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<b>Report To:</b>	<b>Health and Social Care Committee</b>	<b>Date</b>	<b>21 April 2016</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>SW/23/2016/BC</b>
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<b>Subject:</b>	<b>Health and Social Care Partnership Eligibility Criteria</b>		

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the eligibility criteria for social care provision.

## 2.0 SUMMARY

- 2.1 There is a duty on the Local Authority and HSCP to have in a place local Eligibility Criteria for social care.

Eligibility Criteria clarify the link between needs and resources, urgency and risk.

Inverclyde has been operating one for a number of years, reflecting national guidance which has been revised to take account of recent legislation and regulations

Inverclyde's HSCP Eligibility Criteria focus on individual outcomes and promote wellbeing and independence.

## 3.0 RECOMMENDATIONS

- 3.1 Members are asked to note the current Eligibility Criteria and to request a future report on their application.

**Brian Moore**  
**Corporate Director, (Chief Officer)**  
**Inverclyde HSCP**

## 4.0 BACKGROUND

- 4.1 The need for a national eligibility framework was originally identified in 2008 in reports on Free Personal Care published by Audit Scotland and subsequently in Lord Sutherland's Independent Review of Free Personal and Nursing Care in Scotland. Lord Sutherland's report acknowledged that it is an accepted principle of social care policy that local authorities will manage their resources to focus first on supporting those people who are in most urgent need. Lord Sutherland concluded that whilst the majority of councils were operating local arrangements in an appropriate way, it was crucial that the levers used by councils to manage access to finite care services – such as waiting lists and eligibility criteria – should be “transparent and should not inappropriately restrict legitimate access to care” to meet needs that call for the provision of a social care service.
- 4.2 The projected growth in the numbers and proportions of older people; the need to continually improve health and social care outcomes; and the increasing cost of formal care mean that our strategic objective is to shift the balance of care for our older people, and develop preventative strategies. This means optimising independence and wellbeing by enabling people to stay at home or in a homely setting, with maximum independence, for as long as possible – through access to universal services, through supporting unpaid carers and through a focus on reablement and rehabilitation. The Scottish Government and COSLA 2009 guidance is attached for information as a background paper. (A)
- 4.3 Inverclyde's Eligibility Criteria Procedure and Guidance are attached for information as a background paper (B) and are based on the Scottish Government and COSLA 2009 guidance for local authorities for national eligibility criteria and waiting times. They also take account of the powers and duties under the Self Directed Support (Scotland) Act and new requirements under Carers (Scotland) Act 2016.

The eligibility criteria set out the conditions and circumstances which determine access to community care services provided by or on behalf of Inverclyde HSCP.

- 4.4 There are four reasons why we have eligibility criteria:-
- i. Social care resources are finite and should be targeted fairly and on those with the greatest need, this is achieved by using the same criteria for prioritising the needs of everyone who requests or requires a service.
  - ii. The Social Work (Scotland) Act 1968 requires local authorities to assess need. Once needs have been identified there is an obligation to provide through a support plan appropriate services to meet needs or make alternative provision until these can be provided.
  - iii. The NHS and Community Care Act 1990 require local authorities to publish information about services, for whom they are intended and how to access them. Published eligibility criteria are a public statement of how social work will respond to needs by establishing different levels of priority for access to care.
  - iv. Eligibility criteria provide transparency about the basis on which decisions are made by practitioners around providing services.

## 5.0 PROPOSALS

### 5.1 Principles that Underpin Eligibility Criteria

The national guidance identifies key principles that are required to underpin effective

and fair eligibility criteria:-

- i. Eligibility criteria should be applied only after an appropriate assessment (or review) of an individual's needs has taken place and require to identify the urgency of their situation.
- ii. They should be applied fairly across all care groups and all existing, as well as new, service users. Application of these criteria should not discriminate between people's needs on any other basis except risk to independent living and wellbeing.
- iii. There should be one core question that informs the decision around eligibility for a service:  

"Should an individual receive support from social work services to meet a need or not?"
- iv. People who are not eligible for direct services under the criteria are eligible to receive advice and information and should be directed to alternative sources of assistance.

## 5.2 Eligibility Categories

Following completion of an individual assessment, the eligibility criteria prioritise needs into four categories:-

- **Low:** promoting a person's quality of life or low risk to independence
- **Moderate:** the risk of some impairment to the health and wellbeing of a person or some risk to independence
- **Substantial:** the risk of significant impairment to the health and wellbeing of a person or significant risk to independence
- **Critical:** the risk of major harm/danger to a person or a major risk to independence

The eligibility categories are identified by determining the person's ability to maintain their health, wellbeing, independence and social involvement in 4 key areas:-

- Physical and mental health and wellbeing
- Personal care and domestic environment
- Participation in community life
- Carers support

## 5.3 Determining Level of Response

As part of the assessment and care planning process, it is for relevant social work practitioners and team leaders to consider how each individual's needs match against eligibility criteria in terms of severity of risk and urgency for intervention.

Some levels of need will call for services or other resources to be provided as a high priority. These would fall under the Critical and Substantial category.

In other circumstances the assessment may indicate a potential requirement for service provision in the longer term which could be averted if preventative intervention takes place. These would fall under the Moderate category and may require a response to prevent greater reliance on services in the future.

Some level of need may not call for any social care intervention as engagement in local communities or universal services may be the most appropriate way of addressing the need. These would fall into the Low category.

In such cases consideration will be given to provision as a preventative measure or in anticipation of a need for increased support at a future date, rather than wait until the situation deteriorates. This approach ties into the ethos of optimising independence and promoting self-reliance.

It also applies to the self-selection of low cost but high impact supports including maximising income, community alarms, meals at home, minor adaptations and equipment that may reduce the need for a greater level of support in future.

The eligibility criteria require to be applied at the initial assessment and all subsequent assessments and reviews. It is likely that over a period of time the individual's eligibility for a service may change either moving up to a higher level or, after a period of support and service, moving to a lower level of risk and need. This may be for a number of diverse reasons, such as after a period of rehabilitation or a change in the social circumstances. This process is illustrated by the flow chart attached as appendix A.

The national guidance links eligibility criteria to waiting times. The agreed performance measure is services should be in place no longer than 6 weeks following receipt of referral. The HSCP record waiting times and will link them to the eligibility criteria to allow reporting on performance and ensure those at Critical and Substantial need are assessed and support is in place within the agreed timescales. The application of eligibility will allow for prioritisation of referrals and ensure those at Critical need are responded to first.

#### 5.4 Access Criteria

Eligibility criteria and access criteria are directly linked but have a distinct and separate purpose.

Once an individual's eligibility for a service has been identified then access to the appropriate level of support can be arranged. Each service requires to have access criteria which will ensure that the service is targeted appropriately.

An example may be services for adults with learning disability where it would not be appropriate to place an older person. Similarly a day care service which supports frail and dependant older people who require personal care support would be inappropriate for an active person who would benefit from social interaction. Appropriate targeting of services prevents individuals receiving a level of service that compromises their independence and, ultimately, wellbeing.

#### 5.5 Eligibility Criteria and Self-Directed Support

The Social Care (Self Directed Support) (Scotland) Act 2013 sets out new duties and responsibilities for local authorities. The local authority must collaborate with the person around assessment and the provision of support or services. This will be achieved by increasing the individual's choice and control over how services are provided, maximising the involvement of the person in the process (to a level that the individual wishes) and to provide reasonable assistance to enable the person to express their views and to make informed choices.

The Act also emphasises that eligibility criteria refer to the service user's assessed

level of need and not the type or level of service. This does not mean services cannot have access criteria. Once the individual budget is determined then the service user is able to spend this budget on any type of service or support that is agreed by the Council in the support or care plan to meet their needs.

The diagram (Appendix A) illustrates how the intensity of risk and access to care services is determined using the standard eligibility criteria.

## 6.0 SUMMARY

6.1 Our resources are targeted to those people described as being at Critical, Substantial or Moderate risk. People in these categories are in the greatest need of support to allow them to maintain their independence safely. People whose needs fall into the Low risk group may not automatically qualify for services, however, they will receive an assessment and receive advice on suitable alternatives.

## 7.0 IMPLICATIONS

### Finance

7.1 There are no specific financial implications from this report. All activity will be contained within existing budgets.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

### Legal

7.2 None.

### Human Resources

7.3 There are no Human Resource implications at this time.

### Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
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√	NO -
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### **Repopulation**

7.5 None.

### **8.0 CONSULTATIONS**

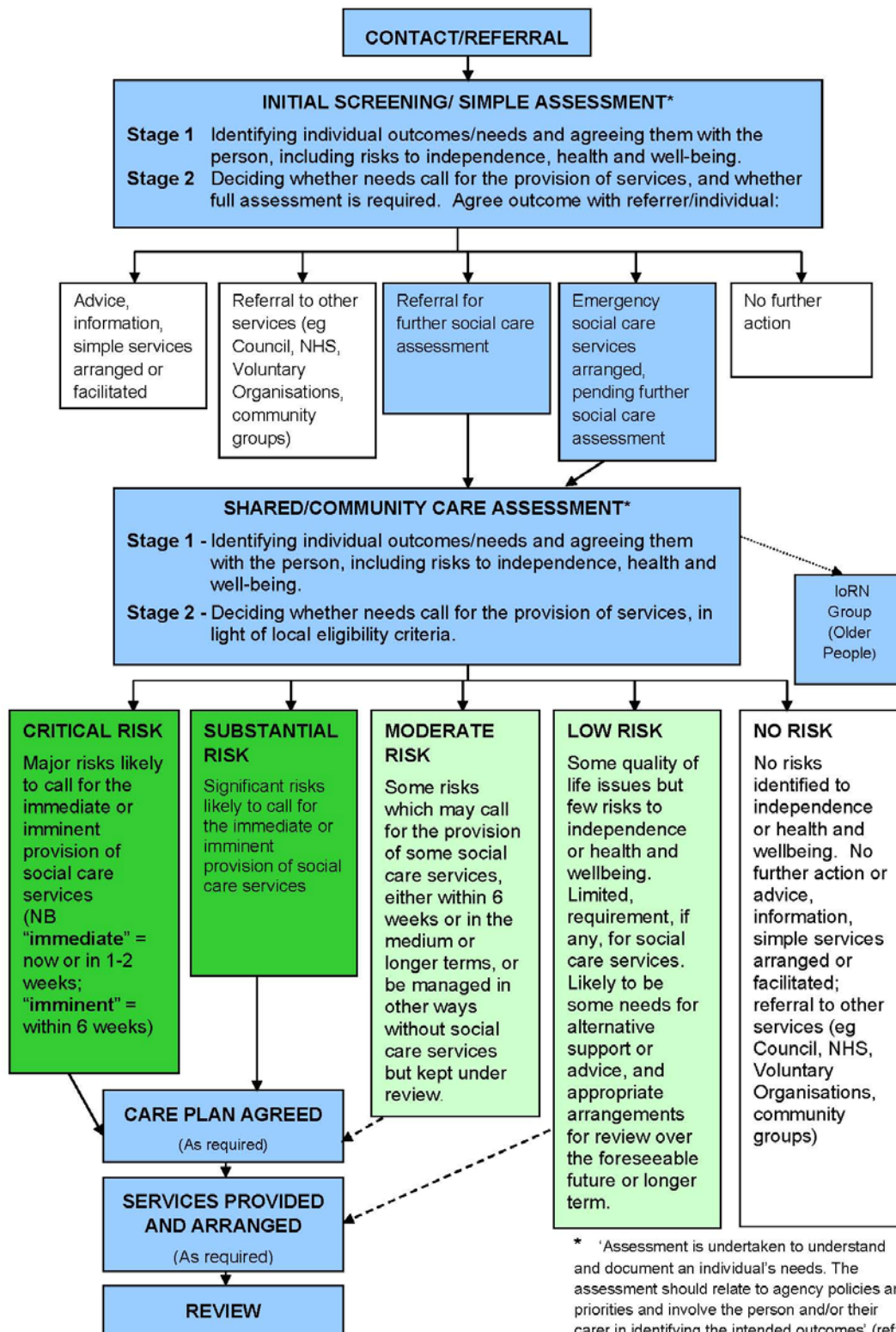
8.1 None.

### **9.0 BACKGROUND PAPERS**

9.1 Outcome Focussed Eligibility Criteria: Procedure and Guidance Notes – September 2014.

9.2 National Standard Eligibility Criteria and Waiting Times for the Personal and Nursing Care of Older People – Guidance.

Appendix A



# NATIONAL STANDARD ELIGIBILITY CRITERIA AND WAITING TIMES FOR THE PERSONAL AND NURSING CARE OF OLDER PEOPLE - GUIDANCE

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# **NATIONAL STANDARD ELIGIBILITY CRITERIA AND WAITING TIMES FOR THE PERSONAL AND NURSING CARE OF OLDER PEOPLE**

## **INTRODUCTION**

1.1 This document is issued by Ministers as guidance under section 5(1) of the Social Work (Scotland) Act 1968. Its terms have been agreed jointly by the Scottish Government and the Convention of Scottish Local Authorities (COSLA).

1.2 The aim of this document is to help achieve better outcomes for older people. It seeks to deliver the shared commitments agreed by Scottish Ministers and local authority elected members, following publication of Lord Sutherland's review of free personal and nursing care, to be introduced in 2009-10, including:

- a common standard eligibility framework for older people which categorises the needs of individuals and which is applied by all local authorities;
- a common commitment to deliver personal and nursing care services to older people within a maximum period of six weeks following the identification of need, identified as being at critical or substantial risk as regards their independent living or wellbeing;
- the application of the Single Shared Assessment model, and associated tools, by local authorities and their partners as a key element in ensuring consistent processes for individual needs assessment;
- appropriate management and review arrangements for responding to the needs of individuals assessed as having less intensive care needs, including preventative services; and
- the provision of £40m in additional funding from 2009-10 to respond to the impact of existing funding pressures, as identified by Lord Sutherland, and deliver measurable improvements in access to services for individuals.

1.3 Whilst promoting consistent and transparent national standards, the guidance also seeks to re-enforce the following key principles:

- the central role of assessment in determining access to social care services;
- the responsibility of local authorities to determine the provision of care services in their areas, taking account of their financial and other resources and the costs of service provision;
- that the prioritisation process should target resources towards responding to people at critical or substantial risk as regards independent living or wellbeing, whilst not excluding consideration of the benefits of preventative support and less intensive care services for people at less risk.

1.4 The implementation of this guidance will assist Councils and Partnerships to deliver improved outcomes for older people as set out in the National Framework for Community Care Outcomes.

1.5 It is also recognised that some councils might choose to apply the eligibility framework set out within this guidance to all community care groups – the framework is generic and need not be confined solely to the management of older people’s care. It has been written in such a way that it can be applied consistently across all adult care groups if individual councils choose to do so. However, this is a matter solely for individual councils and is not tied to the agreement between Scottish Government and council Leaders on Free Personal and Nursing Care.

## **TIMESCALES**

2.1 Councils are expected to ensure by **1 December 2009** that their local eligibility criteria and definitions for older people and the timescales for accessing personal and nursing care services are compatible with the national definitions and standards set out in this document.

## **FUNDING**

3.1 The costs of implementing this guidance, alongside councils’ existing expenditure on care services for older people, should be met from the £40 million in additional funding for 2009-10 allocated by Ministers.

## **BACKGROUND – SUTHERLAND REVIEW**

4.1 The need for a national eligibility framework was originally identified in 2008 in reports on Free Personal Care published by Audit Scotland and subsequently by Lord Sutherland’s Independent Review of Free Personal and Nursing Care in Scotland. Lord Sutherland’s report acknowledged that it is an accepted principle of social care policy that local authorities will manage their resources to focus first on supporting those people who are in most urgent need. Lord Sutherland concluded that whilst the majority of councils were operating local arrangements in an appropriate way, it was crucial that the levers used by councils to manage access to finite care services - such as waiting lists and eligibility criteria - should be “transparent and should not inappropriately restrict legitimate access to care” to meet needs that call for the provision of a social care service.

4.2 Lord Sutherland concluded that greater national consistency in standards and expectations could be achieved without compromising local decision making. He recommended that there should be:

- a clear entitlement for those assessed as needing personal and nursing care, analogous with the NHS;
- a standard eligibility framework ;
- common assessment processes; and
- clearly stated target waiting times.

4.3 Lord Sutherland recommended that the move to more consistent and transparent processes should be linked with improved public information and understanding of the policy and better monitoring of financial and other information at local and national levels.

4.4 To support this approach, Scottish Ministers agreed to provide £40 million in additional funding to local authorities from 2009-10 to help stabilise the FPNC policy and improve outcomes for older people and more widely for all community care client groups. The specific focus of the resources is:

- to address the Free Personal Care funding shortfall identified in Lord Sutherland's report;
- to assist councils that have ceased charging older people for meals preparation or will cease these charges by 1 April 2009; and
- to assist the development of more consistent and transparent arrangements for eligibility and access to community care services, including waiting list management.

4.5 This guidance is issued within the context of significant changes to policy, planning and delivery of services for older people. The Sutherland Review<sup>(a)</sup> recommended that, alongside immediate actions to stabilise and improve the delivery and clarity of free personal and nursing care, Government at all levels should undertake a much wider review of future funding and delivery of long-term care services and actions to prepare for demographic change. The Scottish Government, COSLA, NHS Scotland and stakeholders are in the process of taking forward this wider review.

## **WIDER POLICY CONTEXT**

5.1 The projected growth in the numbers and proportions of older people; the need to continually improve health and social care outcomes; and the increasing cost of formal care mean that our strategic objective is to shift the balance of care for our older people, and develop preventative strategies. This means optimising independence and well being by enabling people to stay at home or in a homely setting, with maximum independence, for as long as possible - through access to universal services, through supporting unpaid carers and through a focus on re-ablement and rehabilitation.

5.2 This guidance, therefore, should be considered within the overall context of improving and sustaining the well-being of older people. Well-being is a broad-ranging concept affected in a complex way by a person's physical health, psychological state, level of independence, social relationships, and their

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(a) Independent Review of Free Personal and Nursing Care in Scotland – A Report by Lord Sutherland – April 2008. <http://www.scotland.gov.uk/Publications/2008/04/25105036/0>

relationships to salient features of their environment.<sup>1</sup> The improvement of well-being is allied to a more general move towards the personalisation of services, whereby people are encouraged to become actively involved in selecting and shaping the services they receive. Personalisation, including a strategic shift towards early intervention and prevention, will be the cornerstone of public services into the future.

5.3 The personalisation agenda marks a step-change in the way care and support services for older people are commissioned. Rather than only addressing illness or crisis interventions, services will be commissioned to promote and prolong well-being. Thus the emphasis has shifted to prevention. Older people in particular should benefit from the new commissioning agenda, including potential improvements in access to crucial low-level services that prevent further, more serious ill-health. To that end, it is recognised that councils and their partners will want to consider whether the provision of services or other interventions might help prevent or reduce the risk of an individual's needs becoming more intensive.

5.4 Similarly, the principle of re-ablement is at the heart of assisting older people to recapture and sustain well-being and autonomy after an acute episode of ill-health, or in the management of a long-term condition, or in response to a general deterioration in ability. This will normally involve intensive work with service users to increase their skills, confidence, and ability to live independently. This approach could involve assistive technologies like telecare, and is focused on achieving positive outcomes for older people, as well as reducing the number of people requiring ongoing social care support.

5.5 It is recognised that the use of eligibility criteria to manage demand for social care services alongside personalisation, early intervention and prevention, presents challenges for local partnerships. The Scottish Government and COSLA will seek to make available examples of good practice from the experience of partnerships in implementing this guidance.

5.6 It is also important that we learn from the experience of local authorities elsewhere in the UK in applying a national eligibility framework. In particular, a National Eligibility Framework – set out in the '*Fair Access to Care Services*' guidance – for social care services has operated in England for a number of years. During 2008, the UK Government commissioned the Commission for Social Care Inspection in England to undertake a review of the operation of the eligibility system. The Commission published its report in November 2008 and set out a number of recommendations for the future operation of the national eligibility framework for social care services in England. Elements of the Scottish guidance in this document aim to address concerns raised in the Commission's report. The framework emphasises the importance of the Single Shared Assessment as key to ensuring consistent processes in determining individuals' needs. Urgency of response has been included in the definitions of the eligibility categories. The framework also considers risk factors relating to carers in determining eligibility.

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<sup>1</sup> World Health Organisation, 2003

5.7 Finally, the guidance and eligibility framework is designed to sit alongside other current relevant strands of work, including, for example, shifting the balance of care from hospital and residential care to home-based services; <http://www.shiftingthebalance.scot.nhs.uk/> action to enhance support for people with long-term conditions [www.scotland.gov.uk/Topics/Health/NHS-Scotland/Delivery-Improvement/1835/210369](http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/Delivery-Improvement/1835/210369); a new strategy for carers, to be published in 2010; further development of the personalisation agenda, building on the work that emerged from Changing Lives; and new approaches to the delivery of home care services. Further relevant policy documents are available on the Scottish Government web page: <http://www.scotland.gov.uk/Topics/Health>. These developments are particularly important in balancing the requirement to respond to immediate, high level care needs, with the aim of developing more personalised, self-managed and preventative care services described above.

## ASSESSMENT PROCESS AND ELIGIBILITY CRITERIA

6.1 Under section 12A of the Social Work (Scotland) Act 1968 (“the 1968 Act”), local authorities have a duty to assess any adult who appears to need community care services. Good quality assessment practice is vital to the provision of better outcomes for people with social care needs and to ensuring consistency and transparency in how decisions are reached:

- Circular CCD8/2001: *Guidance on Single Shared Assessment of Community Care Needs* confirmed that the adoption of Single Shared Assessment was integral to the delivery of community care services.
- Circular CCD3/2008: *National Minimum Information Standards for Assessment and Care Planning for Adults* provided an updated version of the National Minimum Information Standards (NMIS) for assessment and introduced new standards for shared care and support plans, and for reviews. All partnerships were asked to ensure that they were operating the updated guidance, at least within their paper systems, by March 2009.

6.2 Assessment of needs is, of course, not a static process. Individuals’ needs can change over time, even over relatively short timescales. For example, an individual’s assessed needs may call for the provision of a certain level of services following discharge from hospital, but a different level of service once they are re-established in their own home. The operation of eligibility criteria and timescales by local authorities should take account of the wider care management and review process.

6.3 The 1968 Act clearly describes assessment **as a two-stage process**: first there is the assessment of needs and then, having regard to the results of that assessment, the local authority shall decide whether the needs of that person call for the provision of services. The operation of local eligibility criteria applies to this second stage of the assessment process.

6.4 The 1968 Act recognises the central role of the local authority in determining where there is need that calls for the provision of community care services and how such need should be met. Local authority resources require to be deployed effectively both in the individual case and across the community care client group.

Effective deployment of resources will include ensuring that they are applied in a fair, consistent and transparent manner. Eligibility criteria assist local authorities to achieve fairness, consistency and transparency in how decisions are taken. This guidance promotes a nationally consistent approach to the way in which local eligibility criteria are formulated whilst recognising that eligibility for community care services is fundamentally a matter for the local authority.

6.5 If someone appears to be in need of community care services they should receive a care needs assessment. Local authorities are encouraged to set a low threshold for access to a care needs assessment. Whether someone is eligible for a community care service is a matter that will be determined, having regard to eligibility criteria, by assessing the person's need for community care services and deciding whether there is need that calls for the provision of such a service. To support the policy direction on personalisation and self management, self assessment tools have a significant function in enabling the user or carer to consider the key outcomes they would like to achieve as part of their assessment of need.

6.6 Eligibility criteria recognise urgency and risk as factors in the determination of eligibility for community care services. Where an individual is eligible, the urgency of that individual's needs should be kept in focus in determining how to respond to the care needs assessment or on-going review. It is fundamental to the approach set out in this guidance that individuals who require services should not simply be placed in a date order queue. Response to need should be informed by the continuing systematic review of each individual's needs, including consideration of how urgently service provision is called for and what interim measures may be appropriate pending a more permanent response.

6.7 It is important to recognise that need, and the response to need, is often not a matter of simple assessment and response. For example, where there is a need for a range of services, the various needs and the various services that may be provided, or available, to meet those needs will be interdependent. This is where high quality professional judgement and the effective deployment of available services and resources to meet need is critical.

6.8 The following sections cover two separate elements:

- The first section (paragraphs 7.1 - 8.5) provides guidance on the application of a standard national framework for eligibility criteria for access to personal and nursing care services for older people.
- The second section (paragraphs 9.1-9.8) provides guidance on standard timescales for the delivery of personal and nursing care services.

## **ELIGIBILITY CRITERIA – A NATIONAL FRAMEWORK**

7.1 This section sets out a national framework for eligibility criteria that local authorities should use in setting local eligibility criteria for access to personal and nursing care services for older people. Local eligibility criteria indicate what level of need councils and their partners recognise as requiring services. In setting such

criteria, local authorities will have regard to a range of factors including the overall level of resources available to meet need, the cost of service provision and ensuring equity in their service decisions. Eligibility criteria are a method for deploying limited resources in a way that ensures that those resources are targeted to those in greatest need, while also recognising the types of low level intervention that can be made to halt the deterioration of people in less urgent need of services. Eligibility criteria are intended to apply fairly and not discriminate between people's needs on the basis of age, client-group, geographical location, gender, ethnicity, social class, sexuality, or any other basis apart from risk to independent living and well-being.

7.2 The framework set out below is based on eligibility frameworks already operated by a majority of councils in Scotland for social care services. The operation of the national framework should continue to be based on an assessment, through the Single Shared Assessment process, of the needs of service users and risks to each individual's independent living and well-being. The framework considers both (a) the severity of the risks and (b) the urgency for intervention to respond to the risks. Some levels of risk will call for the provision of services as a high priority whilst others may call for some service provision, not as a high priority but managed and prioritised on an ongoing basis. Some may not call for any social care service at all as engagement in local community activities may be the most appropriate way of addressing the need. In other circumstances the assessment may indicate a potential requirement for service provision in the longer term which requires to be kept under review. As part of the process for assessment and considering whether an individual's needs call for the provision of services, it is for relevant social work staff to consider how each individual's needs match against eligibility criteria in terms of severity of risk and urgency for intervention. The eligibility framework prioritises risks into 4 bands: critical, substantial, medium and low:

### **Intensity of Risk**

**Critical Risk:** Indicates that there are major risks to an individual's independent living or health and well-being likely to call for the immediate\* or imminent\* provision of social care services (high priority).

**Substantial Risk:** Indicates that there are significant risks to an individual's independence or health and wellbeing likely to call for the immediate or imminent provision of social care services (high priority).

**Moderate Risk:** Indicates that there are some risks to an individual's independence or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an ongoing basis or they may simply be manageable over the foreseeable future\* without service provision, with appropriate arrangements for review.

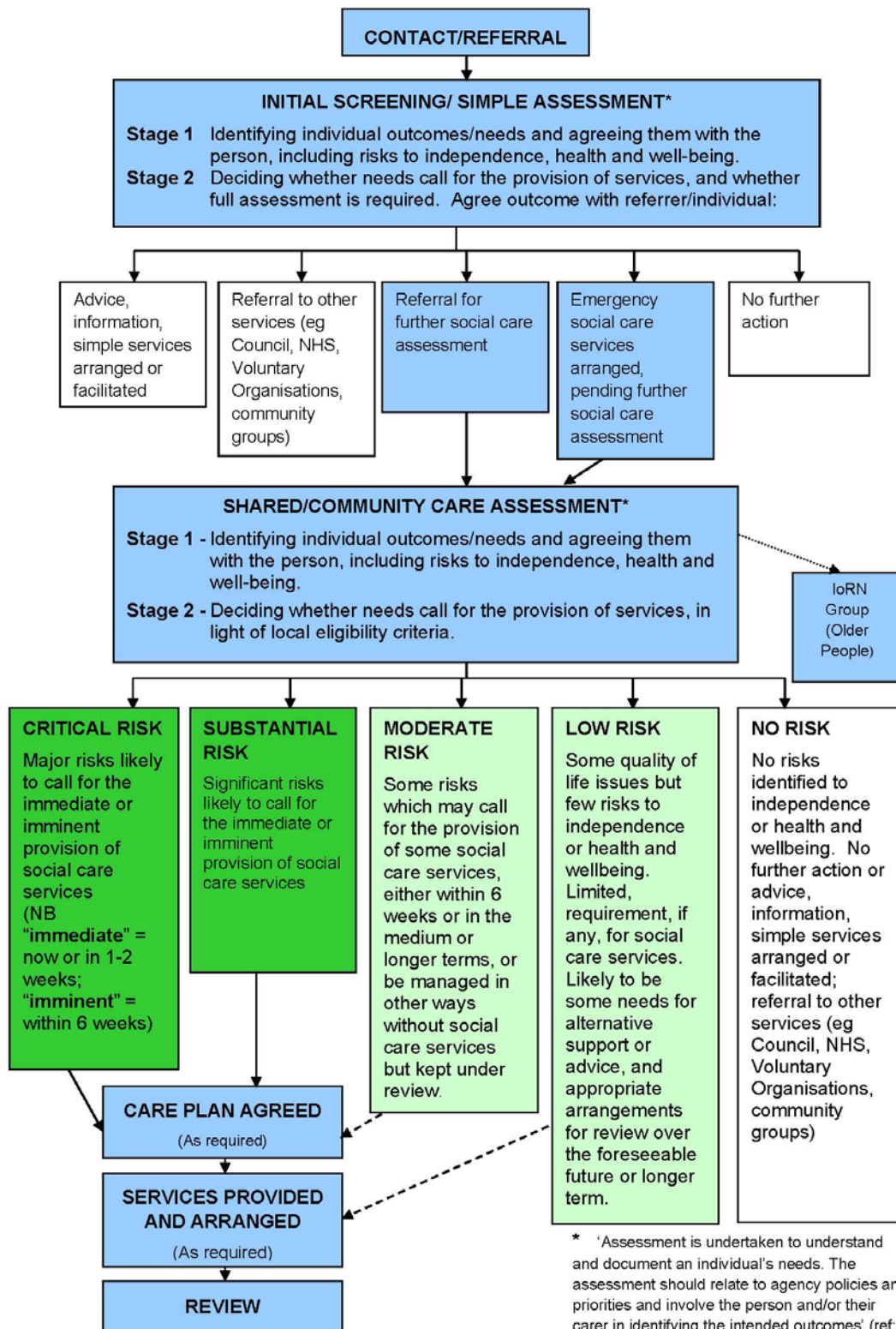
**Low Risk:** Indicates that there may be some quality of life issues, but low risks to an individual's independence or health and wellbeing with very limited, if any, requirement for the provision of social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term\*.

In these definitions, the timescale descriptions (marked \*) are used to indicate that services are likely to be required as follows:

- **Immediate** – required now or within approximately 1-2 weeks;
- **Imminent** – required within 6 weeks;
- **Foreseeable future** – required within next 6 months;
- **Longer term** – required within next 12 months or subsequently.

**7.3 The following diagram illustrates how the intensity of risk and access to care services is determined using the standard eligibility criteria:**





7.4 The above framework acknowledges that, in managing access to finite care resources, local authorities and their local partners focus first on those people assessed as having the most significant risks to their independent living or well-being. Where people are assessed as being in the ‘critical’ and ‘substantial’ risk categories their needs will generally call for the immediate or imminent provision of services. Those clients are entitled to receive such services and it is expected that they will receive them as soon as reasonably practicable and, in the case of older people in need of personal or nursing care services, not later than six weeks from the confirmation of need for the service. This is the minimum expectation on local partnerships. Both COSLA and the Scottish Government encourage partnerships to seek to provide support within their available resources, beyond this minimum level, and particularly to consider the benefits of preventative and lower intensity interventions. This is considered further in paragraph 8 below.

### Definition of Risk Factors

7.5 The following table provides definitions of risk factors for each of the bands in the national eligibility framework. These are based on definitions already operated by some Scottish councils. Inevitably, these are broad descriptions and call on the judgement of those applying the eligibility criteria in each case. The Scottish Government, COSLA and ADSW will prepare “pen pictures” for each criterion to assist councils and their partners in interpreting the necessarily broad descriptions for each of the criteria.

**Table 1: Definitions of Risk / Priority**

<b>CRITICAL</b>	<b>SUBSTANTIAL</b>	<b>MODERATE</b>	<b>LOW</b>
<b>(High)</b>		<b>(Medium / Preventative)</b>	<b>(Low/ Preventative)</b>
<b>Risks relating to neglect or physical or mental health</b>			
Major health problems which cause life threatening harm or danger to client or others.	Significant health problems which cause significant risks of harm or danger to client or others.	Some health problems indicating some risk to independence and/or intermittent distress, potential to maintain health with minimum interventions.	Few health problems indicating low risk to independence, potential to maintain health with minimum interventions
Serious abuse or neglect has occurred or is strongly suspected and client needs protective intervention by social care services (includes financial abuse and discrimination).	Abuse or neglect has occurred or is strongly suspected (includes financial abuse and discrimination).	Vulnerable person need to raise their awareness to potential risks of abuse	Preventive measures including reminders to minimise potential risk of abuse

<b>CRITICAL</b>	<b>SUBSTANTIAL</b>	<b>MODERATE</b>	<b>LOW</b>
<b>(High)</b>		<b>(Medium / Preventative)</b>	<b>(Low/ Preventative)</b>
<b>Risks relating to personal care /domestic routines /home environment</b>			
Unable to do vital or most aspects of personal care causing a major harm or danger to client or others or major risks to independence.	Unable to do many aspects of personal care causing significant risk of danger or harm to client or others or there are significant risks to independence.	Unable to do some aspects of personal care indicating some risk to independence.	Difficulty with one or two aspects of personal care, domestic routines and/or home environment indicating little risk to independence.
Unable to manage the most vital or most aspects of domestic routines causing major harm or danger to client or others or major risks to independence.	Unable to manage many aspects of domestic routines causing significant risk of harm or danger to client or others or significant risk to independence.	Able to manage some aspects of domestic activities indicating some risk to independence.	Able to manage most aspects of basic domestic activities
Extensive/complete loss of choice and control over vital aspects of home environment causing major harm or danger to client or others or there are major risks to independence.	Substantial loss of choice and control managing home environment causing a significant risk of harm or danger to client or others or a significant risk to independence.	Able to manage some aspects of home environment, leaving some risk to independence.	Able to manage most basic aspects of home environment
<b>Risks relating to participation in community life</b>			
Unable to sustain involvement in vital aspects of work/ education/ learning causing severe loss of independence.	Unable to sustain involvement in many aspects of work/ education/ learning causing a significant risk to losing independence.	Unable to manage several aspects of involvement in work/ learning /education and this will, in the foreseeable future, pose a risk to independence.	Has difficulty undertaking one or two aspects of work/learning / education / family and/or social networks indicating little risk to independence.
Unable to sustain involvement in vital or most aspects of family /social roles and responsibilities and social contact causing severe loss of	Unable to sustain involvement in many aspects of family /social roles and responsibilities and social contact causing significant distress and/or risk to	Able to manage some of the aspects of family / social roles and responsibilities and social contact, that pose some risk to independence.	Able to manage most of the aspects of family / social roles and responsibilities and social contact, that pose some risk to independence.

CRITICAL	SUBSTANTIAL	MODERATE	LOW
(High)		(Medium / Preventative)	(Low/ Preventative)
independence.	independence.		
<b>Risk relating to carers</b>			
Carer has major physical/mental health difficulties due to the impact of their role as a carer causing life threatening harm or danger to themselves or others.	Carer has significant physical / mental health difficulties due to the impact of their role as a carer causing significant risk of harm or danger to themselves or others.	Carer able to manage some aspects of the caring / family / domestic / social roles. Potential risk to breakdown of their own health identified.	Carer able to manage most aspects; has difficulty undertaking one or two aspects of their caring / domestic role but with low risk.
There is a complete breakdown in the relationship between client and carer and carer is unable to continue caring or has difficulty sustaining vital or most aspects of their caring role.	There is a significant risk of breakdown in the relationship between client and carer and carer is unable to sustain many aspects of their caring role.	Relationship maintained although at times under strain between client and carer/ limiting some aspects of the caring role.	Relationship maintained between client and carer by limiting aspects of the caring role.
Carer is unable to manage vital or most aspects of their caring / family / work / domestic / social roles and responsibilities.	Carer is unable to manage many aspects of their caring / family / work / domestic / social roles and responsibilities.	Carer is able to manage some aspects of their caring / family / work / domestic / social roles and responsibilities	Carer is able to manage most aspects of their caring / family / work / domestic / social roles and responsibilities

7.6 It is for the Chief Social Work Officer / Director of Social Work to consider the changes necessary to any existing eligibility criteria in order to meet the requirements of the standard national eligibility framework. Each local authority should ensure that their local eligibility criteria are compatible with the national eligibility framework and definitions set out above, as well as ensuring that their arrangements for accessing care services are lawful and have been the subject of an equality impact assessment.

7.7 A key aim is to ensure that eligibility criteria are operated as consistently as possible by staff and that there is transparent understanding amongst service users, their families and the wider public about how decisions about access to care services are reached. It will be necessary for councils to train staff and prepare relevant public information on revised local eligibility criteria.

## **MODERATE AND LOW RISKS**

8.1 The aim of the guidance set out above is to ensure greater consistency and transparency in standards for access to care services.

8.2 It remains the statutory responsibility of each local authority to assess the potential needs of each individual and consider whether those needs call for the provision of some social care service. An individual client may be assessed as having being at 'moderate' or 'low' risk, but this may still be considered by the council to require the provision of services. If so, the urgency for such intervention will require to be considered in determining how to respond to the care needs assessment or on-going review. As previously stated, it is not considered appropriate simply to place individuals who require services in a date order queue. Response to need should be informed by the continuing systematic review of each individual's needs, including consideration of how urgently service provision is called for and what interim measures may be appropriate pending a more permanent response.

8.3 It is also important that councils and their partners consider whether the provision of services or equipment or other interventions might help prevent or reduce the risk of an individual's needs becoming more intensive.

8.4 Councils should ensure that they have in place clear arrangements for meeting, managing or reviewing the needs of individuals who are not assessed as being at 'critical' or 'substantial' risk, including:

- adopting a strong preventative approach to help avoid rising levels of need;
- embedding preventative strategies at every level of the social care system, informed by assessment of local needs and created in partnership with relevant agencies;
- timely investment in re-ablement services, therapy, intermediate care and assistive technologies to reduce the number of people requiring ongoing social care support;
- an actively managed waiting list for those who are intended to receive service provision;
- a clear timescale for review of needs arising from the care needs assessment;
- provision of advice on alternative sources of support and request to contact relevant referring agent if needs change.

8.5 As set out in previous guidance, individual clients should receive clear information about the support they will receive based on the care needs assessment.

## **MANAGING WAITING TIMES**

9.1 This section sets out requirements for the operation of a standard national waiting time for the delivery of personal and nursing care services for older people.

As acknowledged in section 6, local authorities need to be able to manage their resources to effectively meet demand for care services.

9.2 As noted above, drawing on the national framework, local eligibility criteria should be based on an assessment of the severity of risks to independence and wellbeing and the urgency with which any social care intervention is called for.

9.3 Those people assessed as being at 'critical' or 'substantial' risk are likely to have an immediate or imminent requirement for care services. For people at 'critical' risk, local authorities will continue to arrange and deliver services as a matter of urgency, often within a matter of days.

9.4 For older people in need of personal and nursing care services assessed at 'critical' or 'substantial' risk, a maximum 6 week waiting time standard is defined in this guidance.

### **Personal and Nursing Care Services - Standard Waiting Time from Confirmation of Need to Delivery of Service**

9.5 For older people assessed as being at 'critical' or 'substantial' risk there should be a standard maximum waiting time for personal and nursing care services of **six weeks (42 calendar days)** from the 'confirmation of need' to the 'delivery of service':

- "Confirmation of need" means the point at which an individual's need for personal or nursing care services is identified against the eligibility criteria following the care needs assessment or review. The individual may already be in receipt of some existing or emergency service or services.
- "Delivery of service" means the point at which personal and nursing care services as set out in the agreed Care Plan are being delivered to the client. It is acknowledged that some elements of the full agreed Care Plan, e.g. complex equipment or adaptations may not fully be in place.
- "Personal and nursing care services" means social care within the meaning of section 1 of, and schedule 1 to, the Community Care and Health (Scotland) Act 2002 as read with any regulations made under section 1 or 2 of that Act.

9.6 The terms of the definitions will be given in more detail in the guidance on monitoring and reporting that will issue separately.

9.7 Chief Social Work Officers / Directors of Social Work should ensure that their local arrangements aim to deliver agreed personal and nursing care services for all older people within the 'critical' or 'substantial' bands, as defined in the national eligibility framework, within the standard 6 week timescale.

9.8 Local authorities should keep under review both the overall management of waiting times against the standard and particular circumstances where the standard is not met for whatever reason.

## Assessment Timescales

9.9 As noted above, local authorities have a clear statutory duty to assess the needs of any adult who appears to be in need of community care services. It would not be appropriate for delays with assessment processes to be used to manage access to or demand for social care services. It is not possible to determine fully the urgency with which an individual might require services before an assessment has commenced. However, COSLA and the Scottish Government have agreed that local partnerships should monitor the timescales from first referral to confirmation of need and summary information should be collected nationally.

- “First referral” means the point at which the potential need for an assessment is first notified to the council or a care needs review is initiated.
- “Confirmation of need” means the point at which an individual’s needs are identified against the eligibility criteria following the care needs assessment or review.

9.10 No firm standard or target has been set for this timescale. However, COSLA and the Scottish Government will keep under review the information collected from councils on the actual timescales between first referral and confirmation of need and consider what appropriate standard or standards might be applied in future. As with the “delivery of service” measurement, more detailed guidance on the national measurement of actual timescales experienced will be issued separately.

## NATIONAL MONITORING

10.1 The Scottish Government will continue to collect quarterly statistical information on the numbers of clients receiving Personal and Nursing Care services. It will also continue to collect specific information on local authority expenditure levels on personal and nursing care and other care services for older people through the annual Local Finance Returns.

10.2 In addition, the Scottish Government and COSLA will ask councils to compile, from **1 December 2009**:

- information on the numbers of individuals identified within the eligibility criteria;
- information on the timescales from initial referral to the confirmation of need, as described above and in the more detailed measurement guidance;
- information on timescales from the confirmation of need to the initial delivery of services, as described above and in the more detailed measurement guidance. This information will enable monitoring of the national standard.

## REVIEW

11.1 The Scottish Government and COSLA will continue to reflect on our work to stabilise the Free Personal and Nursing Care policy in general and the delivery of the eligibility framework in particular.

11.2 Local authorities and partners should keep under review the way that the eligibility criteria are applied locally in practice to ensure consistency, transparency, and fairness. A key aim is a transparent understanding amongst service users, their families and the wider public about how decisions about access to care services are reached.

11.3 Local profiling of the application of the eligibility criteria by age band, gender, relative need or dependency (Indicator of Relative Need group), and ethnic group will provide local authorities with the information they need to demonstrate over time, and, if they choose through 'benchmarking', the consistency with which they are applying the criteria. For many local authorities use of the IoRN will be new. Local authorities should ensure that they are able to collect and analyse IoRN information by the end of 2009/10.

11.4 Local authorities are asked to notify the Scottish Government and COSLA of any significant future changes to the operation of their eligibility criteria and waiting times.

## **CONTACTS**

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September 2009





**OUTCOME FOCUSED ELIGIBILITY CRITERIA  
PROCEDURE AND GUIDANCE NOTES**

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## **PROCEDURE**

### **1. INTRODUCTION**

#### **1.1 What are Eligibility Criteria?**

Eligibility Criteria assist local authorities to achieve fairness, consistency and transparency in how decisions about resource allocation are taken. This eligibility criteria set out the conditions and circumstances which determine access to community care services provided by or on behalf of Inverclyde Community Health and Care Partnership Services in Inverclyde.

## **1.2 Risk and Urgency**

Eligibility criteria recognise urgency and risk as factors in the determination of eligibility for community care services. Where an individual is eligible, the urgency of that individual's needs should remain in focus when determining how to respond to the care needs assessment.

Individuals who meet the eligibility criteria may not simply be placed in a date order queue. The response to need should be informed by the continuing systematic review of each person's needs, including consideration of how urgently a service is required and what interim measures may be appropriate pending a longer term response.

Eligibility criteria should be applied fairly across all care groups and all existing as well as new service users. Application of these criteria should not discriminate between people's needs on any other basis except risk to independent living and wellbeing.

## **1.3 Early Intervention and Prevention**

There will be some people where the screening process or assessment places their needs in a category that would not warrant services being provided immediately.

In such cases consideration should be given to provision as a preventative measure or in anticipation of an imminent need for increased support, rather than wait until the situation deteriorates. This approach ties into the ethos of optimising independence and promoting self-reliance.

It also applies to the self-selection of low cost but high impact supports including community alarms, meals at home, minor adaptations and equipment that may reduce the need for greater level of support in future.

Service users who are discharged from hospital and may benefit from an enablement service or generic advice and guidance supports (including those provided by Money Matters and Housing Services) may be examples of early intervention that can reduce the requirement for greater levels of support.

## **1.4 Recording**

A person's eligibility category must be recorded on SWIFT for monitoring purposes; this will be captured through the SSAQ. Similarly, unmet need must be recorded for review and planning purposes.

## **1.5 Review**

All individuals with assessed needs should be subject to regular review to ensure that their changing need and eligibility for services are taken into account, recorded and support plans are adjusted accordingly.

# **2.0 APPLICATION OF THE ELIGIBILITY CRITERIA**

## **2.1 When to Apply**

Eligibility criteria should be applied only after an appropriate assessment of an individual's needs for community care services, taking account of the urgency of their situation. Good quality

collaborative assessment practice is vital to achieving better outcomes for people with social care needs.

## 2.2 Determining Timing of Response

Inverclyde Community Health and Care Partnership's eligibility criteria address both the severity of risks and the urgency of intervention to respond to risks. The department's allocation procedure allows for determination of the urgency of intervention when compared to the levels of risk and need.

## 2.3 Eligibility Criteria

Following completion of an individual assessment of need the eligibility criteria prioritises needs into four categories:

- **Low:** promoting a person's quality of life or low risk to independence
- **Moderate:** the risk of some impairment to the health and wellbeing of a person or some risk to independence
- **Substantial:** the risk of significant impairment to the health and wellbeing of a person or significant risk to independence
- **Critical:** the risk of major harm/danger to a person or a major risk to independence

The level of risk or need is characterised by four key aspects that affect an individual's ability to maintain their health, wellbeing, independence and social involvement:

- Physical and mental health and wellbeing
- Personal care and domestic environment
- Participation in community life
- Carers

### **Category 1 – LOW RISK: No foreseeable need for on-going social care and health services**

Low risk to individual's independence, health or wellbeing with very limited, if any, requirement for social work services within the next 12-months or could be met by universal services, advice and standard provision of self-selected services.

#### **Physical and mental health and wellbeing**

- Few health problems indicating low risk to independence
- Potential harm to maintain health with minimum intervention
- Preventative measures including reminders to minimise potential risk of harm

#### **Personal care and domestic environment**

- Difficulty with one or two aspects of personal care or domestic routines, indicating little risk to independence
- Able to manage most basic aspects of domestic activities and environment

#### **Participation in community life**

- Difficulty undertaking one or two aspects of work/education responsibilities, indicating low risk to independence

- Difficulty undertaking one or two aspects relating to family responsibilities or social support networks, indicating low risk to independence
- Able to manage most aspects of family responsibilities and social support networks, posing some risk to independence

### **Carers**

- Carer able to manage most aspects of their caring and domestic role and responsibilities, indicating low risk
- Carer is able to manage most aspects of their family and work responsibilities, indicating low risk
- Relationship is maintained between client and carer by limiting aspects of the caring role

## **Category 2 – MODERATE RISK: Foreseeable need for service without preventative intervention**

Moderate risk to individual's independence, health or wellbeing with limited requirement for on-going social work service though may benefit from assessment & enablement to prevent this. Services may be required within next 6-months.

### **Physical and mental health and wellbeing**

- Some health problems indicating some risk to independence and/or intermittent distress. Potential to maintain health and minimum interventions
- Need to raise awareness of vulnerable person to potential risk of harm

### **Personal care and domestic environment**

- Unable to undertake some aspects of personal care indicating some risk to independence
- Able to manage some aspects of domestic activities and/or home environment indicating some risk to independence

### **Participating in community life**

- Unable to manage several aspects relating to work/learning/education that, in the foreseeable future, will pose a risk to independence
- Able to manage some aspects of family roles and responsibilities , posing some risk to independence

### **Carers**

- Main carer able to manage some aspects of caring and family/domestic roles, posing some risk of breakdown in their own health
- Relationship between carer and service user under strain at times, limiting some aspects of the caring role or creating some risk of relationship breakdown

## **Category 3 – SUBSTANTIAL RISK: Imminent need for services**

Substantial risk to individual's independence, health or wellbeing with requirement for on-going social work services following a period of enablement or short term support. Services may be required within the next 6-weeks

### **Physical and mental health and wellbeing**

- Harm or neglect has occurred or is strongly suspected (including financial abuse and discrimination)
- Significant health problems which cause significant risk of harm or danger
- Palliative or end of life care needs

**Personal care and domestic environment**

- Unable to undertake many aspects of personal care causing significant risk of harm or significant risk to independence
- Unable to manage many aspects of domestic routines causing significant risk of harm or significant risk to independence
- Substantial loss of choice and control managing home environment causing a significant risk of harm or danger to self or others, or a significant risk to independence

**Participation in community life**

- Unable to sustain involvement in many aspects of work/education/learning causing significant risk to independence
- Unable to sustain involvement in many aspects of family/social roles, responsibilities and contact causing significant distress or risk to independence

**Carers**

- Significant health difficulties due to impact of their caring role causing significant harm or risk or danger
- Carer is unable to manage many aspects of their caring, family or employment responsibilities
- Significant risk of breakdown in the relationship between carer and service user and carer is unable to sustain many aspects of their caring role

**Category 4 – CRITICAL RISK: Immediate need for service**

The current situation poses a critical risk to individual’s independence, health or wellbeing with a clear requirement for immediate on-going social work services. Services required now or within the next 1-week.

**Physical and mental health and wellbeing**

- Major health problems which present immediate threat of harm or major risk to independence
- Serious harm or neglect has occurred or is strongly suspected (including financial abuse and discrimination)
- End of life care needs

**Personal care and domestic environment**

- Unable to meet vital or most personal care needs causing major harm or major risk to independence
- Unable to meet vital or most aspects of domestic routines causing major harm or major risk to independence
- Homelessness of a vulnerable person
- Extensive/complete loss of choice and control over vital aspects of home environment causing major harm or major risk to independence

## **Participation in community life**

- Unable to sustain involvement in vital aspects of work/education/learning causing severe loss of independence
- Unable to sustain involvement in vital or most aspects of family/social roles
- Unable to sustain responsibilities and contact causing significant distress or risk to independence

## **Carers**

- Major health difficulties due to impact of their caring role causing life threatening harm or danger
- Complete breakdown in the relationship between service user and carer and the carer is unable to continue in their caring role
- Carer is unable to manage vital or most aspects of their caring roles and responsibilities

# **ELIGIBILITY CRITERIA – GUIDANCE FOR STAFF**

## **1.0 INTRODUCTION**

This guidance is intended to support staff to understand the context of how the Eligibility Criteria will be applied and provide case examples to inform practice.

### **1.1 What are Eligibility Criteria?**

This eligibility criteria set out the conditions and circumstances which determine access to community care services provided by or on behalf of Inverclyde CHCP in Inverclyde..

This is of interest to service users and the public to whom they might be applied and to staff who will make decisions about allocating resources based on the criteria.

Whether or not a service is provided will depend on an individual's assessed need, the availability of resources and the urgency of the response required to meet the assessed need.

Each of these elements is not static and will vary over time.

Eligibility Criteria also assist local authorities to demonstrate equity, consistency and transparency in how decisions about resource allocation are taken.

### **1.2 Why do we need an Eligibility Criteria?**

Eligibility criteria clarify the link between needs and resources, urgency and risk. There are four main reasons why we have eligibility criteria as part of the system for accessing social care.

- i. Social work resources are finite and variable and should be targeted fairly and on those with the greatest need, by using the same criteria for prioritising the needs of everyone who requests or requires a service.
- ii. The Social Work (Scotland) Act 1968 requires local authorities to assess need. Once needs have been identified there is an obligation to provide through a support plan or care plan, appropriate services to meet needs or make alternative provision until these can be provided.



Having regard to the 'greatest need' when allocating scarce resources (*McGregor v South Lanarkshire Council, 2000*).

- iii. The NHS and Community Care Act 1990 require local authorities to publish information about services, for whom they are intended and how to access them. Published eligibility criteria are a public statement of how social work will respond to needs by establishing different levels of priority for access to care.
- iv. Eligibility criteria create transparency about the basis on which decisions are made by practitioners about providing services.

### **1.3 Eligibility Criteria and Self-Directed Support**

This paper is based on the Scottish Government and COSLA 2009 guidance for local authorities on national eligibility criteria and waiting times.

The Social Care (Self Directed Support) (Scotland) Act 2013 sets out new duties and responsibilities for local authorities. The Act introduces two key principles underlying the provision of social care, the individual's right to dignity and to participate in the life of the community.

The local authority must collaborate with the person around assessment and the provision of support or services. This will be achieved by increasing the individual's choice and control over how services are provided, maximising the involvement of the person in the process (to a level that the individual wishes) and to provide reasonable assistance to enable the person to express their views and to make informed choices.

It also introduces a power for local authorities to provide services following assessment to informal carers; the Council has discretion to provide these services as a self-directed support option.

It details four options of self-directed support:

- Option 1 – The making of a direct payment
- Option 2 – The making of an individual service fund which means selection of support by the individual that is arranged by the local authority on behalf of the supported person
- Option 3 – The provision of support by or on behalf of the local authority
- Option 4 – The selection by the supported person of a combination of options 1, 2, or 3.

The Act also emphasises that eligibility criteria refers to the service users assessed level of need and not the type or level of service. This does not mean services cannot have access criteria. Once the individual budget is determined then the service user is able to spend this budget on any type of service or support that is agreed by the Council in the support or care plan to meet their needs.

### **1.4 Principles that Underpin Eligibility Criteria**

Eligibility criteria should be applied only after an **appropriate** assessment of individual's needs, taking account of the apparent urgency of their situation. Good quality collaborative assessment practice is vital to achieving better outcomes for people with social care needs.

They should be applied fairly across all care groups and all existing as well as new service users. Application of these criteria should not discriminate between people's needs on any other basis except risk to independent living and wellbeing.

There should be one eligibility decision, based on the criteria.

**“Should an individual, receive support from social work services to meet a need or not?”**

People who are not eligible for **direct services** under the criteria are eligible to receive **advice and information** and be directed to appropriate sources of assistance.

Individuals who meet the eligibility criteria may not simply be placed in a date order queue. The response to need should be informed by the continuing systematic review of each person’s needs, including consideration of how urgently a service is required and what interim measures may be appropriate pending a longer term response.

A person’s eligibility category must be recorded on SWIFT for monitoring purposes; this will be captured through the SSAQ. Similarly, unmet need must be recorded for review and planning purposes.

All individuals with assessed needs should be subject to regular review to ensure that their changing need and level of priority for services are taken into account and support plans or care plans are adjusted accordingly.

### **1.5 Outcomes**

Social Services and Health have adopted an outcome focussed approach to its intervention, including service access, assessment, enablement and self-directed support. The Supported Self-Assessment Toolkit reflects this approach.

The adoption of the Joint Improvement Team (JIT) – Talking Points not only directs our practice, it ensures collaboration with service users and identifies outcomes that can support the application of the eligibility criteria when it applies to early intervention and prevention.

‘Where needs are tied to eligibility criteria, preventative work with people with low level needs may be excluded. Outcomes allow preventative work to take place while services and resources are prioritised for those most in need’

*(Ailsa Cook and Emma Miller Personal Outcomes Approach Practical Guide)*

JIT Outcomes cover three categories:

- i. Quality of life including wellbeing and health
- ii. Change in terms of skills and abilities
- iii. Process in terms of service user involvement

Full detail of the JIT Outcomes can be found at the following link.

<http://www.jitScotland.org.uk/action-areas/talking-points-user-and-carer-involvement/>

### **1.6 Early Intervention and Prevention**

There will be some people where the screening process or assessment places their needs in a category that would not warrant services being provided immediately.

In such cases consideration should be given to provision as a preventative measure or in anticipation of an imminent need for increased support, rather than wait until the situation

deteriorates. This approach ties into the ethos of optimising independence and promoting self-reliance.

The Talking Points Change Outcomes relate to the improvements in physical, mental or emotional functioning that individuals are seeking from any particular service intervention or support. For some people it might be possible to identify a point where the change has been achieved and then the focus moves on to maintaining a good quality of life with or without support from social services and health.

It also applies to the self-selection of low cost but high impact supports including community alarms, meals at home, minor adaptations and equipment that may reduce the need for greater level of support in future.

Service users who are discharged from hospital and may benefit from an enablement service or generic advice and guidance supports (including those provided by Money Matters and Housing Services) may be examples of early intervention that can reduce the requirement for greater levels of support.

### **1.7 Maximising Income**

Ensuring that people are aware of their benefit entitlement and supporting people to take this up should be a feature of every social work intervention. It is especially important when eligibility criteria are applied to target those in greatest need.

People with lower level needs and those with needs that is not eligible for social work support may have to use alternative routes. As well as offering prompts and checks on benefit take-up, staff should direct people to the appropriate agency.

## **2.0 APPLICATION OF THE ELIGIBILITY CRITERIA**

### **2.1 Determining Timing of Response**

Inverclyde Community Health and Care Partnership eligibility criteria address both the severity of risks and the urgency of intervention to respond to risks. The department's allocation procedure allows for determination of the urgency of intervention when compared to the levels of risk and need.

### **2.2 Determining Level of Response**

Some levels of need will call for services or other resources to be provided as a high priority whilst others may call for some services or other resources as a lesser priority. (Critical or Substantial Risk)

In other circumstances the assessment may indicate a potential requirement for service provision in the longer term which could be averted if preventative intervention takes place. (Moderate Risk)

Some may not call for any social care intervention as engagement in local communities or universal services may be the most appropriate way of addressing the need. (Low Risk)

As part of the assessment and care planning process, it is for relevant social work practitioners and Team Leaders to consider how each individual's needs match against eligibility criteria in terms of severity or risk and urgency for intervention.

### **2.3 Eligibility Criteria**

Following completion of an individual assessment of need the eligibility criteria prioritises needs into four categories:

- **Low:** promoting a person's quality of life or low risk to independence
- **Moderate:** the risk of some impairment to the health and wellbeing of a person or some risk to independence
- **Substantial:** the risk of significant impairment to the health and wellbeing of a person or significant risk to independence
- **Critical:** the risk of major harm/danger to a person or a major risk to independence

The level of risk or need is characterised by four key aspects that affect an individual's ability to maintain their health, wellbeing, independence and social involvement:

- Physical and mental health and wellbeing
- Personal care and domestic environment
- Participation in community life
- Carers

### **Category 1 – LOW RISK: No foreseeable need for on-going social care and health services**

Low risk to individual's independence, health or wellbeing with very limited, if any, requirement for social work services within the next 12-months or could be met by universal services, advice and standard provision of self-selected services.

#### **Physical and mental health and wellbeing**

- Few health problems indicating low risk to independence
- Potential harm to maintain health with minimum intervention
- Preventative measures including reminders to minimise potential risk of harm

#### **Personal care and domestic environment**

- Difficulty with one or two aspects of personal care or domestic routines, indicating little risk to independence
- Able to manage most basic aspects of domestic activities and environment

#### **Participation in community life**

- Difficulty undertaking one or two aspects of work/education responsibilities, indicating low risk to independence
- Difficulty undertaking one or two aspects relating to family responsibilities or social support networks, indicating low risk to independence
- Able to manage most aspects of family responsibilities and social support networks, posing some risk to independence

#### **Carers**

- Carer able to manage most aspects of their caring and domestic role and responsibilities, indicating low risk
- Carer is able to manage most aspects of their family and work responsibilities, indicating low risk
- Relationship is maintained between client and carer by ,limiting aspects of the caring role

## **Category 2 – MODERATE RISK: Foreseeable need for service without preventative intervention**

Moderate risk to individual's independence, health or wellbeing with limited requirement for on-going social work service though may benefit from assessment & enablement to prevent this. Services may be required within next 6-months..

### **Physical and mental health and wellbeing**

- Some health problems indicating some risk to independence and/or intermittent distress. Potential to maintain health and minimum interventions
- Need to raise awareness of vulnerable person to potential risk of harm

### **Personal care and domestic environment**

- Unable to undertake some aspects of personal care indicating some risk to independence
- Able to manage some aspects of domestic activities and/or home environment indicating some risk to independence

### **Participating in community life**

- Unable to manage several aspects relating to work/learning/education that, in the foreseeable future, will pose a risk to independence
- Able to manage some aspects of family roles and responsibilities , posing some risk to independence

### **Carers**

- Main carer able to manage some aspects of caring and family/domestic roles, posing some risk of breakdown in their own health
- Relationship between carer and service user under strain at times, limiting some aspects of the caring role or creating some risk of relationship breakdown

## **Category 3 – SUBSTANTIAL RISK: Imminent need for services**

Substantial risk to individual's independence, health or wellbeing with requirement for on-going social work services following a period of enablement or short term support. Services may be required within the next 6-weeks

### **Physical and mental health and wellbeing**

- Harm or neglect has occurred or is strongly suspected (including financial abuse and discrimination)
- Significant health problems which cause significant risk of harm or danger
- Palliative or end of life care needs

### **Personal care and domestic environment**

- Unable to undertake many aspects of personal care causing significant risk of harm or significant risk to independence
- Unable to manage many aspects of domestic routines causing significant risk of harm or significant risk to independence
- Substantial loss of choice and control managing home environment causing a significant risk of harm or danger to self or others, or a significant risk to independence

### **Participation in community life**

- Unable to sustain involvement in many aspects of work/education/learning causing significant risk to independence
- Unable to sustain involvement in many aspects of family/social roles, responsibilities and contact causing significant distress or risk to independence

### **Carers**

- Significant health difficulties due to impact of their caring role causing significant harm or risk or danger
- Carer is unable to manage many aspects of their caring, family or employment responsibilities
- Significant risk of breakdown in the relationship between carer and service user and carer is unable to sustain many aspects of their caring role

### **Category 4 – CRITICAL RISK: Immediate need for service**

The current situation poses a critical risk to individual's independence, health or wellbeing with a clear requirement for immediate on-going social work services. Services required now or within the next 1-week.

### **Physical and mental health and wellbeing**

- Major health problems which present immediate threat of harm or major risk to independence
- Serious harm or neglect has occurred or is strongly suspected (including financial abuse and discrimination)
- End of life care needs

### **Personal care and domestic environment**

- Unable to meet vital or most personal care needs causing major harm or major risk to independence
- Unable to meet vital or most aspects of domestic routines causing major harm or major risk to independence
- Homelessness of a vulnerable person
- Extensive/complete loss of choice and control over vital aspects of home environment causing major harm or major risk to independence

### **Participation in community life**

- Unable to sustain involvement in vital aspects of work/education/learning causing severe loss of independence
- Unable to sustain involvement in vital or most aspects of family/social roles
- Eligibility Criteria 14 August 2013
- Unable to sustain responsibilities and contact causing significant distress or risk to independence

### **Carers**

- Major health difficulties due to impact of their caring role causing life threatening harm or danger
- Complete breakdown in the relationship between service user and carer and the carer is unable to continue in their caring role

- Carer is unable to manage vital or most aspects of their caring roles and responsibilities

The diagram below illustrates the general process for the application of eligibility criteria.

# Eligibility Criteria

