
- 4.4 This policy will enable the authority to balance demand for services with available budget.
- Eligibility Criteria will
    - ❖ Be non-discriminatory
    - ❖ Be applied equally across all adult client groups
    - ❖ Lead to equitable, transparent and consistent decision making within available resources
    - ❖ Be based on the 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
- ❖ Be written in a way that is easily understood by staff, clients and carers and available in different formats

## 5 Fair Access to Care Services and Carers

- 5.1 The Carers (Recognition and Services Act 1995 and the Carers and Disabled Children Act 2000 place a duty on the local authority to assess the needs of carers and to determine whether to provide a service.
- 5.2 In order to ensure a consistent and fair approach; the same threshold has been set for carers as exists for individuals, whereby only needs assessed as **Critical** or **Substantial** will be met by the local authority.

## 6 Exclusions from Fair Access to Care Services

- 6.1 The Borough will continue to commission and or provide a range of rehabilitation, prevention, re-ablement and treatment services, which are not subject to FACS eligibility.
- 6.2 The Borough will continue to support people to engage in work, (either paid, or unpaid where this contributes to the wider community) where it meets an agreed outcome following assessment for an agreed period of time

## 7 Fair Access to Care Services Thresholds

- 7.1 The eligibility framework is graded into four bands, which describe the seriousness of the risk to independence and well-being or other consequences if needs are not addressed. The four bands are as follows:
- 7.2 The definition of **Critical Level of Risk** is when:
- Life is, or could be, threatened; and/or
  - Major health problems have developed or are likely to develop and/or
  - there is, or could 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.
- 7.3 The definition of **Substantial Level of Risk** is 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.

7.4 The definition of **Moderate Level of Risk** is 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.

7.5 The definition of **Low Level of Risk** is 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.

## 8 Determining Eligibility through Assessment

8.1 This section of the policy details how the assessment process is applied to ensure fair and transparent determination of FACS eligibility.

8.2 Assessment is about collecting information on a person's needs and circumstances, mapping against SSAQ **and** making sense of that information in order to identify eligible needs and decide what support to provide.

8.3 Before embarking on an assessment, practitioners should first ascertain under the Mental Capacity Act 2005, the capacity of the person to make decisions relevant to the assessment and support planning process and if any other formal arrangements regarding care and welfare exist that should be taken into account during the assessment.

- 8.4 Secondly ascertain whether needs are described or suspected and whether a person **appears** to be in need of community care services; for example, are they disabled or have an illness (ref National Health Service and Community Care Act 1990 Section 47(1) (a)). In exercising this judgment Department of Health guidance states we should set a low threshold, and avoid screening individuals out of the assessment process before sufficient information is known about them. Care should be taken that if screening out occurs at any point, or if, following assessment, the person is found not to be eligible, s/he is clearly informed why s/he is not eligible and given any advice needed, including contact details for other agencies that may be able to assist.
- 8.5 To be eligible for assessment, a person must have needs arising from:
- Frailty due to age
  - Physical disability or impairment or life-limiting illness
  - Sensory disability or impairment
  - Learning disability or impairment
  - Cognitive disability or impairment
  - Substance misuse
  - Mental health difficulties, OR
  - Caring roles in providing substantial and regular care to somebody with one or more of the above difficulties.
- 8.6 Assessments should ensure the needs, outcomes, wishes and views of the individual and those of their carer are taken into account in the decision-making process. All efforts should be made to involve the person being assessed, irrespective of their capacity. Those speaking for a person, who is lacking the mental capacity to make some or all of the decisions, must be involved in the process.
- 8.7 Assessments, reviews and reassessments will be carried out in accordance with local policy and procedures regarding:
- Self Directed Support
  - Care Programme Approach
  - Comprehensive Assessment for Substance Misuse
  - Carers Assessment Process
  - Mental Capacity
  - Safeguarding Adults

## **9 References and Relevant Legislation**

Putting people first: a shared vision and commitment to the transformation of adult Social care 2007

Prioritising need in the context of Putting People First: Guidance on Eligibility Criteria for Adult Social Care - DOH ref 13729 Feb 2010

National Service Framework for Older People 2001

NHS and Community Care Act 1990

National Assistance Act 1948

Mental Health Act 1983, amended by the Mental Health Act 2007

Mental Capacity Act 2005

The Carers Recognition and Services Act 1995

Fair Access to Care Eligibility Criteria (FACs)

DH Guidance 2003 Carers and Disabled Children's Act 2000

Section 2, Chronically Sick and Disabled Persons Act 1970 Concerns services for disabled people, both adults and children.

Section 45, Health Services and Public Health Act 1968. Concerns the making of arrangements for promoting the welfare of old people.

Section 21 and Schedule 8, National Health Service Act 1977. Concerns the prevention of illness, care and aftercare of people.

Section 117, Mental Health Act 1983. Concerns the provision of aftercare services for people who were previously detained under certain sections of the Mental Health Act 1983.

Disabled Persons (Services, Consultation and Representation) Act 1986