Care, Learning and Wellbeing

Adult Community Care

Fair Access to Community Care Services

Reference: P/Fair Access to Community Care/ Version1
Approved: June 2014
Review date: April 2015
1. Purpose

1.1 This policy sets out South Ayrshire Council’s eligibility criteria for adult Community Care services. Eligibility criteria are statements about the conditions and circumstances which allow access to services.

1.2 The document is primarily for service users and members of the public who are considering being assessed for Community Care services. It will also assist Council staff with the process of targeting Community Care support services at those in greatest need or highest risk in our community.

1.3 The policy sets out the rational for applying eligibility criteria and the four categories of need that are used to prioritise individuals receiving an assessment. These categories are in line with national guidance produced by the Scottish Government and COSLA for local authorities on eligibility criteria and waiting times.

2. About our Eligibility Criteria

2.1 Social work resources are finite and should be targeted at those with the greatest level of need. The overall purpose of an eligibility criteria is to assist local authorities to demonstrate equity, consistency and transparency in both the decision making process and the allocation of resources.

2.2 The NHS and Community Care Act 1990 requires 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.

2.3 Local Authorities have a duty to assess all individuals where it appears they may be at risk and in need of support. The provision of a service is dependent on the outcome of the assessment.

2.4 Access to any community care service is through a Joint Assessment. This may be carried out by health or social work staff in conjunction with you. The Joint Assessment involves discussing your care needs with you and with your permission we may share relevant information with others who may be involved in your care. This means information will be gathered only once. The person who assesses your care needs will be able to explain in more detail what will happen.

3. The Assessment and Support Pathway for Self-Directed Support (SDS)

3.1 Self-directed support (SDS) is the mainstream approach to supporting individuals and their carers who are eligible to access social care support services.

3.2 Self-directed support places the individual at the centre of the assessment and planning process and recognises that they are best placed to understand their own needs, make choices and take more control of their lives.

3.3 Under SDS, individuals will have greater choice and control. If assessed as having eligible needs, individuals will be offered four options on the way they receive social care and support. These options are described below and will be fully explained by the person carrying out the assessment.

3.4 The key stages in the assessment and support pathway are outlined below.
Referral

3.5 First contact with the Community Care service. An assessment is requested because the person or their carer feels they need help.

Screening

3.6 At the point of referral a member of staff will seek some brief details. This is to inform a screening assessment and help determine how the referral should be responded to and in what timescale. The aim is to give the public an early indication of their level of priority and when they can expect follow up. In some cases staff will offer one-off advice or guidance. If it is clear from the outset that the referral does not meet eligibility criteria then staff will explain this. The aim will be to target those with the highest needs and to try and ensure that priority is given to meeting those needs without delay. Every effort will be made to avoid delays and to keep any waiting time as short as possible.

3.7 We will try to avoid making people wait on a waiting list and we will ensure that those with the highest needs receive services first.

Joint Assessment

3.8 This is a process (not necessarily a single event) where we will gather the relevant information about individuals and their circumstances. This assessment will include information about your activities of daily living, your health and also finances as people may be asked to pay for, or make a contribution to the cost of some services.

3.9 The aim of the Joint Assessment is to identify positive outcomes for the individual to work towards. The Joint Assessment process is underpinned by the Talking Points personal outcomes approach and focuses on quality of life and change outcomes. The assessment process will involve identifying an individual’s strengths, needs, risks, capacity and define their personal outcomes.

Carers

3.10 People who are carers can also ask for a separate Carers Assessment of needs which will follow the same principles described above.

Support Planning

3.11 Following the assessment if there are eligible needs a personal Support Plan will be completed. The purpose of the Support Plan is to consider how the individual’s identified outcomes can be best met. We will work with you and agree this Support Plan and once it is complete you will receive a copy.

3.12 The Support Plan will outline which needs / outcomes are eligible for support through funded services. The Plan will set out which services or activities people will be involved with in order to meet their agreed outcomes.

Choosing your type of support under Self-directed Support (SDS)

3.13 As part of the assessment and planning process, individuals with eligible needs will have four options explained and offered to them. In South Ayrshire the following four
options will be made available for an individual to choose how they receive social care and support:

• Option 1 - Direct Payment
  The Council provides the individual with a direct payment. This money will be used by the individual to purchase care and support to meet their agreed outcomes. This may include employment of a Personal Assistant or directly purchasing services from a provider.

• Option 2 - Individual Service Fund
  An individual service fund is when funding is made available to meet an individual’s agreed outcomes. The funding can be held either by a provider (nominated by the individual) or the Council. The individual decides how the funding should be used to meet the agreed outcomes and maintains choice, control and flexibility.

• Option 3 – Council Arranged Services
  The Council arranges the support and care that the individual requires to meet their agreed outcomes.

• Option 4 - Mixed Package of Care and Support
  The individual has the flexibility of choosing a combination of Options 1, 2 and 3 to meet their agreed outcomes.

Monitoring and Review

3.14 The Support Plan will be monitored to ensure it is being implemented and to make any adjustments or improvements as necessary. The level of monitoring required will be discussed and agreed at the support planning stage.

3.15 The Council has a duty to undertake annual reviews where support is provided to meet eligible needs, or more frequently as a response to a significant change in circumstances. The purpose of the review is to ensure the individual is achieving the agreed outcomes set out in the Support Plan. The review process will consider with the individual, and any others involved, the extent to which the support they receive has assisted them to achieve their outcomes, and where appropriate agree new ones.

3.16 At each review the four SDS options will be offered formally again, even if there are no changes required to the Support Plan.

3.17 At any time an individual can ask to change their option or ask for a re-assessment of their situation.

4. Priority Risk Categories

4.1 The Scottish Government / COLSA Guidelines describe four levels of risk if assessed needs are not met. These categories are used to help us prioritise an individual’s circumstances so that services are targeted at those in greatest need. The risk categories are:

• Critical needs / risk;
• Substantial needs / risk;
• Moderate needs / risk;
4.2 Following the Screening and Assessment process, an individual’s circumstances and needs will be categorised into one of the four levels according to the criteria set out below. Details of timescales for response and the expected provision of services are given in Section 5.

<table>
<thead>
<tr>
<th>Category 1: CRITICAL NEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neglect or physical / mental health</strong></td>
</tr>
<tr>
<td>• major health problems which present immediate threat of harm to self or others</td>
</tr>
<tr>
<td>• serious harm or neglect has occurred or is strongly suspected (including financial abuse and discrimination)</td>
</tr>
<tr>
<td>• palliative or end of life care needs</td>
</tr>
<tr>
<td><strong>Personal care and domestic environment</strong></td>
</tr>
<tr>
<td>• unable to meet vital or most personal care needs causing major harm or major risk to independence</td>
</tr>
<tr>
<td>• unable to meet vital or most aspects of domestic routines causing major harm or major risk to independence</td>
</tr>
<tr>
<td>• homelessness of a vulnerable person</td>
</tr>
<tr>
<td>• extensive / complete loss of choice and control over vital aspects of home environment causing major harm or major risk to independence</td>
</tr>
<tr>
<td><strong>Participation in community life</strong></td>
</tr>
<tr>
<td>• unable to sustain involvement in vital aspects of work/education/learning causing severe loss of independence</td>
</tr>
<tr>
<td>• unable to sustain involvement in vital or most aspects of family/social roles, responsibilities and contact causing significant distress or risk to independence</td>
</tr>
<tr>
<td><strong>Carers</strong></td>
</tr>
<tr>
<td>• major health difficulties due to impact of their caring role causing life threatening harm or danger</td>
</tr>
<tr>
<td>• complete breakdown in the relationship between carer and service user and carer is unable to continue in their caring role</td>
</tr>
<tr>
<td>• carer is unable to manage vital or most aspects of their roles and responsibilities</td>
</tr>
</tbody>
</table>
## Category 2: SUBSTANTIAL NEEDS

### Neglect or physical / mental health

- 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 risk of harm 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 3: MODERATE NEEDS

### Neglect or physical / mental health issues
- some health problems indicating some risk to independence and/or intermittent distress. Potential to maintain health with 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 4: LOW NEEDS

**Neglect or physical / mental health**
- few health problems indicating low risk to independence. Potential to maintain health with minimum interventions
- 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/learning/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, posting 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
5. **Timescales for Assessment and Service Provision**

5.1 The table below sets out the expected timescales for a first visit, carrying out a Joint Assessment and the expected provision of funded Community Care services according to the assessed level of need / risk.

<table>
<thead>
<tr>
<th>Level of need / risk</th>
<th>Timescale for First Visit</th>
<th>Timescale for Completion of Joint Assessment</th>
<th>Timescale for Provision of Community Care Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical</td>
<td>Same day</td>
<td>Initial assessment on same day, and where required a fuller assessment within 28 days</td>
<td>Based on the needs identified at initial visit within 24 hours but definitely delivered within a maximum of 4 weeks.</td>
</tr>
<tr>
<td>Substantial</td>
<td>Within 48 hours</td>
<td>Initial assessment within 48 hours, and where required a fuller assessment within 28 days</td>
<td>Within 2 working days but definitely delivered within a maximum of 4 weeks.</td>
</tr>
<tr>
<td>Moderate</td>
<td>Within 28 days</td>
<td>Within 28 days</td>
<td>It is unlikely that we would provide a directly funded service. Individual will be signposted to appropriate support services in the community.</td>
</tr>
<tr>
<td>Low</td>
<td>Within 12 weeks</td>
<td>Within 28 days</td>
<td>It is unlikely that we would provide a directly funded service. Individual will be signposted to appropriate support services in the community.</td>
</tr>
</tbody>
</table>

5.2 South Ayrshire Council’s main priority and focus remains on individuals with the highest level of need and those most at risk (i.e. individuals assessed as having ‘critical’ or ‘substantial’ needs). Individuals with lower levels of need (‘moderate’ or ‘low’) will also continue to receive a service through our partnership arrangements with the third sector. This may include the provision of information and advice or to a range of other support services.

5.3 In South Ayrshire our approach to applying eligibility is underpinned by a strong commitment to prevention and early intervention through the ongoing development of services within the third sector. We are committed to ensuring individuals living in their own communities continue to receive high quality care and support in line with their level of needs.
Complaints about Social Care

South Ayrshire Council is committed to providing high-quality customer services. We value all comments and complaints and use information from them to help us improve our services.

If something goes wrong or you are dissatisfied with our services, please tell us.

You can speak directly to your social worker or a member of staff in your local social work office; contact us on 0300 123 0900; fill in the feedback form available at all Council offices or you can also make your complaint online at www.south-ayrshire.gov.uk/listeningtoyou.

Some of the services delivered by Social Work Services (either directly or on our behalf) such as day care, residential care, housing support services, respite care, foster care and children's care homes are also regulated by the Care Inspectorate.

If you are dissatisfied with the standard of care offered by these services, you can complain to the Care Inspectorate as well as making a complaint to us:

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

Tel: 0845 600 9527
Email: enquiries@careinspectorate.com
Web: www.careinspectorate.com