

Fair Access to Care Services

From April 2003, the Government has required all Social Services Departments (now known as Adult Social Care and Health) to introduce a decision making process called 'Fair Access to Care Services'. This is used for deciding whether or not it is possible to help people asking for community care services.

"Fair Access to Care Services" describes care needs under four headings:

- High – The risk of major harm/danger to a person or major risks to independence.
- Substantial – The risk of significant impairment to health and well-being or significant risk to independence.
- Moderate – The risk of some impairment to health and well being or some risk to independence.
- Low – Promoting a person's quality of life although there is a low risk to their independence.

The assessor will determine which level of need applies to you from the information provided by you, and where appropriate, other people. The key question here is how great is the risk that you may lose your independence, suffer harm or are in danger.

The question will be considered against the following areas of need:

- Needs relating to physical, learning disability and mental health.
- Needs relating to personal care, domestic routines and home environment.
- Needs relating to family and social responsibilities.
- Carer needs.

St.Helens Council only has enough resources to be able to help people who have needs in the High, Substantial, or moderate bands. These are the people who are most at risk. If your needs are assessed as being in the Low band, we will not be able to help by providing services. We will offer you advice and guidance as to where you might get assistance.

We provide guidance to our staff about what we would normally expect to spend as a maximum each week on a package of support for people in each of these three bands.

We do not automatically spend these amounts for each person, the important thing is that the support you receive meets your needs.

If your needs are assessed as being in the Low band and therefore not eligible to receive a service, what happens?

- In some instances, we may need to let you know that we cannot meet your needs.
- The assessor will explain why you are not eligible to receive a service and will make alternative suggestions.

- You may wish to purchase a range of services direct from Independent Providers. Details of the services available will be provided for you by the person who assessed you.
- You will be provided with a copy of our decision.
- If your circumstances change and you would like a further assessment, please contact the Contact Centre on (01744) 456600.

If you are eligible to receive a service, what happens next?

- You will receive a statement/assessment of your needs and a care plan. These are written documents, agreed with you, which state what your needs are and how we propose to meet them. This will be reviewed on a regular basis.
- There will be a financial assessment to work out what your contribution will be.
- The assessor will discuss with you the services we can offer and reach an agreement about which would be most helpful to you within the resources available within Adult Social Care and Health.
- You will be provided with information regarding Direct Payments, which is a cash amount that can be made to enable you to purchase your own care and support. (There is a separate 'Direct Payments' leaflet available which explains how you can do this with proper support).
- You have the right to see your file. (There is a separate 'Access to Records' leaflet available which explains how you can do this).

What if you are not happy with the assessment process or the service you are offered?

If you are dissatisfied with how the assessment was carried out or services offered, we would welcome the opportunity to resolve the issue informally. However, you can at any stage contact the Department's Complaints Officer on (01744) 677999/677869. A separate leaflet 'Are we getting it right in Adult Services' is available which explains our procedures.