

Meeting your needs



A step by step guide

ADULT SOCIAL CARE

This booklet outlines the key steps to getting adult social care in Hammersmith & Fulham and answers some questions that you may have, including where to find more information.

Adult social care fulfils the council's statutory duties in respect of vulnerable adults under the National Assistance Act 1948 and subsequent related legislation and works to make this a borough of opportunity for residents who need our assistance.

Councils are required to complete a thorough assessment of people's needs and to meet these assessed needs in the most cost effective manner by providing community care services.

The aim of adult social care services is to enable residents who are eligible for social care funding to:

- gain maximum independence
- make choices about their care
- stay healthy and safe and
- increase their ability to participate in family and community life.

The eligibility criteria are set by the Department of Health's Fair Access to Care Services (FACS) as described in Step 1 Assessment.

Councils can still help with information and advice for residents who are not eligible for adult social care funding.

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If your circumstances or needs change, you should contact us at H&F Advice on 0845 313 3935. You do not need to wait for your review.

STEP 1 ASSESSMENT: Finding out what you need

Once you have let us know that you would like an assessment for adult social care services, we will contact you within two working days with an appointment to meet with you. We will complete your assessment within 28 working days. We will visit you at home or in hospital to carry out an assessment.

This assessment will give you the opportunity to tell us about you and your social care needs, so that we can assess whether you are eligible to receive adult social care.

If you are eligible for home care then you will be offered a short term period of focused support from the reablement team to help you to improve your independence.

1. Who is entitled to adult social care services?

In H&F, we provide services to meet 'critical', 'substantial' and 'greater moderate' needs. We do not provide services to meet 'lower moderate' or 'low' needs.

Fair Access to Care Services criteria (FACS) (produced by the Department of Health, 2003) provides councils with the framework for setting eligibility for adult social care services.

The framework is based on individuals' needs and risks to independence were services not provided.

Four eligibility bands are set out - 'critical', 'substantial', 'moderate' and 'low'. These are as follows:

Critical - there is an immediate risk of you coming to harm or losing your independence

Substantial - there is a significant risk of your health and wellbeing being affected

Moderate - there is some risk to your health or wellbeing, in the future, or that you might lose your independence

Low - one or two aspects of your daily life are hard for you to manage

The bands include criteria relating to:

- threat to life
- significant health problems
- serious abuse or neglect
- choice and control over the immediate environment
- personal care and domestic routines
- work, education and learning
- social support systems and relationships
- family and other social roles and responsibilities

Not all of these criteria apply to each band. For example, 'threat to life' and 'significant health problems' relate only to the 'critical' band.

The council has to decide which of these bands it will provide services for.

2. What is an assessment?

A needs assessment is a method of identifying your social care needs as defined by law. It is carried out through a meeting between yourself, the assessor or another member of staff and any relevant carers.

3. What will I be asked in my assessment?

The assessment considers if you can:

- make choices for yourself
- stay healthy and safe
- manage your own daily routine (such as washing and getting dressed, doing your laundry, housework and shopping, collecting your benefits and making a meal for yourself)

It also looks at the degree to which you meet the Fair Access to Care Services (FACS) criteria (see question 1 above), your involvement in family and community life and what support you have from those around you.

4. Will the council's eligibility criteria stay the same?

Each year councils are required by the government to review which bands it will provide services for. During this review, councils must take into account the needs of their residents as well as the resources available.

5. What if I disagree with my assessment?

You should contact the person who assessed you and ask for a reassessment. Their number will be on the letter that they sent to you or you can ask to speak to their team manager. If after this, you still feel dissatisfied with the outcome of your assessment, you can request a formal appeal.

If at any time you feel that you would like help from an advocacy service you can contact HAFAD (Hammersmith & Fulham Action on Disability). We have commissioned HAFAD to provide an advocacy service, working in partnership with other advocacy providers, including MIND and MENCAP.

The advocacy service is free and supports residents receiving adult social care or who believe that they may be entitled to adult social care services. In some cases referrals may be placed on a waiting list, with priority given to those more at risk of physical or mental harm.

6 What if I do not qualify for a service?

If your needs are assessed as 'lower moderate' or below, you will not qualify for a service from adult social care and you will be offered advice and information about alternative services.

7. How long will I receive social care services for?

Social care services are provided for as long as your needs meet the eligibility criteria. We will review the services that are in place after the first six weeks and then on an annual basis unless your circumstances or needs change.

If your circumstances or needs change, you should telephone H&F Advice on 0845 313 3935 - you do not need to wait for your review.

Our focus is on promoting independence and so, in many cases, services will be provided for a short period only. As your health or abilities improve, we will work with you to reduce our input.

STEP 2 REABLEMENT: Regaining your independence

The reablement service will meet you in your home within two days of completing your assessment, to develop a programme of short term focused support which can last up to six weeks.

Together we will set weekly goals around:

- regaining your confidence
- rebuilding your skills and
- increasing your independence

We will also see if any equipment, assistive technology or an adaptation to your home would help you.

When your reablement programme finishes, you will be reassessed to see if you still require services, which will be set up immediately.

If a period of short term, focused support would help you to increase your independence, we will refer you to our reablement service

1. What will reablement involve?

A reablement coordinator will meet you in your home to develop a reablement programme of short term intensive support with your eligible home care needs. All decisions about your reablement will be made with you. You and your coordinator will set weekly goals to help you:

- regain confidence
- rebuild your skills
- increase your independence and
- meet your care needs

The team will then help you to carry out these activities as outlined in your reablement programme and goals sheet. During this time we will also look at whether equipment, assistive technology or adaptations to your home may help you.

2. What equipment and assistive technology is available?

There is a wide range of specially designed equipment and assistive technology available to promote independence. This equipment or technology can help you in your everyday life: for example, grab rails, pendant alarms, a raised toilet seat, falls detectors, sensors, a commode, a special mattress or kitchen gadgets.

3. What adaptations can you make to my home?

Home adaptations may help to give you more freedom into and around your home and help you to access essential facilities within it. They normally include the type of works where structural changes are needed to your home such as:

- fitting a stair lift
- replacing a bath with a walk-in shower or fitting a shower over the bath
- adapting your home for wheelchair use (e.g. widening doors, installing ramps or a ceiling track hoist)

4. How long does the reablement programme last?

Reablement will last as long as you are seeing improvements to your confidence, skills and independence, up until a maximum of six weeks.

5. What happens next?

When your reablement programme finishes we will reassess you to see if you are still eligible for services.

If you are, we will write to you within three days of your reassessment to tell you what your likely budget is (see step 3) and we will set up any services that you need until your support plan is approved (see step 4).

If you are no longer eligible for an adult social care service, we will write to you within three days of your reassessment and tell you where you can find other services.

STEP 3 YOUR BUDGET: Money to spend on meeting your social care needs

If you are eligible for a service, we will work out the amount of money to which you are likely to be entitled to meet your social care needs. You may use this money to spend on things that meet your needs in ways that make most sense to you.

You can manage your budget yourself by taking a direct payment. This means that we will pay your budget directly to you. You can also ask the council to manage your budget for you, or you can have a combination of the two.

You may be required to contribute to the cost of your service. If so, our finance team will contact you to ask you to complete a financial assessment form. If you need any help completing this form you can telephone 0800 840 4502.

1. What is a budget?

A budget is the amount of money that we have assessed will meet your social care needs. It is how much you or we have to spend on the support you want to put in place to meet your social care needs.

2. What will it cost me?

It does not cost anything to have an assessment, but there may be a charge for some home care services. Whether you have to pay is determined by the Department of Health's Fairer Contributions Guidance which takes into account your income and your expenses.

3. Will this budget affect the amount of money I must pay the council in charges?

No. If you contribute to the payment of your care services, you will still continue to do so. For those who pay a financial contribution, the total budget will be made up from the amount of money allocated to you by the council plus your contribution. You must not use your budget to pay for any charges.

4. Will this budget affect any of my benefits?

No. This money is not counted as income, so it will not affect any of your benefits.

5. How is my budget managed?

You can choose how your budget is managed. It can be paid to you as a direct payment for you to arrange your services or you can ask us, the council, to manage it for you and to arrange your services. You can also have a combination of the two where part of your budget is managed by us and part by you.

6. What is a direct payment?

A direct payment is money paid to you every four weeks in advance from your budget to pay for services or activities that you have chosen in your support plan. This can be the most flexible way to manage your support. You must have a separate bank account for us to make the payment into.

Before we give a direct payment we must be sure you want a direct payment and

you are able and willing to manage the money on your own or with help.

If the council finds you are not managing a direct payment, we can withdraw the payments and arrange care for you.

If you are unable to manage your direct payment because of a lack of mental capacity then we can pay it to someone else on your behalf, providing they are willing and suitable and that it is appropriate.

7. If I manage the budget myself, do I have to tell you how I am spending it?

Yes. At the end of each quarter we will send you a form asking you to tell us what the balance is in your direct payment account. If you do not send back this form, your direct payment could be suspended.

STEP 4 SUPPORT PLANNING: Your plan telling us how you will use your budget

You can now decide how your budget should be spent by choosing services and activities that best meet your social care needs. Your choices will be set out in your support plan, which can take up to four weeks to complete.

You can create your support plan with family and friends and you can also have help from our reablement team or from one of our support planners. You can ask the Direct Payment Support Service for information and advice about direct payments. One of our managers will check that your plan meets your assessed needs and is safe. Once your support plan is approved, you can put it into action.

1. What is a support plan?

A support plan tells us what you want to change in your life, what you want to stay the same and how you would like to spend your budget to meet your needs. It describes:

- your hopes, goals and the steps you will take to improve your quality of life
- how you will meet the needs that were identified in your assessment
- the support you think you will need
- who you wish to provide the support
- how much it will cost
- how it will be arranged and managed
- what happens if difficulties arise
- how your plan will be reviewed with you

2. What can I spend my budget on?

You can spend your budget on services that meet your needs. We have not provided a list of what you can spend your budget on because everyone's support plan will be different but some examples might be:

- employing a personal assistant to help take care of you instead of having a carer from an agency
- joining a voluntary group to meet new people
- agreeing more flexible times with your home care providers so you can get up and go to bed when it suits you

You cannot spend your budget on:

- anything that does not meet your assessed needs and outcomes
- anything that is against the law
- gambling
- NHS treatments
- services or care for your husband, wife or civil partner
- paying your partner or close relatives who live in the same household as you. (Your support planner can advise what is included as 'close relatives')

3. Who can help me to create a support plan?

You will be asked who you prefer to help you to complete the support plan.

You may wish to plan your support on your own or with your family or friends who you trust.

We can also help you to make these decisions by assisting you to create a support plan. Either your assessor, social worker, reablement coordinator or support planner, as appropriate, will meet with you and support you in creating the support plan.

You can ask the Direct Payment Support Service for information and advice about direct payments.

4. What is a support planner?

Support planners work with people who have a large budget, complex needs or who want to be particularly creative in using their budget.

If you have a support planner, they will help you to think about what is and isn't working in your life and help you to think about different ways in which you can spend your budget to meet your needs and maximise your independence.

The support planner will help you to think about your whole life and not just your assessed needs. They will then help you think about accessing other free services and activities or things that you may want to spend your own money on.

They will also help you to understand the practicalities of putting your plan into action so that your choices are achievable.

5. How will you approve my plan?

A manager will check that:

- The support plan meets the needs that were identified in your assessment
- You have set personal and achievable goals and outcomes
- Your plan is safe and that any risks have been identified and addressed
- You have a plan in place if things go wrong
- You have chosen how you want to manage your personal budget
- Your plan is affordable

6. What happens if my plan is not approved?

A plan might not be approved if it does not meet the above criteria. In this case you will be contacted to discuss any areas that need to be changed. If you are not happy with any changes that are suggested you should ask to speak with a team manager. If after speaking with them you still feel dissatisfied, you can request a formal appeal.

STEP 5 PUTTING YOUR PLAN INTO ACTION

Once your plan has been approved it needs to be put in to action. Where we are setting up services for you, any changes to your existing service will be in place within two days of your support plan being approved.

If you take a direct payment you have to set up a separate bank account for it to be paid into and set up any services that you are managing yourself. You can ask the Direct Payment Support Service to help put your plan into action.

1. Who can help me set up the services?

If you have chosen a council managed service, we will arrange your services.

If you have chosen a direct payment you will have decided who will help you set up your services as part of your support plan. You can also ask the Direct Payment Support Service to help you set up the services.

If you have decided to employ a personal assistant, the Direct Payment Support Service can help you. They can give you advice and support about your responsibilities as an employer, recruitment, tax and insurance.

2. What if the services I have chosen in my plan stop being available?

If you have chosen a council managed budget we will contact you to discuss alternatives.

If you have chosen a direct payment and are unable to find an alternative service, you should contact H&F Advice on 0845 313 3935.

STEP 6 REVIEW: Checking that your needs are being met

Six weeks after your plan has been put into action we will contact you to check that things are going well and that your needs are being met. After this your plan will be reviewed at least once every 12 months.

You can contact us at any time if you are not happy with the services you are receiving or if your circumstances or needs change by telephoning 0845 313 3935.

We check that your needs are being met by meeting with you. This is called a review. You will have your first review six weeks after you have set up your support plan. Your needs and support plan will then be reviewed at least once every twelve months.

1. What if my needs have changed since my last assessment?

If your eligible needs have increased since your last assessment, your budget and support plan will be reviewed and your budget may be increased to ensure your needs are being met.

If your needs have decreased since your last assessment, your budget and support plan will be reviewed and your budget may be reduced. An appropriate date for this reduction will be agreed with you, but it is likely that you would receive at least two weeks' notice if this were the case.

2. What if my needs change or my plan is not working for me before I have a review?

If your circumstances or needs change, you should contact us at H&F Advice on 0845 313 3935 - you do not need to wait for your review.

For more information
search for adult social care
on www.lbhf.gov.uk

If you would like any part of this document interpreted into your own language, or produced in large print or braille, please telephone H&F Advice 0845 313 3935.