

# **Islington Adults Social Care Eligibility Policy (How Islington prioritises need)**

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# Islington Adults Integrated Community Service Eligibility Policy Draft V3.

## 1. Purpose

This policy describes Islington Adults Integrated Community Service's eligibility policy: its alignment with the government's National Eligibility Criteria as set out in Care Act 2014 and regulations made under the Act, and explains how the policy will be applied in Islington. The aim of the policy is to ensure consistent implementation of the Care and Support (Assessment) Regulations 2014 and fair and transparent application of the national eligibility framework for adults in need of care and support, and for their carers, as outlined in the Care and Support (Eligibility Criteria) Regulations 2014.

### 1.1 Duties

The Assistant Director of Islington Adults Integrated Community Services is responsible for implementation and monitoring of the policy. Integrated Community Service teams are responsible for applying the Eligibility Criteria policy.

### 1.2 Responsibility for Policy

The Islington Adults Integrated Community Services senior management team will be responsible for reviewing the policy and the Adult Social Care Services Policy Officer has responsibility for retention, storage and retrieval of the document.

## 2. Scope

This policy is for all adults with needs for care and support Islington, their informal carers and staff working for Islington Adults Integrated Community Service who complete assessments and apply the eligibility criteria on behalf of Islington Council.

The Eligibility Criteria policy applies to:

- Islington residents who request or agree to an assessment of need from Islington Adults Integrated Community Services, including self-funders;
- Any prisoner in Holloway or Pentonville Prisons with care and support needs who requests or agrees to an assessment of need from Islington Adults Integrated Community Services;
- Informal Carers of Islington residents with care and support needs;
- Adults whose care is received outside of the borough but is funded by Islington Adults Integrated Community Services;
- Self-funders who apply for an assessment in order to register in April 2016 for a care account;
- Transition assessments in relation to children and young carers (depending when the assessment is undertaken in relation to the timeframe for transition).

It does not apply to:

- Children under the age of 18;
- Islington residents accessing universal services or information and advice to meet non-eligible needs;
- Assessment for Blue Badges or Freedom Passes;
- Registration as physically disabled/partially sighted or deaf/hard of hearing;
- Islington residents accessing NHS services including Intermediate Care;

- People who are not ordinarily resident in London Borough of Islington except for carers who are caring for an Islington resident
- Where it is necessary to respond to any safeguarding concerns;
- Where there is a need to apply The Mental Health Act 1983 and Mental Capacity Act 2005 (including Deprivation of Liberties).

### **3. Legal context**

The Care Act 2014 (“the Care Act”) sets out a single legal framework for the provision of adult social care and support. The Care Act is underpinned by Regulations which set out the more detailed legal provisions. Guidance on applying the provisions in the Act and the Regulations is set out in the Care and Support Statutory Guidance. .

**The care and support provisions are set out in Part 1 of the Care Act which sets out a number of general duties of local authorities, including the following:**

- The duty to promote an individual’s well-being whenever the local authority is carrying out a function under Part 1 of the Care Act in relation to that person. This is known as ‘the wellbeing principle’;
- Responsibilities for preventing, reducing or delaying the development of care and support needs;
- The duty to establish and maintain a service for providing people in its area with information and advice relating to care and support;

The Care and Support (Eligibility Criteria) 2014 (“the Regulations”) set out national eligibility criteria with a minimum eligibility threshold. All local authorities must comply with this national threshold.

The Regulations set out eligibility criteria for:

#### **1. Adults in need of care and support.**

The threshold for adults is based on identifying how a person’s needs affect their ability to manage aspects of their lives (i.e. specified outcomes) and how this impacts on their wellbeing.

#### **2. Carers in need of support.**

The Care Act gives carers the same entitlement to an assessment and support as those they are caring for. The national eligibility threshold for carers is based on the impact of a carer’s needs for support on their wellbeing.

### **4. Islington’s Adult Integrated Community Services Eligibility Criteria**

Islington Council has adopted the national minimum eligibility criteria in order to;

- Ensure compliance with the Care Act 2014
- Determine which needs are eligible by using the eligibility criteria for adults with social care needs and carers, and;
- Work with the whole community to make sure that the needs and outcomes of vulnerable people in the community can be met in the most effective way, reducing dependency and delaying the need for long-term care and support.

#### 4.1 The National Minimum Eligibility Criteria

The Care and Support (Eligibility Criteria) Regulations 2014 came into effect on 1 April 2015. Instead of having four different bands of eligibility as set out in set out in the 2010 guidance on eligibility criteria for adult social care "*Prioritising need in the context of putting people first*" (Commonly referred to as the "FACS" criteria) people will be assessed as having needs which are 'eligible' if they meet the following threshold;

1. Their needs **arise from or are related to** a physical or mental impairment or illness
2. **As a result of these needs**, they are unable to achieve **2** or more of the specified outcomes (see below) and;
3. **As a consequence** there is, or is likely to be a **significant impact** on the adult's well-being.

##### The specified outcomes are:

- a) Managing and maintaining nutrition;
- b) Maintaining personal hygiene
- c) Managing toilet needs
- d) Being appropriately clothed
- e) Being able to make use of the adult's home safely
- f) Maintaining a habitable home environment
- g) Developing and maintaining family or other personal relationships
- h) Accessing and engaging in work, training, education or volunteering
- i) Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services; and
- j) Carrying out any caring responsibilities the adult has for a child.

The Regulations state that an adult is to be regarded as unable to achieve an outcome if the adult:

- (a) Is unable to achieve it without assistance;
- (b) Is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;
- (c) Is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or
- (d) Is able to achieve it without assistance but takes significantly longer than would normally be expected.

The eligibility determination should be made based solely on the person's needs and abilities without support. The fact that they have a carer supporting with those needs does not impact on whether the need is eligible or not.

If the person has a carer, the care provided should only be taken into account when considering whether the local authority has a duty to meet the eligible needs or not.

#### 4.2 Well-being

The '**well-being principle**' is a thread that runs through the heart of the Care Act. For eligibility decisions, the inability to achieve specified outcomes and the impact of this on a person's well-being (adult and informal carer) is key to deciding if they have eligible needs. The eligibility decision hinges on whether the impact on well-being is, or is likely to be '**significant**'. The term significant is not defined in the regulations and the statutory guidance says that it must be understood to have its everyday meaning. **A need becomes an eligible need if all three conditions specified above are met.**

The concept of well-being is personal to each individual but section 1 of the Care Act describes it as relating to a number of areas to enable a broad shared understanding of the concept of wellbeing. Section 1 of the Care Act describes well-being as including the following areas in particular;

- (a) Personal dignity (including treatment of the individual with respect);
- (b) Physical and mental health and emotional well-being;
- (c) Protection from abuse and neglect;
- (d) Control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);
- (e) Participation in work, education, training or recreation;
- (f) Social and economic well-being;
- (g) Domestic, family and personal relationships;
- (h) Suitability of living accommodation;
- (i) The individual's contribution to society<sup>1</sup>.

There is no hierarchy in the areas of wellbeing listed above – all are equally important. These areas will vary in their application and relevance depending on the individual, their circumstances and their priorities. Therefore a holistic and personalised approach, taking into account the person's views on the impact on their well-being is essential when assessing the impact on well-being.

#### 4.3 Fluctuating Needs

Deciding eligibility can be complicated when someone has a fluctuating health condition or social situation so that their level of need can change from week to week, day to day or even hour to hour. Some short term changes in need are predictable, for example increasing needs after a treatment like chemotherapy or reduced support from informal carers with children during school holidays. Others are unpredictable and can be substantial, for example during a sickle cell crisis.

Islington Council will take fluctuating needs into account during the assessment and work with the person to estimate how much extra support may be needed at times of increased need. The council will work in partnership with the person with eligible needs and their carers to plan for increased need and make sure increased support is available quickly when needed.

#### 4.4 Eligibility and prevention

The Care and Support (Eligibility Criteria) Regulations 2014 set out the minimum level of need that local authorities are obliged to meet. Lower level needs may be met as a preventative measure to help someone regain their independence, reduce or delay the need for care and support.

These preventative measures can include reablement, equipment to reduce risks and increase independence and other preventative support (including short term focused home care support, voluntary support or support from alternative organisations) for up to 6 weeks.

Islington's approach to eligibility is that the assessment process will be '**paused**' to see if preventative support can eliminate or reduce needs and restore or increase independence before the assessment process is completed.

This support will be reviewed regularly with the aim of ending funded services **within** 6 weeks. By the end of 6 weeks (or before this date as appropriate) the assessment process will be completed and the person will be fully assessed with regards to national minimum eligibility criteria. If the person still needs the support after 6 weeks it's likely they meet the national eligibility criteria.

#### 4.5 Assessment of Eligibility

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<sup>1</sup> The Care Act 2014 Chapter 23 Part 1 2a)-i) <http://www.legislation.gov.uk/ukpga/2014/23/section/1/enacted>  
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Decisions about eligibility can only be made once the person has been assessed by the local authority. (The only exception may be in an emergency when local authority can provide support to meet social care needs in the short-term and carry out an assessment afterwards). The assessment should be completed in partnership with the person and any other person that the adult asks the Local Authority to involve, or where the adult lacks capacity, any person that appears to the authority to be interested in the adult's welfare, to discuss the adults presenting needs, strengths and preferred outcomes.

After the assessment the Islington Adults Integrated Community Services has to decide if the person has any eligible needs and if so how those needs could be met to meet the agreed outcomes. The Council has a duty to meet a person's eligible needs. Needs can be met in a variety of ways including existing or new support from willing family or friends, universal services, information and advice and from voluntary agencies as well as or instead of funded support.

## **5. Notification and Recording of Eligibility Decisions**

Any decisions about eligibility will be recorded as part of the assessment process on the assessment or review form which will be shared with person and any other person that the adult asks the Local Authority to involve, or where the adult lacks capacity, any person that appears to the authority to be interested in the adult's welfare. The assessor will identify;

- if any identified needs arise from or are related to a physical or mental impairment or illness
- as a result of identified needs the adult is unable to achieve 2 or more specified outcomes, and
- as a consequence there is, or is likely to be a significant impact on the persons wellbeing

The assessor will write to the service-user explaining whether they are eligible for support or not, giving reasons why and explaining next steps such as information and advice or setting up a care and support, or in the case of carers a support plan.

## **6. Meeting Eligible Needs**

- 6.1 The decision on how to meet eligible needs and achieve agreed outcomes is separate from the decision about whether the person has eligible needs or not.
- 6.2 Decisions about how eligible needs will be met are made on a case by case basis which weighs up the total costs of meeting needs and include the cost as a relevant factor in deciding between suitable alternative options for meeting needs. This does not mean choosing the cheapest option, but one which delivers the outcomes desired for the best value.
- 6.3 The Council does not have to meet any eligible needs of an adult which are being met by an informal carer who is willing and able to do provide the support, as long as this is considered to be sustainable for the carer and doesn't put their well-being at considerable risk. However the Council must still record the eligible needs being met by a carer, in the event the caring arrangement breaks down the Council can step in and arrange care and support to meet the eligible need.

## **7. Contributions for support**

Once a decision has been made that the person has eligible needs which the Council is required to meet, the council must carry out a financial assessment to work out if the person will need to make a financial contribution towards the cost of any funded support provided.

If the person has capital above the limit set in the Care and Support (Charging and Assessment of Resources) Regulations 2014 (currently £23,500) their contribution will be the full cost of their care. Some people who have to contribute the full cost decide to arrange their support privately.

Further information about the financial assessment can be found at;

<http://www.islington.gov.uk/services/social-care-health/pay-care/Pages/Paying-for-nursing-homes.aspx?extra=9>

<http://www.islington.gov.uk/services/social-care-health/pay-care/Pages/Paying-for-homes-support-services.aspx?extra=8> or Financial Assessment and Income Recovery Team 0207-527-2178

## 8. Eligibility and Safeguarding

The Councils responsibilities in relation to safeguarding adults at risk of abuse and neglect are not dependent upon a person having eligible needs. Islington Adult Integrated Community Services has a duty to safeguard adults at risk in Islington. If you are worried about an adult at risk, please contact the Access and Advice Service, part of Adult Integrated Community Services:

**Tel: 020 7527 2299**

**Fax: 020 7527 5114**

**Email: [access.service@islington.gov.uk](mailto:access.service@islington.gov.uk)**

## 9. Support for Adults who do not have eligible needs

If the person does not have eligible needs the professional who undertook the assessment on behalf of Islington Adults Integrated Community Services will write to them explaining how they have reached this decision. The professional will provide information and advice on what other sources of support might be available to meet or reduce their current needs and what can be done to prevent or delay the development of future needs.

## 10. National eligibility criteria for carers

10.1 A carer has eligible needs if they meet the following **three** criteria,

1. Their needs arise as a consequence of providing **necessary care** for an adult.
2. As a result:

**their physical or mental health** is at risk of deteriorating **OR**

they are unable to achieve **any** of the following specified outcomes;

- Carrying out caring responsibilities for a child
- Providing care to another adult
- Maintaining a habitable environment
- Managing and maintaining nutrition
- Developing and maintaining family or other significant personal relationships
- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community
- Engaging in recreational activities

3. As a consequence there is, or is likely to be, **a significant impact on the carer's wellbeing.**



- 10.2 The person being cared for does not need to have eligible needs but the carer must be providing ‘**necessary care**’. This means that the cared for person must be unable to provide this support for themselves. If the care being provided is not considered ‘necessary’ Islington Adults Integrated Community Services will provide the carer with information and advice about how to find the support they need within their own network or the community.
- 10.3 In order to establish whether a carer has eligible needs the Islington Adults Integrated Community Services will complete a carer’s assessment with them. A carer can complete the assessment on their own or with support from someone else but an assessor from Islington Adult Integrated Services will need to validate the assessment (usually during a meeting with the carer) and decide if they have eligible needs.
- 10.4 The council will provide a written record of the determination on eligibility and the reasons for it.

## 11. How to appeal

If you want more information or are unhappy with your eligibility decision you can ask the person who assessed you to look at the decision again. If you are still unhappy with the outcome you can speak to the team manager to ask for a further explanation and to have the decision reviewed.

If the issue cannot be resolved by the team manager you can access the council’s complaints procedure by contacting: [socialservices.complaints@islington.gov.uk](mailto:socialservices.complaints@islington.gov.uk), 0207-527-8047 or text 07860 026 673.

## 12. Eligibility Criteria for Self-funders and the Cap on Care Costs

At the moment there is no limit to what care and support can cost, and this means that people with very high care needs may have to pay expensive bills. But from April 2016 there will be a new form of protection from unlimited costs. This protection is called the ‘**cap on care costs**.’

It means that no one will have to pay more than £72,000 towards the care element of the costs of meeting their eligible needs in their lifetime, and many people will pay much less. This applies to people funding their own care and support, as well as those helped by the council.

From April 2016, you will be able to register with the council to keep track of how much your care and support costs.

If you get help from the council with your care and support costs already, we will start to count how much is being spent on your care straight away. If the amount the care element of the cost of meeting your eligible needs reaches £72,000, we will step in and pay for the rest of your care costs.

The Council will use the national minimum eligibility criteria to identify your eligible needs in order to establish the costs that will be included in your care account and which will count towards the cap. This applies equally to people who pay for all of their care and support cost themselves. You can obtain more information at, [The Care Act - Islington Council](#).

## 13. Review

This policy will be reviewed bi-annually within the Islington Adults integrated Community Services Division.