

# Accessing Adult Social Care Policy: Eligibility Criteria

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| **Policy Approved By:** | West Dunbartonshire Health and Social Care Partnership Board |
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## **1. POLICY OBJECTIVES**

**1.1** The West Dunbartonshire Health and Social Care Partnership (HSCP) is responsible for working in collaboration with people who may require support to determine (i) whether a need for the provision of support exists and (ii) how such need should be met.

**1.2** Scottish Government Guidance locates eligibility decisions very clearly within the legal framework for community care assessment. Under section 12A of the Social Work (Scotland) Act 1968, Local Authorities have a duty to assess any adult who appears to need community care services:

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. (Para 6.3)

Whether someone is eligible for an adult social care service is a matter that will be determined, having regard to eligibility criteria, by assessing the person’s need for adult social care services and deciding whether there is need that calls for the provision of such a service (Para 6.5)

**1.3** The use of eligibility criteria applies to this second stage of the assessment process. Eligibility criteria requires to be used to determine whether a person assessed as needing adult social care requires a statutory service to be put in place in order to meet those needs. Eligibility criteria is also a means of managing overall demand for adult social care services within finite resources. Assessment against the criteria also allows for the identification of otherwise appropriate support i.e. non-HSCP provided support.

**1.4** This policy provides all staff with clarity in terms of three aspects of eligibility: the criteria that determine it, the thresholds that must be passed to trigger it, and the services that follow it. This document provides a framework within which the HSCP will have the flexibility to develop services taking account of local needs and circumstances, but in a way that ensures access to support is achieved more fairly, transparently and consistently. Furthermore, this policy will make it easier for people seeking support to understand the level of support that they are entitled to from the HSCP, and how other service may be appropriate to support their needs.

## **2. POLICY APPLICATION**

**2.1** This policy applies to people over the age of 16 but excludes

young people over the age of 16 where a designated children’s service continues to be provided. The policy applies to planning for children and young people who are leaving school and will subsequently be subject to the adult community / social care policy environment.

**2.2** This policy does not apply to carers, as defined by the Carers (Scotland) Act 2016, for whom a separate Carers Eligibility Criteria Policy will apply.

## **3. RELATED LEGISLATION, POLICIES AND PROCEDURAL MECHANISMS**

**3.1** West Dunbartonshire Health and Social Care Partnership’s responsibilities to adults (aged over 16, as defined above) and older people are set out in the following legislation, policies and operational mechanisms, which are subject to change:

* The Social Work Scotland Act 1968
* The NHS and Community Care Act 1990
* Community Care and Health (Scotland) Act 2002
* Chronically Sick and Disabled Persons Act 1970
* Mental Health (Care and Treatment) (Scotland) Act 2003
* Adults with Incapacity (Scotland) Act 2000
* The Regulation of Care (Scotland) Act 2001
* The Adult Support and Protection (Scotland) Act 2007
* Children (Scotland) Act 1995
* Data Protection Act 1998
* Freedom of Information (Scotland) Act 2002
* The Human Rights Act 1998 and Equality Legislation
* The Social Care (Self Directed Support) (Scotland) Act 2013
* The Equality Act 2010
* The Mental Health (Scotland) Act 2015
* The Carers (Scotland) Act 2016

3.2 Other related policies and mechanisms:

* My Life Assessment-Screening (used at duty)
* My Life Assessment
* My Life Assessment Guidance
* Non Residential Charging Policy
* Eligibility Criteria Equality Impact Assessment
* Monitoring and Evaluation Framework for Eligibility and MLA

## **4. CONTEXT AND APPROACH TO IMPLEMENTATION**

**4.1** Scottish Government and CoSLA introduced a [National Eligibility Framework](http://www.gov.scot/publications/self-directed-support-practitioners-guidance/pages/6/) which was adopted in West Dunbartonshire in 2010. This policy paper sets out how eligibility criteria will be used in West Dunbartonshire going forward.

**4.2** Eligibility criteria are a method for deploying limited resources in a way that ensures that resources are provided to those in greatest need by way of prioritisation, while also recognising where lower level intervention may prevent the deterioration of peoples’ circumstances in less urgent need of support. Eligibility criteria will facilitate access to the most appropriate support commensurate with levels of risk.

**4.3** Eligibility criteria recognise ‘risk’ as the key factor in the determination of eligibility for adult social care services. However, many risks are changeable and can be offset by strengths and protective factors which will be assessed via the My Life Assessment. Where a person is eligible for statutory service(s), the urgency of risk should be borne in mind when determining how and when to respond to their support needs as per the waiting times associated with the framework (see [below](#_Waiting_Times_for)).

**4.4** The principles guiding practice in this policy are underpinned by the HSCP strategic priorities of early intervention, access, inequalities, assets and resilience. The principles ensure that support provided or funded by West Dunbartonshire Health and Social Care Partnership are intended to:

* Promote, support and preserve maximum independence and resilience where practical and practicable;
* Promote equitable access to social care resources
* Adhere to the principals of early and minimum intervention;
* Compensate for the absence of alternative support or complement existing support;
* Be fully cognisant of the risk to the person if the support is not provided;
* Be fully cognisant of the person’s individual, community and family assets. Examples of each include but are note limited to: individual: finances, skills, experience and abilities; community: clubs, libraries, church, interest groups; family: friends, neighbours, informal carers, circles of support.

**4.5** Consideration should only be given to providing HSCP services when:

* The person is unable to meet the need themselves and, despite their assets, the risk persists to meet or exceed the threshold of the need for support;
* No other statutory agency has a duty to meet that need;
* Failure to respond to the need and risk would place the person in a situation of unmanageable or unreasonable risk.

**4.6** The [eligibility criteria](#_Eligibility_Criteria_for) prioritises risks into four categories: *critical, substantial, moderate* and *low*. When considered against the different areas of a persons life, it is possible that different risks will be at different levels. For example, the risk and harm of social isolation could be different from the risk and harm of being unable to meet personal care needs. Accordingly, the areas of a person’s life assessed through the My Life Assessment will identify risk and need across their life and provide an indication of eligibility for each.

**4.7** The My Life Assessment considers the following six life areas: physical health, mental health, home environment, safety and security, social inclusion and participation, and life control and influence. Each area is well-evidenced to relate to and have impact upon overall health and wellbeing.

**4.8** The eligibility criteria considers both the severity of risks and the urgency of the requirement for intervention (see [Table 1](#_Definitions_of_Risk) for definitions of risk). Because each individual is unique, two people with the same diagnosis or condition may require a different level and blend of support; their needs and risks as well as their strengths and assets will combine to form different situations. Assessment and support planning done in collaboration with the person and other relevant persons will be instructive in terms of what needs remain outstanding and the urgency with which they require to be met. The eligibility criteria will help inform decisions about which supports may be available and from whom support may be sought and provided.

**4.9** It is not appropriate simply to place people who require support in a date order queue. Response to need will be informed by the continuing systematic review of each person’s needs, including consideration of how urgently service provision is called for and what interim measures may be appropriate pending a more permanent response.

**4.10** In managing access to finite resources, the Health and Social Care Partnership will focus first on those people assessed as having the most significant risks to their health, wellbeing and independent living. Where people are assessed as being in the *critical* or *substantial* risk categories their needs will generally call for the immediate or imminent provision of support (definitions provided below). People experiencing risk at this level will receive that support 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.

**4.11** Where eligibility is assessed as *moderate*, the primary response of the HSCP will be to provide the individual with advice/information and/or to signpost to community resources, supporting access to same where practical and practicable. Exceptions may be made where the absence of HSCP involvement will lead to a deterioration in the persons circumstances and is likely to cost both the person and the Local Authority greater expense (financial and otherwise) in the future. In these circumstances a short term intervention focussed on rehabilitation and enablement may be offered. Interventions of this nature will not normally continue beyond a six-week period, but this may be extended if the benefits for so doing are demonstrable, explicitly time-limited and authorised by senior management. As with all decisions pertaining to eligibility and intervention, decisions will require to be evidence informed and made on a case by case basis.

**4.12** Where eligibility is determined to fall into the *low* category, the response of HSCP services will be to provide the individual with advice/information and/or to signpost to community resources, supporting access to same where practical and practicable.

**4.13** The effect of the HSCP’s eligibility criteria is that only services that reduce an individual’s risk to a moderate level will normally be subject to statutory funding and provide the options in relation to Self Directed Support.

**4.14** Key to discerning eligibility will be our outcome focused and strengths based approach to assessment and support planning, using the My Life Assessment tools. The proposed process is provided in [Figure 1](#_Figure_1:_Proposed). Assessment and support planning will help address the following:

1. What is the person’s desired health and social care outcomes – what do they want to achieve?
2. What are the barriers to those outcomes – what are the needs and risks preventing them being able to achieve those outcomes?
3. What are the person’s strengths in relation to these outcomes – what can they do by and for themselves by drawing on their strengths and assets in order to achieve their outcomes and mitigate any risks?
4. What barriers to outcomes remain outstanding and what can be supported by universal and other community based services?
5. Of any remaining barriers and risks, to what extent do these meet the eligibility threshold(s) for the provision of services by the HSCP and for which a budget can be provided to facilitate support?

**4.15** An individual’s needs, risks and strengths are likely to change which will directly impact on their eligibility and need for services. Using the eligibility criteria, the types of services and how urgently they are required will change depending on the outcome of the assessment of need, risks and strengths. Timeous review of an individual’s requirements will increase reablement, prevent dependence on services and increase independence where possible while also facilitating the possible redeployment of resources to others in need.

**4.16** Following the completion of a My Life Assessment a date for review will be agreed. Outwith this planned review, a person can request to be re-assessed when there has been a demonstrable change in their circumstances. Similarly, if the HSCP becomes aware of a change in circumstances, this too should trigger a review of care needs/provision. This could either be a deterioration or improvement in a person’s circumstances and where such a change is likely to influence their eligibility status.

**4.17** The My Life Assessment will see decisions taken about eligibility. The conclusions and decision-making must be transparent and evidence-informed. The assessment process itself should be collaborative and any resultant decisions will be explained clearly and in a way that’s understood by the person being assessed. If the person disagrees with the outcome, this requires to be recorded in the My Life Assessment, and they should discuss it with the assessing officer in the first instance. If still dissatisfied, this should be escalated to the line manager of the assessing officer. If not satisfactorily resolved, the person should be supported to follow WDHSCP [complaints procedure](http://www.wdhscp.org.uk/complaints/).

## **Eligibility Criteria for WDHSCP Social Care Services**

**Severity of Risk** (definitions for timescale descriptions in italics is provided in Waiting Times section)

**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). Using the My Life Assessment, this will be rated as a 7 or 8. Both indicate critical risk but allow for application of professional discretion regarding upper and lower levels.

**Substantial Risk**: Indicates that there are significant risks to an individual’s independent living or health and wellbeing likely to call for the *immediate* or *imminent* provision of social care services (high priority). Using the My Life Assessment, this will be rated as a 5 or 6. Both indicate substantial risk but allow for application of professional discretion regarding upper and lower levels.

**Moderate Risk**: Indicates that there are some risks to an individual’s independent living 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. Using the My Life Assessment, this will be rated as a 3 or 4. Both indicate moderate risk but allow for application of professional discretion regarding upper and lower levels.

**Low Risk**: Indicates that there may be some quality of life issues, but low risks to an individual’s independent living 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*. Using the My Life Assessment, this will be rated as a 1 or 2. Both indicate low risk but allow for application of professional discretion regarding upper and lower levels.

**No Risk**: Indicates there are no risks to health, wellbeing or independent living and should be recorded as 0 (zero) in the My Life Assessment.

## **Waiting Times for WDHSCP Social Care Services**

The timescale descriptions used above indicate that services are likely to be required as follows:

Immediate – required now or within 1-2 weeks

Imminent – required now or within 6 weeks

Foreseeable future – required within next 6 months

Longer term – required within next 12 months or subsequently

For 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 from the confirmation of need to the delivery of service.

Performance on meeting timescales for service delivery for each eligibility category is reported to the Scottish Government on a quarterly basis.

## **Definitions of Risk / Priority**

Table 1 provides definitions of risk factors for each of the bands in the national eligibility framework as provided by Scottish Government. 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. Each category notes the corresponding rating of risk in the My Life Assessment (MLA)

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

| **CRITICAL:**  **7-8 in MLA** | | **SUBSTANTIAL:**  **5-6 in MLA** | | **MODERATE:**  **3-4 in MLA** | | **LOW:**  **1-2 in MLA** | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(High)** | | | | **(Medium / Preventative)** | | **(Low/ Preventative)** | |
| **Risks relating to neglect or physical or mental health** | | | | | | | |
| 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 | |
| **Risks relating to personal care /domestic routines /home environment** | | | | | | | |
| 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 | |
| **Risks relating to 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 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 independence. | | Unable to sustain involvement in many aspects of family /social roles and responsibilities and social contact causing significant distress and/or risk to independence. | | Able to manage some of the aspects of family / social roles and responsibilities and social contact, that pose some risk to independence. | | Able to mange most of the aspects of family / social roles and responsibilities and social contact, that pose some risk to independence. | |

## **Figure 1: Proposed Assessment Flowchart[[1]](#footnote-1)**

Proposed Assessment Flowchart

1. This is a generic model provided for illustrative purposes; services might require to follow a different process but key points regarding eligibility, accessing SDS options and reviewing progress will likely remain the same. [↑](#footnote-ref-1)