

**Report to:** ADULT SERVICES PANEL  
CABINET

**Date:** 17<sup>TH</sup> MARCH 2009  
19<sup>TH</sup> MARCH 2009

**Subject:** FAIR ACCESS TO CARE - ELIGIBILITY CRITERIA

**Report of:** EXECUTIVE DIRECTOR: HEALTH AND WELL BEING

**Contact officer:** LOUISE SUTTON EXT 2798

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**Purpose / summary:** In March 2005 the Council set its eligibility criteria under Fair Access to Services at a level where needs associated with Critical and Substantial were met. Councils are required to review their eligibility criteria annually in line with their usual budgetary cycle.

**Alternative options considered and reason for selecting the one recommended:** Raising the criteria to Critical only could produce significant savings in the short term but would result in substantial levels of unmet need with crisis level services only. Performance levels would be likely to drop and support arrangements for those not eligible for statutory services would not have the capacity to deal with the additional demand.

**Recommendation / decision:** The Council's eligibility criteria remain at critical and substantial need for 2009-10.

**Key Decision:** This report does not involve a key decision. The decision made as a result of this report will be published within **48 hours** and cannot be actioned until **seven working days** have elapsed, i.e. before 31<sup>st</sup> March 2009.

**Risks / Implications:**

Financial: No financial implications due to proposed continuation of existing eligibility criteria.

Staffing: None.

Policy: Fair Access to Care.

Equal Opportunities - Has a Diversity Impact Assessment been conducted?  
Wards affected:

Fair Access to Care ensures consistent access to services from all groups.  
All.

**Property Implications – Does the proposal involve a reduction, addition or change to the Council’s asset base or its occupation?**

No

**If yes, have the property implications been agreed with the Corporate Property Officer?**

**Does this proposal have significant implications for the Council and the local population?**

A diversity impact assessment is not necessary at this stage, however, equality and diversity implications have been considered when producing this report.

**Does this proposal involve a new policy or procedure or significant changes to an existing policy or procedure?**

A diversity impact assessment is not necessary at this stage, however, equality and diversity implications have been considered when producing this report.

Has the Service Director - Borough Solicitor confirmed that the recommendations within this report are lawful and comply with the Council’s Constitution?

**Yes / No \***

Has the Service Director - Corporate Services confirmed that any expenditure referred to within this report is consistent with the Council’s budget?

**Yes / No \***

Are any of the recommendations within this report contrary to the Policy Framework of the Council?

**Yes / No \***

\* delete which applicable

**For Cabinet reports only :**

Categorisation of the report:	<b>X</b>
Discussion leading to a decision	
Monitoring	
Sharing for corporate understanding	

	<b>X</b>
Discussion	
Decision	<b>X</b>
Information	

**Tracking/Process:**

	Consultation	Ward Members	Partners
Panel	Overview & Scrutiny	Cabinet	Council
17.03.09.		19.03.09.	

List of Background Papers in accordance with Section 100D of the Local Government Act 1972:

Title of document	Which meeting did it go to?	Date of meeting	Copy available from?
Cutting the Cake Fairly	-	-	Civic Centre

Proper Officer Bernard Walker

Date 3<sup>rd</sup> March 2009

## 1. **BACKGROUND**

- 1.1 Councils are required to review their eligibility criteria under Fair Access to Care Guidelines annually in line with usual budgetary cycles. This approach requires councils to prioritise their support in a hierarchical way. Those whose needs have critical consequences for their independence and/or safety should be supported ahead of those with needs that have substantial consequences and so on. Risk assessment is the cornerstone of good care management practice.
- 1.2 Fair Access to Care Services (FACS) requires that there should not be different eligibility criteria for different services or different service user groups. Councils should use the eligibility framework given in the guidance to specify eligibility criteria (Appendix 1). Agreements with the NHS and other partners can be taken into account.
- 1.3 On 2<sup>nd</sup> March 2005 the Council approved the implementation of changes to the eligibility criteria for Fair Access to Care and the establishment of a Preventative Service for those not eligible for statutory services. The changes meant that the eligibility for services was restricted to 'critical and substantial' needs only and that service users with 'low and moderate' needs were therefore no longer eligible. People who are not eligible for services are referred to the 'Starting Point' preventative service and a service for people under 65 being run by Leonard Cheshire. These people also benefit from some of the schemes which have been developed from the Partnership for Older People Project (POPP).
- 1.4 During 2008, the Commission for Social Care Inspection undertook a national review of eligibility for social care: "Cutting the Cake Fairly" published October 2008. The report raised a number of issues relating to the Fair Access to Care Framework and how it has been implemented by Councils. These issues include:
- Lack of clarity and transparency in practice, particularly relating to the framework;
  - Lack of fairness in application;
  - Limitations of a risk/needs-based model;
  - Insularity and fragmentation, e.g. does not cover health, housing and leisure;
  - Tension between FACS and Personalisation.
- 1.5 The government have responded to the CSCI report by planning a revision of the guidance, with consultation beginning this Spring.

## 2. **PROPOSAL**

- 2.1 It is proposed that the current policy remains in place for 2009-10 as the eligibility criteria provides the optimal balance between resource management and meeting the social care needs of the community in the current financial climate, and in the context of the FACS framework.

2.2 As part of the Transforming Social Care Action Plan agreed by Cabinet in January 2009, plans will be put in place to increase access to preventative services, including advice, information and reablement services, with the aim of reducing the numbers of people eligible for statutory services.

3. **ALTERNATIVE OPTIONS CONSIDERED AND REASON FOR THE RECOMMENDED OPTION**

3.1 Raising the criteria to critical only would result in only the most urgent and life-threatening needs being met. The current infrastructure of preventative services would be overwhelmed, and it is likely that there would be a significant drop in many key performance indicators.

3.2 Lowering the eligibility criteria would not be affordable given the current financial resources of Adult Services.

4. **CONCLUSION**

4.1 For the reasons set out in the report, the eligibility criteria should remain at meeting Substantial and Critical needs only.

**DEPARTMENT OF HEALTH FACTS ELIGIBILITY MATRIX**

	<u>AUTONOMY</u>	<u>HEALTH &amp; SAFETY</u>	<u>MANAGEMENT OF DAILY ROUTINES</u>	<u>INVOLVEMENT IN FAMILY OR COMMUNITY LIFE</u>
<b>Critical</b>	1. Little or no choice and control over vital aspects of the immediate environment.	1. Life is/will be threatened. 2. Significant health problems have developed/will develop. 3. Serious abuse or neglect has occurred or will occur.	1. There is, or will be, an inability to carry out vital person care or domestic routines. 2. Vital involvement in work education or learning cannot or will not be sustained.	1. Vital social support systems and relationships cannot or will not be sustained. 2. Vital family and other social roles and responsibilities cannot or will not be undertaken.
<b>Substantial</b>	1. Only partial choice and control over immediate environment.	1. Abuse or neglect has or will occur.	1. Inability to carry out majority of personal care or domestic routines. 2. Involvement in many aspects of work, education or learning cannot or will not be sustained.	1. The majority of social support systems and relationships cannot or will not be sustained. 2. The majority of family and other social roles and responsibilities cannot or will not be undertaken.
<b>Moderate</b>			1. Is/will be an inability to carry out several personal care or domestic routines. 2. Involvement in several aspects of work, education or learning cannot or will not be sustained.	1. Several social support systems and relationships cannot or will not be sustained. 2. Several family and other social roles and responsibilities cannot or will not be undertaken.
<b>Low</b>			1. Is/will be an inability to carry out one or two personal care or domestic routines. 2. Involvement in one or two aspects of work/education or learning cannot or will not be sustained.	1. One or two social support systems and relationships cannot or will not be sustained. 2. One or two family or other social roles and responsibilities cannot or will not be undertaken.
<b>None</b>				