East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number:

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15 November 2018
Subject Title	Fair Access to Community Care (Adults) and associated Eligibility Criteria Policies
Report By	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement
Contact Officer	Alan Cairns, Service Redesign Officer Alan.cairns2@ggc.scot.nhs.uk

Purpose of Report	The purpose of this report is to seek approval by the HSCP Board to consult on a new Fair Access to Community Care (Adults) Policy and a revised Eligibility Criteria for Community Care (Adults) Policy.

Recommendations	It is recommended that the HSCP Board: i. notes the contents of this report; ii. supports in principle the objectives of the Fair Access to Community Care (Adults) Policy and a revised Eligibility Criteria for Community Care (Adults) Policy; iii. agrees to the HSCP engaging with the public and stakeholders on these documents and associated implementation options, in line with the processes set out in this report; iv. requests a further report to the HSCP Board on 21 March 2019 outlining consultative responses and recommendations for further action.

Relevance to HSCP Board Strategic Plan	This report supports achievements of Strategic Priorities 2, 4, 6 and 8

Implications for Health & Social Care Partnership

Human Resources:	Nil

Equalities:	A full Equality Impact Assessment (EQIA) of the draft policies has been prepared and submitted to the NHSGGC EQIA Quality Assurance team, where it has been assessed and approved. A copy will be placed on the HSCP website to support consultative processes, and is available in other formats, on request.

Financial:	The implementation of the Strategy will operate within existing financial parameters.

Legal:	These policies are informed by and accord with a range of legislative instruments, as outlined within. Legal Services advice has been sought from the Council to ensure compliance.

Economic Impact:	After reviewing the proposed purpose, objectives and outcomes of the Policy through the Policy Development Checklist, the Council's Sustainability Policy Team has determined that the Policy is unlikely to have significant environmental effects, and therefore a Pre-Screening only will be undertaken in accordance with the Environmental Assessment (Scotland) Act 2005. This has been submitted to the SEA Gateway and statutory Consultation Authorities in line with the legislative requirements for their information.

Sustainability:	Financial and service sustainability and fair resource distribution are key objectives within these policies.

Risk Implications:	A policy development checklist has been completed, with full EQIA undertaken and SEA pre-screening undertaken and assessed. The parameters of these policies would operate within the existing risk register and management plan of the HSCP. Additional risk assessment may be required to support subsequent implementation plans.

Implications for East Dunbartonshire Council:	As the provider and contractor of social care services and employer of staff delivering in-house social care services, the Council has significant interests in the policy framework supporting associated Directions. The consultative process for the draft policies and implementation options will include full engagement with the Council and presentation to the Council's Integrated Social Work Services Forum.

Implications for NHS Greater Glasgow & Clyde:	NHSGGC is instrumental to the successful implementation of the Strategic Plan and associated policy development. The consultative process for the draft policies and implementation options will include full engagement with key NHSGGC stakeholders.

Direction Required to Council, Health Board or Both	**Direction To:**	**Tick**
	1. No Direction Required *(at this stage)*	**X**
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

1.0 MAIN REPORT

Introduction

1.1 East Dunbartonshire Health and Social Care Partnership (HSCP) provides a range of Community Care support services to adults with varying levels of support needs. Access to this support is determined by agreed Eligibility Criteria, with funding being made available where an individual has been assessed as having critical or substantial needs. The HSCP has a responsibility to provide or secure suitable and adequate services to a standard satisfactory to meet eligible needs and also to ensure there is fair and equitable allocation of the available resources.

1.2 The existing Eligibility Criteria Policy for Adults and Community Care Services was approved by the HSCP Board on 23 March 2017. An updated (draft) version of this policy has been prepared to:

- Link to the associated and wider draft Fair Access to Community Care (Adults) Policy;
- Take account of the separate Carers Eligibility Criteria;
- More clearly reflect the important role for early intervention and prevention;
- Streamline and simplify operational processes
- .

1.3 The draft updated Eligibility Criteria for Community Care (Adults) Policy does not change the existing thresholds for eligibility, which normally limits statutory support to reducing critical or substantial risk to a moderate level.

1.4 Where an individual has complex needs[1] there can be significant variation in the costs of support depending upon the model of care used to provide the support.

1.5 The combined policy framework represented by the overarching draft Fair Access to Community Care (Adults) Policy and the supporting Eligibility Criteria for Community Care (Adults) Policy for service-user and carers are designed to ensure that the HSCP Board:

- Meets its statutory duties in relation to care provision and the Equality Act;
- Operates a fair, equitable and transparent allocation of resources to individuals with complex needs who require significant levels of community care support.
- Meets increasing demand within the overall allocation of resources in a way that is financially sustainable and operates within agreed budgets.

1.6 The draft Fair Access to Community Care (Adults) Policy is attached at **Appendix 1**. The draft updated Eligibility Criteria for Community Care (Adults) Policy is attached at **Appendix 2**.

Current Situation

1.7 Resource allocation arrangements for social care have evolved over time, in response to the changing policy environment, growing financial pressures and other internal and external pressures. This has resulted in a landscape with the following characteristics:

[1] As a general rule, someone will be assessed as having complex needs when in addition to support with specific tasks to meet their outcomes, an individual requires support on a regular or ongoing basis for their safety and wellbeing or the safety and wellbeing of others.

- Historically variable resource allocation;
- Need for greater clarity on application of Eligibility Criteria for adult services;
- Ambiguities around the relationships between need, risk, personal outcomes and eligible support;
- Historical variations on service package costs;
- Variable approaches to SDS personal budget calculations;
- Over-use of out-of-area placements, incurring excessive travelling burden, reduced scrutiny and high costs;
- Under utilisation of shared support;
- Challenge to meeting our obligations under the Equality Act to treat disabled people consistently and fairly;
- Budget overspends and financial unsustainability.

Proposed Solutions – Policy Scope

1.8 The draft Fair Access to Community Care (Adults) Policy and draft updated Eligibility Criteria for Community Care (Adults) Policy have been designed to establish a more consistent, fair and sustainable approach to resource allocation, specifically:

- To set out legislative obligations;
- To clarify impact of Eligibility Criteria on assessment and support prioritisation;
- To further develop and embed existing resource allocation policy on personal budgets and customer choice;
- To establish new policy on the types and levels of support provided and basis for calculating individual budgets;
- To establish new policy on the levels of support-types that the HSCP will provide, with cost ceilings;
- To establish new policy on Self Directed Support in some supported living arrangements;
- To establish new policy on the use of out-of-area services;
- To be clearer on funding responsibilities for support with education and learning;
- To be clearer about the HSCP's approach to supporting early intervention, prevention and independent living skills;
- To outline the approach to reassessment and review of support, in support of these policy revisions.

Impact of Proposed Policy Revisions

1.9 The proposed policy framework, if approved, would bring greater consistency and fairness to resource allocation for the people we support. However, in order to achieve consistency and fairness, there may be an impact in one or more of the following ways for some people we support:

- Service Level
- Service Type
- Service Cost

1.10 As indicated above, some people receive support services at levels above those that

are currently eligible for statutory support. They may have been in receipt of these for many years, established at a time when eligibility was more generous, or in response to strong pressure which found success due to an under-developed policy framework at the time. It is also important to acknowledge that some people we support may be receiving support at a level that is less that would be indicated by their levels of eligible need, due to changed circumstances and heightened risk. Other people we support do receive services at a level consistent with eligible need, but the costs of the services are disproportionately high. This may be due to the type or unit cost of the service provider used, or the geographical location of the services that result in high transport costs.

1.11 We know that we need to strengthen our policy framework around eligibility and resource allocation, in order to address issues of inconsistency, fairness and financial sustainability. The levels of demand for care services for people of all ages are increasing year on year, set against increasing year-on-year pressures on available resources. A sustainable policy framework will allow us to ensure that future service users (as well as people we currently support) can receive statutory support when they need it.

1.12 The draft Fair Access to Community Care (Adults) Policy would introduce new mechanisms to more consistently and fairly manage demand and maximise the use of available resources, now and in the future. These mechanisms may impact on some people we already support. Full implementation of the policy framework would mean that for some people we support, this may potentially result in adjustment to service type or associated personal budget.

1.13 The focus of the new policy framework is not to reduce service levels for people, but to maximise shared support models and benchmarked service costs to manage available resources more equitably. Any change to support levels would only be proposed if, through review or reassessment, individual care packages were found to be outwith existing eligibility criteria that normally limit statutory support to reduce critical and substantial risk to a moderate level.

1.14 Until individual reviews are undertaken using the new policy framework, it is difficult to quantify the level of potential impact. The review process would be expected to take approximately 18 months to complete for all service-users, subject to operational capacity. However, application of the policy thereafter, at an individual level, would be dependent on a range of factors, including availability of shared support alternatives and service availability at relevant rates. For this reason, the policy will provide a direction of travel and an enabler to support fair, equitable and consistent approaches to resource allocation and commissioning strategies, rather than a mechanism to deliver quick change.

1.15 The table at **Appendix 3** sets out a summary of the provisions and impacts of the proposed policy framework.

Options for Implementation

1.16 If approved, the Fair Access to Community Care (Adults) Policy may be implemented in one of a number of ways to manage impact. This decision would affect the wording at Section 10 of the draft policy, which presumes full implementation. Four options are suggested to the HSCP Board and would be proposed for inclusion in the consultative process:

(i) Full implementation;

(ii) Phased implementation: protection of service level for existing service-users for a

transitional 3 year period; full implementation for new service-users;

(iii) Partial implementation: permanent protection of service level for existing service-users; full implementation for new service-users;

(iv) Limited implementation: Implementation for new service-users only.

1.17 These options are described more fully at **Appendix 4**.

Proposed Consultation on Draft Policies and Options for Implementation

1.18 It is proposed that the draft Fair Access to Community Care (Adults) Policy and revised Eligibility Criteria for Community Care (Adults) Policy are subject to broad-based consultation involving East Dunbartonshire Council and NHS Greater Glasgow and Clyde and the HSCP's representative groups:

- Strategic Planning Group;
- Public, Service User and Carer Group;
- Joint Staff Forum;
- Website-based engagement;
- Other representative forums, by arrangement

1.19 It is proposed that this consultation runs from 15 November 2018 until 8 February 2019, with a report and recommendations brought back to the HSCP Board on 21 March 2018.

APPENDIX 1

East Dunbartonshire Health & Social Care Partnership

Fair Access to Community Care (Adults) Policy

October 2018

Lead Officer:	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement
Policy Approved By:	
Date Approved:	
Implementation Date:	
Review Date:	

SECTION A - INTRODUCTION

1 POLICY OBJECTIVES

1.1 East Dunbartonshire Health and Social Care Partnership (HSCP) provides a range of Community Care support services to individuals with varying levels of support needs. Access to this support is determined by agreed Eligibility Criteria, with funding being made available where an individual has been assessed as having critical or substantial needs. The HSCP has a responsibility to provide or secure suitable and adequate services to a standard satisfactory to meet eligible needs and also to ensure there is fair and equitable allocation of the available resources.

1.2 Where an individual has complex needs[1] there can be significant variation in the costs of supporting the individual depending upon the model of care used to provide the support. This policy aims to ensure there is a fair and financially sustainable allocation of resources to individuals who require support and the models of care that will be considered, particularly when an individual requires a significant amount of support in their daily living.

2 POLICY APPLICATION

2.1 The policy applies to all service users 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 care policy environment.

3 RELATED LEGISLATION, POLICIES AND PROCEDURAL MECHANISMS

3.1 East Dunbartonshire Health and Social Care Partnership's responsibilities to adults (aged 16 and over) 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

[1] As a general rule, someone will be assessed as having complex needs when in addition to support with specific tasks to meet their outcomes, an individual requires support on a regular or ongoing basis for their safety and wellbeing or the safety and wellbeing of others.

- The Carers (Scotland) Act 2016

3.2 Other related policies and mechanisms:

- Single Shared Assessment Form
- Outcome Focused Support Plan
- Review of Support Plan
- Assessment and Support Management Procedures
- Risk Enablement and Working with Risk Procedures
- Non Residential Charging Policy
- Fair Access to Community Care (Adults) Policy (2018)
- Eligibility Criteria for Adults and Young Carers Support (2018)

4 LEGISLATIVE CONTEXT

4.1 The main duty to provide community care services derives from Section 12A of the Social Work (Scotland) 1968 Act.

"Where it appears to the local authority that any person for whom they are under a duty, or have a power, to provide community care services may be in need of any such services the local authority shall:

- make an assessment of the needs of that person for those services; and
- decide, having regard to the results of that assessment, whether the needs of the person being assessed call for the provision of any such services, taking account of:
  - care provided by [an adult or young] carer,
  - the views of the person whose needs are being assessed (provided that there is a wish, or as the case may be a capacity, to express a view),

4.2 The Social Care (Self Directed Support) (Scotland) Act 2013 introduced choice and control in the provision of community care support. The Act places a duty on local authorities to offer people who are eligible for community care a range of choices over how they receive their community care and support. It allows people in many circumstances to choose how their support is provided to them, and enables people, if they wish to do so, to organise this support themselves. It also requires that the local authority must provide information, including the available budget, to individuals to assist with their decision. If an individual chooses options 1 or 2, the local authority must make available a relevant amount to enable them to make choices about their support. It should be noted that payment made available by the Local Authority should be an amount that the local authority considers to be a reasonable estimate of the cost of securing the provision of support.

4.3 The Equalities Act 2010 was passed on 8 April 2010. The Act protects the following characteristics (referred to in the Act as "protected characteristics"):

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;

- sex;
- sexual orientation.

4.4 The Act prohibits discrimination (whether direct or indirect) against people who possess one of the protected characteristics. Direct discrimination takes place where a person treats another person who has a protected characteristic less favourably than he or she treats or would treat others not possessing the protected characteristic. Indirect discrimination occurs where a provision, criterion or practice is applied which would put a person possessing a protected characteristic at a particular disadvantage.

4.5 Individuals who are assessed as needing Community Care supports often do so due to disability. While assessment of need is individualised and person-centred (and eligible services so provided), the HSCP has an obligation to ensure that it treats people fairly and equitably in terms of levels of support with which they are provided.

4.6 The HSCP is accordingly required to perform its statutory duties under the terms of the 1968 and 2013 Acts, while exercising its discretion in performing these duties. It must also ensure that policy and practice is fair and equitable in line with the Equality Act 2010.

4.7 The HSCP must ensure that an assessed eligible need is being met, but they do not have to fund the support requested by an individual or their guardian, attorney or carer if the assessed need can be met in a more cost effective manner. The HSCP is not required to fund more expensive models of care where support can be provided effectively by alternative models of care.

SECTION B - FAIR ACCESS TO COMMUNITY CARE (ADULTS) POLICY

5 ASSESSMENT OF NEED AND ELIGIBILITY FOR COMMUNITY CARE SERVICES

5.1 The East Dunbartonshire HSCP takes an outcomes-based approach to assessment and support planning.

5.2 Not all assessed needs will meet eligibility criteria for statutory funding. Normally, only outcomes that reduce risks to a moderate level[2] can be allocated funding for support.

5.3 Outcomes not associated with eligible needs will be used to inform and shape how eligible support is best provided.

6 RESOURCE ALLOCATION

6.1 The Social Work (Scotland) Act 1968 requires local authorities to ensure that resources are made available to meet eligible needs to a standard that will satisfy the local authority that the individual's needs are being met.

6.2 The allocation of resources is determined to be a "relevant amount", as defined in the Social Care (Self Directed Support) (Scotland) Act 2013 as "the amount that the local authority considers is a reasonable estimate of the cost of securing the provision of support for the supported person".

6.3 In East Dunbartonshire, we have adopted an 'equivalency model' to determine this relevant amount for the allocation of resources under self-directed support. This means that through assessment the HSCP decides what support it would normally provide to a person with social care needs and then monetise that service so that it can be offered in the form of a personal budget. The equivalency calculation is applied whichever one of the four SDS options is chosen, meaning that no individuals will be placed at a disadvantage. Following completion of the assessment an individual will be made aware of the resources available to them. This will ensure that the individual is clear about resources as they begin the support planning process.

6.4 Any individual who is not satisfied with the level of resources they have been allocated should in the first instance discuss this with the practitioner and their manager. If agreement cannot be reached, the individual should be made aware of the Health and Social Care Partnership's Complaints Policy and Procedure.

6.5 A 'Schedule of Rates' equivalent to the costs of delivering or arranging services in the traditional way (SDS Option 3) will be established and maintained. This will be used in the first instance to determine the relevant amount to deliver or purchase the support required to meet the needs of the service user and to determine the personal budget under SDS.

6.6 Where the service user chooses a more expensive support service with hourly rates exceeding the relevant amount it will be necessary to make adjustments within their Individual Budget either to:

- Reduce the total hours of support purchased; or
- Make alternative arrangements to meet any resulting unmet need arising from any reduction in support hours purchased e.g. support from family,

[2] East Dunbartonshire Eligibility Criteria Policy for Adults and Community Care Services

service user/carer 'topping up' support costs from their own financial resources.

6.7 In exceptional circumstances, application of the Schedule of Rates may be insufficient to identify or purchase a suitable service for some people with very specific needs and/or circumstances, either for the HSCP to directly arrange, or as the basis for calculating an equivalent personal budget value.

6.8 In any such exceptional situation, consideration must be based on the whole circumstances of the service user including:

- His or her assessed needs e.g. level of complexity, unpredictability of behaviour;
- Reference to the HSCP's eligibility criteria in relation to critical or substantial priority/risk.
- Other relevant factors evidencing that assessed needs cannot be met by a support provider at the relevant rate e.g. difficulty recruiting or purchasing, need for support staff with specific additional skills who would be unavailable at the standard rates.

6.9 In the event of any departure from the Schedule of Rates being proposed, commissioning officers must be involved to identify a service to a standard that will satisfy the local authority that the individual's eligible needs are being met, at an amount as close to standard application of the Schedule of Rates as is available. This service will either be delivered or arranged by the local authority, or will be used to establish an equivalent amount for the purposes of an individual budget, in line with the Social Care (Self Directed Support) (Scotland) Act 2013.

6.10 Any decision to make payments above the normal application of the Schedule of Rates must be authorised by the appropriate Head of Service, who will also approve:

- The agreed rate;
- The period during which the agreed rate will apply and be reviewed.

6.11 Any services delivered or arranged at a rate higher than the normal application of the Schedule of Rates will normally be considered temporary. At the time of review, the service-user's needs should be reassessed and re-engagement with commissioning officers must take place to seek to identify a service to a standard that will satisfy the local authority that the individual's eligible needs are being met, at an amount as close to standard application of the Schedule of Rates as is available, at that time.

7 TYPES AND LEVELS OF SUPPORT

7.1 In line with the HSCP's "Eligibility Criteria Policy for Adults and Community Care Services", the purpose of providing support to an individual is primarily to reduce risk to a moderate level. Finite resources mean that the local authority may not be able to provide the level of support an individual or their family may wish. There is an inherent risk in all aspects of daily life and therefore it is not always possible (or indeed appropriate), to completely reduce or eliminate risk in every situation.

7.2 East Dunbartonshire HSCP will aim to maximise the use of shared support[3] to ensure it can deploy available resources for people with eligible need for services, on a fair and equitable basis. We will consequently also use shared support

[3] Shared support is where one or more members of staff provide support to more than one service-user.

approaches when calculating a relevant rate to apply budget equivalence for Self Directed Support.

7.3 There is a general principle that all eligible support to reduce risks to a moderate level must also have a secondary objective to contribute to outcomes relating to the promotion of wellbeing, social development and independent living.[4] In addition to reducing presenting risk, eligible support should be designed to maximise the potential for individuals to develop the skills and confidence to safely manage with less support over time. Capacity for enablement (or reablement) will vary from person to person, but should always be promoted as an ongoing desired outcome of the support provided.

7.4 Formal services should be seen as only one component of a co-produced, community asset-based approach to community care. Maximising community, universal and informal supports and assistive technology is essential to building and sustaining independent living. The HSCP will work with service-users, families and communities in partnership to achieve this.

8 TYPES OF LIVING ARRANGEMENTS

Where an individual requires support at home, this will usually be in one of four types of living arrangement:

(i) Living with family

(ii) Independent living with support

(iii) Supported living models

8.2 <u>Living with Family</u>

8.2.1 Many people with disabilities continue to live in the family home with family members providing informal support. The HSCP will always aim to work in partnership with families in these circumstances, to try to sustain these arrangements when this is agreed to be in the best interests of the individual and where family members can be supported to continue to provide informal care of this nature.

8.2.2 Where an individual is living with family, statutory support may be provided at times when support cannot be provided by family members, or to give family members a break from their caring role, in line with the Carers (Scotland) Act 2016 and subject to the preparation of an Adult Carer Support Plan[5]. In such circumstances, the type and arrangement of support provided should be designed to contribute to the achievement of the personal outcomes set out in their support plans of both the individual and their carer(s).

8.2.3 Consequently, in some cases individuals living with family, who meet Eligibility Criteria, will receive support to engage in meaningful activity and to participate in community life, in order to achieve the personal outcomes set out in their support plan, as well as to provide carer support.

8.2.4 We will support adults with disabilities to live at home with their families unless the cost of doing this exceeds the cost of the most appropriate supported living model. In this event, the service-user would be placed on the waiting list for a shared care

[4] This principle is extended to a duty for people with a mental disorder as defined in the Mental Health (Care & Treatment) (Scotland) Act 2003. In the 2003 Act "mental disorder" means “any mental illness, personality disorder, or learning disability, however caused or manifested”.

[5] Eligibility Criteria for Adults and Young Carers Support (2018)

alternative, or the equivalent relevant rate being used to inform a personal budget amount for Self Directed Support 1 or 2.

Leaving the Family Home

8.2.5 Should an individual, or a Power of Attorney / Guardian acting on their behalf, decide the individual should make plans to leave a family home, they may wish to contact East Dunbartonshire Council's Housing Services and register an application for local authority housing. They should also make a referral to East Dunbartonshire HSCP for an assessment of the most appropriate housing options and support required for daily living. Making a housing application does not necessarily mean that care and support will be provided in any preferred housing option.

8.2.6 Any housing application to Housing Services will be progressed in line with the Local Authority's housing allocation policy and will take into consideration factors such as the age of the individual, housing need, type of accommodation requested and their support needs. Concurrently a community care assessment will be conducted to determine the level of support an individual requires, whether there is a need for supported living, and the appropriate model of care. As there will be a need to match to suitable housing, the allocation of housing may take some time. All requests for housing with support will be considered jointly by the HSCP and Housing Services before an allocation is made.

8.2.7 The individual or their guardian may choose to find their own or privately rented property, however, this should be discussed with East Dunbartonshire HSCP to ensure their assessed care and support needs can be met in any potential property and within eligibility and cost ceiling policies of the HSCP. Unsuitable property may preclude the delivery of care and support due to reasons of safety.

8.2.8 Any urgent housing requests, including circumstances where an individual has been advised they must leave the family home, would require the individual to present as homeless in order to access priority housing.

8.3 **Independent Living with Support**

8.3.1 This relates to individuals living in single occupancy arrangements, or living independently in houses of multiple occupation (HMOs). They may be single tenants, owner-occupiers or living on their own in accommodation owned by family or another person.

8.3.2 An individual is considered to be living independently when it is assessed that they do not require significant amounts of support, and can manage on their own for significant periods of time.

8.3.3 Where eligible support is required it would be for specific tasks. General support to keep risks to a moderate level would normally be incorporated into this support, with Assistive Technology being provided where an individual requires immediate access to support.

8.3.4 We will support people with disabilities to live independently with eligible support in these circumstances unless the cost of doing this exceeds the cost of the most appropriate Supported Living model that includes aspects of shared support. In this event, the individual would be placed on the waiting list for a Supported Living alternative, or the equivalent relevant rate being used to inform a personal budget amount for Self Directed Support 1 or 2.

8.3.5 A caveat to 8.3.4 above would be when an individual is assessed as not being able to share a social space with others due to consistent and substantial distress or aggression in the company of others.

8.4 **Supported Living Models**

8.5 There are four models of care for the provision of Supported Living that are detailed below. These models are characterised by the need for more significant levels of support to keep an individual or others safe, compared to Independent Living with Support described above.

(i) Shared or clustered living – this is the default model of support, where an individual will share a property with others or live in a property in such close proximity to other individuals who require similar support, so that substantial or all support can be shared. This would include extra care housing;

(ii) Dedicated 1:1 single occupancy tenancies or owner occupation – supporting an individual in a single occupancy tenancy or owner occupation would only be considered in the circumstances outlined at 8.3.5 above;

(iii) Specialist care – the individual's needs are such that a specialist team is required to provide support to the individual;

(iv) Residential care - residential and nursing care would not normally be considered unless the individual required care over a 24 hour period in a specialist setting due to medical, behavioural or age-related physical or sensory needs that cannot be met in a non-residential environment. Deteriorating conditions that require increasing reliance on high levels of support are usually best provided in a residential care setting. This should also include people whose needs are volatile and fluctuate and are at risk of frequent hospital admissions.

8.6 **Non-Community-based Supported Living Options**

8.7 Additional detail on the circumstances and uses of accommodation-based care and support options that are not community-based is contained at Appendix 1. This includes:

- Residential care
- Nursing care
- NHS In-patient care

9 ASSESSMENT OF SUPPORTED LIVING CARE MODEL: CHOICE AND SELF-DIRECTED SUPPORT (SDS)

9.1 An individual's assessment will determine the appropriate Supported Living care model that would be funded by the HSCP.

9.2 Supported living models that are based upon shared care arrangements are not suitable for SDS Options 1 or 2 (and so far as relating to those options, Option 4). This is due to the potential impact upon the tenancy rights of other tenants and the overall coordination of care, support and safety within the accommodation or cluster.

9.3 While principles of choice and control should be considered within the assessment, the HSCP cannot provide desired support irrespective of cost due to the finite resources available. Assessments should reflect the views and wishes of individuals and, where appropriate, their carers and legal guardians. However the HSCP will take the cost of providing any support requested by the family into consideration in

its decision making. If that request is more expensive than the individual is assessed as requiring then the HSCP will not ordinarily meet the request. The HSCP will determine the funding available based on the most appropriate shared or clustered living model that will meet needs in a cost effective manner, in line with this policy.

9.4 As an alternative to a proposed supported living model, service-users (or their legal guardians, as appropriate) may exercise their right to opt for an SDS Option 1 or 2. In this event, the individual budget will reflect the relevant equivalent rate, which will ordinarily be based upon the cost of the proposed supported living model. Using SDS Option 1 or 2, this funding may be used to develop a support package based on an alternative model providing it is safe, meets individual needs, and can be sustained in the long term. Should an individual wish to fund extra support, or have regular informal support provided as part of their care package, they are able to do so, provided that they are aware that funding for this extra support cannot be made by the HSCP.

10 EXISTING CARE PACKAGES

10.1 Changing circumstances and historical decision-making may mean that individuals are provided with a level of support that exceeds their eligible needs, as assessed at point of review[6]. In these circumstances an individual's updated assessment and support plan should identify the appropriate model of care in line with this Fair Access to Community Care (Adults) Policy and the need to transition to this model.

10.2 Where existing support services are provided to an individual that do not exceed their eligible needs, but are provided in a way that operate outwith the terms of this Fair Access to Community Care (Adults) Policy and/or exceeds the Schedule of Rates, a review of the overall care and support package should be undertaken and support services transitioned to align with the policies set out in this document. This will normally be undertaken at the time of routine review but may be brought forward to promote fairness, consistency and equity in line with the Policy's aims.

11 OUT OF AREA PLACEMENTS

11.1 The HSCP will not normally consider out of area placements. This is both because of an overarching principle that people should be supported to live in East Dunbartonshire wherever possible, and also to mitigate specific risks to individuals that arise from out of area placements. The risks are:

- Individuals may become disconnected from their local community (this risk increases with the length of time the individual is in an out of area placement);
- Distance from family, friends and peer support networks leaving individuals socially isolated;
- Additional direct and indirect costs related to the provision of support;
- Supervision of support being provided can be less rigorous due to geographic distance;
- It can lead to inequity of service provision due to variable costs.

11.2 There are certain circumstances where an out of area placement may be appropriate for consideration:

- There is an assessed need for a specialist service to provide support or care that cannot be provided locally;

[6] The East Dunbartonshire Assessment & Care Management Procedures & Standards (2013) provide that support plan reviews should be undertaken as a minimum annually (Standard 10).

- The service cannot be provided economically locally;
- An emergency placement is required and the need cannot be met locally. (In these cases there should be a plan to provide an alternative placement within East Dunbartonshire as soon as is reasonably practical);
- There is an assessed need for the individual to move from the local area because of specific risks to themselves or others as a result of them continuing to live in East Dunbartonshire;

11.3 Where an out of area accommodation placement is arranged because of the lack of available or economic alternatives locally, this will be kept under review and efforts made to transition to a local alternative wherever possible. Any subsequent move back to the East Dunbartonshire area would be subject to service-user (or welfare guardian) agreement. For out-of-area day services, Section 6 of this policy will apply.

11.4 East Dunbartonshire HSCP recognises that individuals may wish to move to other areas and the services that may be available in another area may be part of their decision in relation to this. The HSCP would consider a decision to relocate as a personal decision and would provide assistance, but not necessarily funding, to facilitate this. Normally the local authority in which a person is ordinarily resident is financially responsible for the community care services for that person. Scottish Government guidance (Circular No: CCD 3/2015) provides additional information on the responsibilities for providing and funding care and in these circumstances.

12 SUPPORT WITH EDUCATION AND LEARNING

12.1 Local authorities have responsibility for education provision up until school leaving age. Provision of education beyond school leaving age is the responsibility of further education bodies not funded by East Dunbartonshire HSCP. Access to courses is determined by colleges themselves. Where, due to a disability, additional support is needed for learning within the classroom setting this should be provided by the education establishment. East Dunbartonshire HSCP may still have responsibility for funding personal care (e.g. personal care support at lunchtimes).

12.2 Support will normally only be provided to attend colleges local to the area. Individuals or families choosing not to attend a local college would be required to meet additional support and travel costs themselves. In the case of higher (university) education it is accepted that there may be a need move away from the local area to access specific courses. Any such requests will be considered on a case by case basis, subject to eligibility and resource allocation criteria.

13 PREVENTION AND INDEPENDENT LIVING SKILLS DEVELOPMENT

13.1 It is recognised that individuals with disabilities will require support with informal learning and development of independent living skills throughout their lives. Furthermore, the provision of preventative support or support to build an individual's resilience and independence can result in reduced risk and significantly improved quality of life. This can also reduce dependency on (and expenditure by) statutory service providers in the longer term. However, if this type of support is not dynamic, progressive and regularly reviewed, it can lose its connection to personal outcomes and become ineffective. Often this type of support is most effective over well-defined periods of planned enablement activity.

13.2 Preventative work and independent living skills development must therefore be relevant, specific, effective and regularly reviewed. To be funded, any such support will be associated with the mitigation of critical or substantial risk, it must be clearly

reflected in the customer's outcome-focused support plan; it must be regularly reviewed, progressed and demonstrate positive benefit.

13.3 The provisions of the Eligibility Criteria state that where eligibility is determined to fall into the Moderate category, the response of social work services will be to provide the individual with advice/information and/or to signpost towards direct access to community resources. Exceptions can be made where the absence of statutory social work involvement will lead to an aggravation of the individual's needs resulting in greater expense to the local authority on a later occasion. In these circumstances a short term intervention focussed on rehabilitation and enablement can be offered.

14 COST LIMITATIONS AND CEILINGS

14.1 Consideration as to whether any cost limitations (or ceilings) may apply to an individual's support package (or equivalent personal budget) will take place after the assessment, application of eligibility criteria and support planning processes have been completed. This ensures that individuals, where they are able and choose to do so, can augment any cost limitations with informal supports and other personal resources.

14.2 References to cost ceilings are included at the relevant places within this document. The information in this section relates to more general policy provisions.

14.3 The HSCP operates a maximum threshold for community-based support, unless there are exceptional circumstances. This is normally equivalent to the approved rates (net of the customer's contribution) for residential/nursing home places including day activities there at the current rate at the time of calculation.

14.4 Individuals with a pre-existing diagnosed learning or multiple disability who develop such frailty and deterioration to their health (whether due to age or other reason), and where care costs associated with supporting these specific care needs exceed the approved rate for residential/nursing care (net), this will normally act as the cost ceiling in these circumstances. This would generally not apply to palliative care or the additional costs of 2:1 (or greater) support. Other support and environment-related factors will also be taken into account to ensure the wellbeing of the individual and others concerned.

14.5 Cost limitations and ceilings should be applied consistently, to ensure fairness and equity. Discretion to depart from these would apply in exceptional circumstances only and would apply on a case-by-case basis only.

14.6 It should be noted that contract standing orders state that any support service costing more than £15,000 per annum has to be approved by Council Committee on behalf of the HSCP and the requirement to tender the contract has to be considered.

Supports to be included:

14.7 The calculation for the overall cost of a support package should include:

- All supports delivered within the home;
- Day care/day activities delivered either within or outwith the home;
- Transport/escort costs associated with the provision of home-based and day supports;
- Any other costs identified within the support package.

Costs to be excluded:

14.8 The cost of the following should be excluded from the cost limitations:

- Periods of residential or home based respite care where the primary assessed purpose is to assist the carer rather than to benefit the customer and where this is based on a formal carer's assessment;
- Aids and adaptations plus maintenance costs of adaptations;
- Community Alarms;
- Services provided by other statutory services that are non-social care related.

Funding sources to be excluded:

14.9 Support financed through the following funding sources should be excluded in the calculation of support package costs:

- Supports funded by another agency i.e. voluntary organisation; Independent Living Fund;
- Non-recurring 'start up' costs for support packages;
- Support funded for community health care services.

14.10 Where two or more people with individually assessed needs reside within the same family unit, each person should be treated separately for the purposes of the cost limitation calculation.

14.11 The cost of carers' services should also be considered separately where their needs have been separately assessed through carers' assessments and the support provided is aimed primarily or solely to meet carers' needs.

15 CONTRIBUTIONS BY CUSTOMERS

15.1 Where a contribution is made by the customer for a support service in the community, this will not be taken into account in calculating whether the cost limitation has been reached i.e. the calculated cost of the support package is the gross cost of the services before contributions. Although the levying of customer contributions will reduce the cost to the Partnership, this approach will ensure greater fairness to all customers, in terms of the actual size of the support package received, rather than giving an advantage to better off customers with higher contributions.

15.2 Identical support packages may therefore impact very differently on budgets as a result of differential contributions, but this should not have any influence on either the process of assessment or prioritisation.

16 CHOICE AND RISK

16.1 It is recognised that most people will wish to remain at home. The HSCP encourages the creative and innovative use of eligible funding, personalised to the customer's individual circumstances and lifestyle.

16.2 As well as considering the use of paid supports the practitioner, customer and their carer/family should also consider other assets as ways of meeting the customer's assessed needs and helping them to achieve their identified outcomes:

- Personal – skills, knowledge, own financial resources;
- Community – clubs, peer groups, forums;
- Informal Care and Support – family, friends and circles of support;

16.3 However, any choice by the individual (or his/her proxy) around care/support and the setting in which this is received needs to be exercised in the full knowledge of the amount of eligible statutory support that can be provided. The Partnership retains a duty of care and is required to take into consideration any risks it identifies from such a choice, including the decision for the adult to remain at home. Social work and health practitioners and their managers will be expected to consider in all such cases the need for a multi-disciplinary case conference to establish a customer's capacity to make informed decisions and/or consider any risks that could arise from those decisions.

SECTION C – FURTHER DETAIL AND PROCEDURAL PROCESSES

17 ASSESSMENT OF NEED AND ELIGIBILITY FOR COMMUNITY CARE SERVICES

17.1 East Dunbartonshire HSCP takes an outcomes-based approach to assessment, support planning and review. An outcomes-based approach focuses on delivering improved results (outcomes) for people with assessed needs. Traditionally, support was service-led, with formal structured services seen in isolation as being the most effective way to support people. Now the view nationally and locally is that results are more successful if they are outcomes-led. This involves everyone working together to achieve the best possible impact on the individual's life. The philosophy of this approach is one that emphasises the strengths, capacity and resilience of individuals, builds upon informal support systems and includes consideration of wider community based resources.

17.2 An outcomes-based approach will assess needs and identify a range of associated outcomes for an individual, not all of which will meet eligibility criteria for statutory funding. The eligibility criteria in East Dunbartonshire are based on reducing substantial or critical risks. The needs (and associated outcomes) that can be met through reducing these risks to a moderate level can be allocated funding for support. Assessment may also identify other outcomes that are important for the individual, but would not specifically be associated with the reduction of substantial or critical risks, so would not attract statutory funding. However, these should be used to inform and shape how eligible support is best provided and can help to indicate where informal and community support may contribute to improved quality of life.

17.3 There are five main categories of community care support that the HSCP will, where eligibility criteria are met, provide resource to meet risk mitigation outcomes. These categories of community care support are set out below, with reference to the risk types that they are designed to mitigate:

Community Care Support	Risk Mitigation (from Eligibility Criteria)
• Support to be safe during the day • Support to be safe during the night	• Risks relating to neglect or physical or mental health
• Personal Care • Housing Support	• Risks relating to personal care/domestic routines/home environment
• Support to engage in meaningful activity to participate in community life	• Risks relating to participation in community life

17.4 Eligibility Criteria for carer support are also part of the HSCP's policy framework. The risk categories for carers are:

- Health and wellbeing
- Relationships
- Living environment
- Finance
- Access to breaks / life balance
- Future planning

17.5 Eligibility for carer support operates in a similar way to that for individuals requiring direct support. Carers outcomes set out in an Adult Carer's Support Plan that can be met through reducing these risks to a moderate level can be allocated funding for support. For young carers, the outcomes in the Young Carer's Statement eligible for support should be to reduce risks to a low level.

18 TYPES AND LEVELS OF SUPPORT

18.1 In line with the HSCP's Eligibility Criteria, the purpose of providing support to an individual is primarily to reduce risk to an acceptable, moderate level. Finite resources mean that the local authority may not be able to provide the level of support an individual or their family may wish. There is an inherent risk in all aspects of daily life and therefore it is not always possible (or indeed appropriate), to completely reduce or eliminate risk in every situation.

18.2 Community care support can be divided into two main types:

(i) **Task Based Support**: this type of support is focused on assisting people to undertake particular tasks, such as:

- Personal care
- Housing support
- Therapeutic interventions
- Enabling, re-enabling and skills development
- Support to engage in meaningful activity

(ii) **Support to stay safe and well**: this type of support is principally concerned with mitigating risk to the individual, or others, that would arise if an individual was left on their own (for example, risks relating to neglect or physical or mental health.

18.3 Community care is often a combination of these main types, as separating them in practical terms could often be artificial and duplicative. However, it is important to be clear about the main purpose of the support, as this can affect how it is delivered.

18.4 Task based support (such as support with personal care) may require dedicated 1:1 staff deployment during its provision, whereas at other times support needs might be less intensive or supervisory in nature, so can be delivered via shared support. This would occur where one or more members of staff provide support to more than one service-user. This can include the provision of 1:1 (or more) support when required, but not on a dedicated basis at all times. East Dunbartonshire HSCP will aim to maximise the use of shared support to ensure we can deploy available resources for people with eligible need for services, on a fair and equitable basis. We will therefore use shared support equally when calculating a relevant rate to apply budget equivalence for Self Directed Support.

18.5 There is a general principle that all eligible support to reduce risks to a moderate level must also have a secondary objective to contribute to outcomes relating to the promotion of wellbeing, social development and independent living. This principle is extended to a duty for people with a mental disorder as defined in the Mental Health (Care & Treatment) (Scotland) Act 2003. In the 2003 Act "mental disorder" means any mental illness, personality disorder, or learning disability, however caused or manifested. Eligible support should also be designed to maximise the potential for individuals to develop the skills and confidence to safely manage with less support over time. Capacity for enablement (or reablement) will vary from person to person, but should always be promoted as an ongoing desired outcome of the support provided.

18.6 For clarity, there are a number of ways that support can be provided:

- **Community activities**: support that is available through clubs and activities in the community;
- **Universal resources**: support that is available to all citizens. This would include services such as health and education, as well as some more specific services that individuals can refer themselves to;
- **Informal support**: support provided by family, friends and neighbours. This can range from very intensive to occasional, depending on needs and circumstances;
- **Voluntary sector support** (broad range of support delivered by national and local voluntary organisations and charitable bodies, including lunch-clubs, advice, advocacy and befriending)
- **Assistive technology**: Assistive technology is any product or service designed to enable independence for disabled and older people. It includes telehealthcare services which are health and social care services that can operate at a distance using a range of digital and mobile technologies. East Dunbartonshire HSCP will aim to maximise the appropriate use of assistive technologies. Deployed thoughtfully and appropriately as part of service redesign, assistive technology can:
  - support people to have greater choice, control and confidence in their care and wellbeing;
  - enable safer, effective and more personalised care and deliver better outcomes for the people who use our health, housing, care and support services;
  - help generate efficiencies and add value through more flexible use of our workforce capacity and skill mix and by reducing wasteful processes, travel and minimising access delays.
- **Shared support**: support (including intensive support), where dedicated 1:1 (or more) support is not needed at all times. Shared support is when one or more members of staff provide support to more than one service-user.
- **Dedicated 1:1 support** (or more, e.g. 2:1, 3:1): support where an individual's needs are such that they need dedicated support on a one-to-one basis. Indeed, with certain moving and handling or bariatric care, 2:1 or even 3:1 may be assessed as being needed to undertake these specific tasks. However, this type of dedicated support is generally for *task-based support*, rather than *support to stay safe and well*, and would usually be part of a package of both 1:1 and shared support for the individual.

  Exceptionally, dedicated 1:1 (or more) support may be needed at all times for certain profound and multiple disabilities and/or with complex challenging behaviour. Assessments and support plans that call for continuous 1:1 (or more) support will be subject to specialist, multi-disciplinary and Head of Service oversights and approval.

18.7 Formal services should be seen as only one component of a co-produced, community asset-based approach to community care. Maximising community, universal and informal supports and assistive technology is essential to building and sustaining independent living. The HSCP will work with service-users, families and communities in partnership to achieve this.

APPENDIX 1

Non-Community-based Supported Living Options

1 RESIDENTIAL CARE

1.1 A residential care placement may be considered when a combination of the following applies:

- The customer is unable to care for him/herself and to carry out the tasks essential to daily living, even with substantial support from community services, up to the cost limitations set;
- The customer's behaviour presents a risk of physical or mental harm to him/herself or others, or makes them vulnerable to exploitation and this cannot be managed in his/her own home;
- Existing caring arrangements have irretrievably broken down to the extent that a carer is unable or unwilling, even with the support of others, to care for someone unable to care for him/herself, and that this care cannot reasonably be provided by other means;
- The physical environment is unsafe and cannot appropriately be made safe through the provision of equipment or adaptations and suitable community housing provision is not available;
- The cost of support services at home exceeds the cost limitations set.

- And

- Health care needs do not exceed those that should normally be met by community health services, providing services on the same basis to people in their own homes.
- Where there is any doubt of this, a health care needs assessment will be carried out by health personnel before a placement decision is made.

- And

- The needs of the customer do not fall within the criteria for NHS funded care.

- And

- Following assessment and discussion of the available options, the customer's choice is to seek residential care.

1.2 A residential home placement will also be considered in other very exceptional circumstances where, for clearly documented reasons, the assessment of the care manager and team manager is that this constitutes the most appropriate response to the customer's support needs.

2 NURSING HOME CARE

2.1 A nursing home placement may be considered when the customer concerned has nursing needs requiring skilled general nursing care, and/or skilled psychiatric nursing care, at a frequency beyond that normally met by community health services. However, the customer does not have health care needs requiring NHS in-patient treatment.

- And

Circumstances described in the criteria for residential care exist and the requirement for skilled general nursing care arises from circumstances such as the following:

- Where the customer's physical or mental health has deteriorated to a level that needs 24 hour on-site nursing care;
- Where the customer's health is such that one or more of the following technical procedures (the list is not exhaustive) is required on more than one occasion in 24 hours:
    - Administration of medication by injection or syringe driver;
    - Application of sterile dressings;
    - Basic nursing care of the type given to people confined to bed for long periods e.g. prevention of pressure sores;
    - The care and management of incontinence (double or single) which has been assessed as requiring skilled nursing action;
    - Catheter care – insertion, removal and monitoring;
    - Stoma care – review, monitoring and occasional practical intervention;
    - Management of complex prostheses or appliances including artificial feeding;
    - Where the person suffers from a complex psychological, aggressive or difficult to manage state requiring supervision of qualified psychiatric nursing staff.

- And

- Following assessment and discussion of available options, the customer's choice is to seek nursing home care, or the cost of the comparable home based care exceeds the cost limitations.

- And

- The person is not assessed as needing continuing health care.

- And

- The assessment is backed up by General Practitioner/Consultant certification of the appropriateness of nursing home care.

3 CONTINUING INPATIENT HEALTH CARE

3.1 The consultant (or GP in some community hospitals) will decide, in consultation, with the multi-disciplinary team, whether the patient:

- Needs in-patient care arranged and funded by the NHS;
- Needs a period of rehabilitation or recovery, arranged and funded by the NHS;
- Or should be discharged from in-patient care.

3.2 Continuing in-patient care should be provided where there is a need for on-going and regular specialist clinical supervision of the patient as a result of:

- The complexity, nature and intensity of the patient's health needs, being the patient's medical, nursing and other clinical needs overall;
- The need for frequently, not easily predictable, clinical interventions;
- The need for routine use of specialist health care equipment or treatments which require the supervision of specialist NHS staff; or
- A rapidly degenerating or unstable condition requiring specialist medical or nursing supervision.

3.3 The decision is fundamentally a professional clinical decision, based on the outcome of the multi-disciplinary assessment. The consultant or GP, in consultation with the multi-disciplinary team, will decide whether the individual is eligible for NHS continuing health care, taking into account the matters raised above.

3.4 The large majority of people, after a stay in hospital, will be able to return to their own homes and will not have any on-going care needs; however some individuals may require on-going care. The individual may need a period of rehabilitation or recovery arranged by the NHS or social work services to prevent discharge arrangements breaking down, they may need to receive a package of care in a care home, arranged and funded by social work services, or they may need a package of social and health care support to allow them to return to their own home.

(Ref: Circular CEL 6 (2008))

3.5 Health boards and local social work services should have in place clear agreements on how they will resolve disputes (between themselves as purchasers) about responsibility for individual cases for meeting continuing care needs. These arrangements will be within the context of joint planning agreements. In the first instance, concerns should be discussed with team managers, who should in turn raise unresolved disputes with the line mangers.

3.6 Revised Scottish Government guidance on Hospital Based Complex Clinical Care has been produced following an Independent Review conducted in 2014-15. This guidance, contained in Circular DL (2015)11, replaces the previous Circular (CEL6 (2008)). The overall objectives of the revised guidance are to:

- Promote a consistent basis for the provision of Hospital Based Complex Clinical Care.
- Provide simplification and transparency to the current system;
- Maintain clinical decision making as part of a multi-disciplinary process;
- Ensure entitlement is based on the main eligibility question “can this individual’s care needs be properly met in any setting other than a hospital?”
- Ensure a formal record is kept of each step of the decision process.
- Ensure that patients, their families, and their carers have access to relevant and understandable information (particularly if the individual does not need to be in hospital but rather an alternative setting in the community).

APPENDIX 2

Eligibility Criteria for Community Care (Adults) Policy

October 2018

Lead Officer:	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement
Policy Approved By:	
Date Approved:	
Implementation Date:	
Review Date:	

1 POLICY OBJECTIVES

1.1 East Dunbartonshire Health and Social Care Partnership (HSCP) is responsible for determining where there is a need for the provision of community care support and how such need should be met. Assessment of need is a two-stage process: first the assessment of needs and then, having regard to the results of that assessment, whether the needs of that person call for the provision of services.

1.2 The use of eligibility criteria applies to this second stage of the assessment process. They are used to determine whether a person assessed as needing community care requires a statutory service to be put in place in order to meet those needs. Eligibility criteria are also used as a means of managing overall demand for community care within the finite resources available.

1.3 The purpose of this policy is to establish clarity on how eligibility criteria operate in East Dunbartonshire. The policy also aims to serve as a guide for staff and as a reference document for elected members, customers and members of the public.

1.4 This policy should be viewed within the overall context of the Fair Access to Community Care (Adults) Policy.

2 POLICY APPLICATION

2.1 This policy applies to all service users 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 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 applies.

3 RELATED LEGISLATION, POLICIES AND PROCEDURAL MECHANISMS

3.1 East Dunbartonshire Health and Social Care Partnership's responsibilities to adults (aged over 16) 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:

- Single Shared Assessment Form
- Outcome Focused Support Plan
- Review of Support Plan
- Assessment and Support Management Procedures
- Risk Enablement and Working with Risk Procedures
- Non Residential Charging Policy
- Fair Access to Community Care (Adults) Policy (2018)
- Eligibility Criteria for Adults and Young Carers Support (2018)

4 CONTEXT AND GENERAL APPROACH

4.1 Eligibility criteria are a method for deploying limited resources in a way that ensures that resources are targeted to those in greatest need, while also recognising circumstances where lower level intervention can sometimes halt the deterioration of people in less urgent need of support.

4.2 These eligibility criteria recognise 'risk' as the key factor in the determination of eligibility for community care services. Where a customer is eligible, the urgency of that risk should be kept in focus in determining how and when to respond to their support needs.

4.3 The principles guiding practice in this policy are that supports provided or funded by East Dunbartonshire Health and Social Care Partnership are intended to:

- Retain, support and promote maximum independence;
- Intervene no more than absolutely necessary;
- Compensate for the absence of alternative support or complement existing support;
- Take full account of the risk to the customer if the support is not provided;
- Take account of the individual's personal, community and family assets – personal: financial, skills, experience; community: clubs, libraries, church; family: friends, informal carers, circles of support.

4.4 Consideration should only be given to providing support when:

- The customer is unable to meet the need themselves and they do not have access to adequate support from the assets described above;
- No other statutory agency has a duty to meet that need;
- Failure to respond to that need would place the customer in a situation of unmanageable or unreasonable risk.

4.5 The eligibility criteria address both the severity of risks and the urgency of intervention to respond to risks. Some levels of risk will call for services or other resources as a high priority whilst others may call for some services/resources, not as a high priority but managed and prioritised either as a short term intervention or on an ongoing basis. Some may not call for any social care intervention as engagement in local community activities or services provided by the third sector 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 assessment and care planning process, it is for relevant practitioners undertaking assessment 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 four categories: *critical, substantial, medium* and *low*.

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

4.7 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 independent living or wellbeing. 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. Those customers 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.

4.8 Where eligibility is determined to fall into the *moderate* category, the response of Social Work Services will be to provide the individual with advice/information and/or to signpost towards direct access to community resources. Exceptions can be made where the absence of statutory social work involvement will lead to an aggravation of the individual's needs resulting in greater expense to the local authority on a later occasion. In these circumstances a short term intervention focussed on rehabilitation and enablement can be offered. Interventions of this nature will not normally continue beyond a six-week period.

4.9 Where eligibility is determined to fall into the *low* category, the response of Social Work Services will be to provide the individual with advice/information and/or to signpost towards direct access to community resources.

4.10 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.

4.11 The arrangement of any services will continue to depend on the availability of budget and resources. Therefore, if an individual is to be given priority within the eligibility criteria, and the cost of the support package is below the cost limitations, those authorising the provision of supports will still be required to have assurance that resources are available to meet the eligible need. Practitioners are required to submit 'Additional Expenditure Required' forms (AERs) to management where it is deemed there are insufficient resources within the budget.

5 PRIORITY RISK MATRIX

5.1 This policy adopts the four categories of risk within the Scottish Government's National Eligibility Framework.

RISK LEVEL	
Critical risk:	Indicates that there are major risks to an individual's independent living or health and well-being likely to call for immediate or imminent intervention and/or provision of social care support.
Substantial risk:	Indicates there are significant risks to an individual's independence or health and well-being likely to call for immediate or imminent intervention and/or provision of social care support.
Moderate risk:	Indicates there are some risks to an individual's independence or health and well-being. These may call for the provision of some social care support managed and prioritised on an on-going basis or they may simply be manageable over the foreseeable future support provision with appropriate arrangement for review.
Low risk:	Indicates there may be some quality of life issues but low risks to an individual's independence or health and well-being with very limited, if any, requirement for the provision of social care support. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term.
URGENCY	
Immediate	required now or within approximately 1 to 2 weeks
Imminent	required within 6 weeks
Foreseeable future	required within next 6 months
Longer Term	required within the next 12 months or subsequently

6 DEFINITION OF RISK FACTORS

6.1 The following table provides definitions of risk factors for each of the bands in the national eligibility framework adopted by the Partnership.

Risks relating to neglect or physical or mental health:

Critical	Substantial	Moderate	Low
Serious harm or neglect has occurred or is strongly suspected and client needs protective intervention by social care services.	Harm or neglect has occurred or is strongly suspected	Adult at risk needs to raise their awareness to potential risks of harm	Preventative measures including reminders to minimise potential to risk of harm
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

Risks relating to personal care/domestic routines/home environment

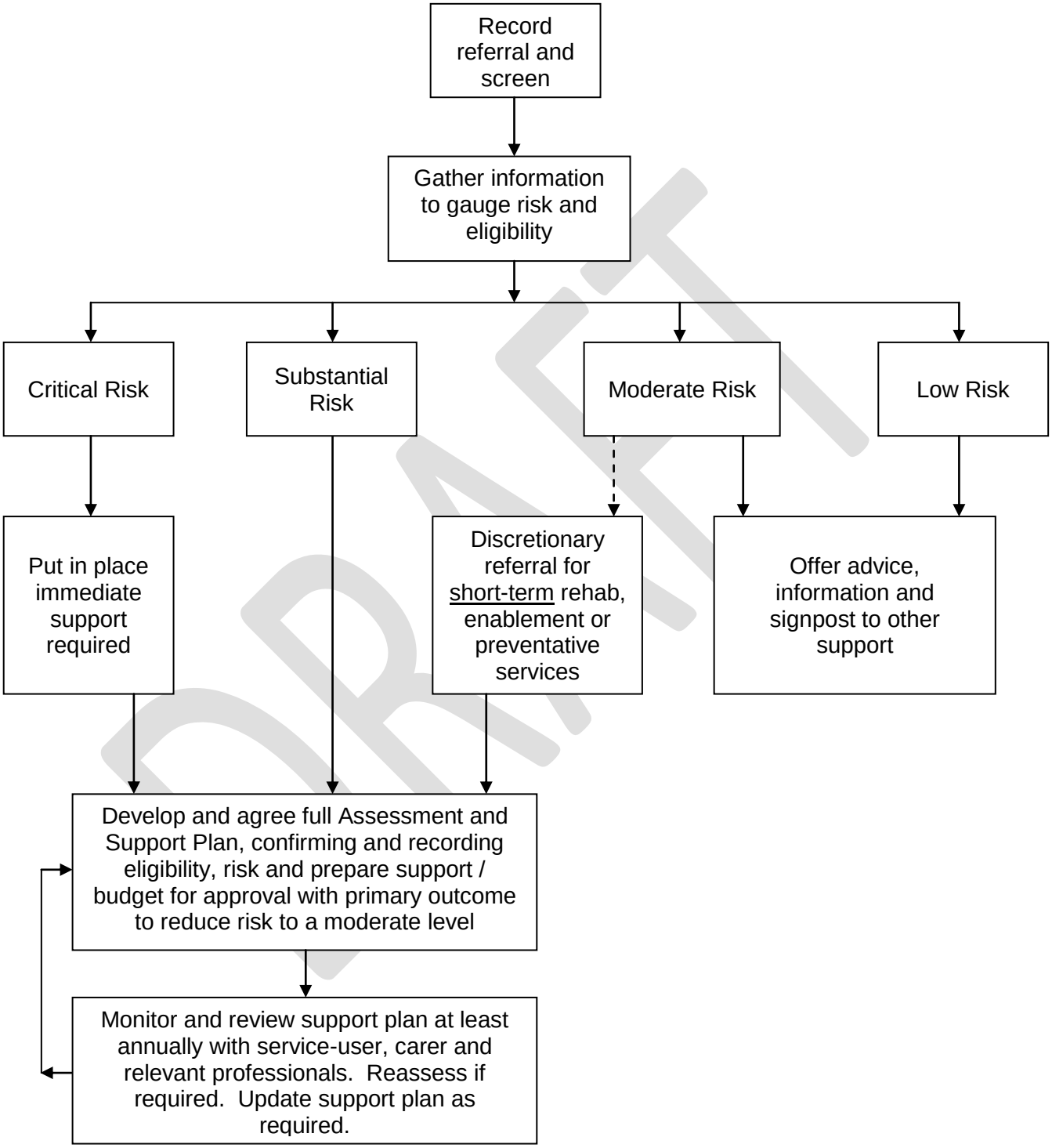
Critical	Substantial	Moderate	Low
Unable to do vital or most aspects of personal care causing major harm or danger to customer or others or major risks to independence	Unable to do many aspects of personal care causing significant risk of danger or harm to customer or others or there are significant 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 or 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 customer 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 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

Critical	Substantial	Moderate	Low
Unable to sustain involvement in vital aspects of work/ education/learning causing serious 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/ education/learning and this will in the foreseeable future pose a risk to independence	Has difficulty undertaking one or two aspects of work/ 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 aspects of family/ social roles and responsibilities and social contact that poses some risk to independence	Able to manage most aspects of family/ social roles and responsibilities and social contact indicating little risk to independence

7 ASSESSMENT PROGRESSION FLOW CHART

7.1 The following chart indicates the progression from initial referral to the provision of support. It indicates where the process of determining eligibility falls within the process and illustrates how the intensity of risk and access to support services is determined using the eligibility criteria.



APPENDIX 3

Fair Access to Community Care (Adults) Policy
Summary of Impact and Scenario Illustrations

PROVISIONS	IMPACT
1 Assessment of Need and Eligibility for Community Care Services	• Restates that duty and practice is limited to providing eligible services that reduce risks from critical or substantial to a moderate level. • Restates that this also applies to adult carers. For young carers, it states that services will be provided to reduce risk to a low level. • Explains relationship between outcomes, risks and eligible services. • Explains how contribution towards delivery of outcomes that are not associated with reduction of critical or substantial risks are predicated. • Eligibility Criteria Policy also updated to more clearly limit discretionary support for moderate risk to short term reablement / prevention where customer and organisational benefits are demonstrable.
2 Resource Allocation Policy	• Explains the equivalency-based resource allocation system and HSCP's use of this approach; • Establishes a Schedule of Rates to be updated annually by the HSCP; • Clarifies that personal budgets will be derived from the relevant rate from this Schedule of Rates; • Clarifies that only exceptional circumstances will warrant the provision of a personal budget higher than the relevant rate; • Clarifies that any such exceptional departure from the Schedule of Rates will normally be temporary only.
3 Types and Levels of Support	• Introduces distinction between "task-based support" and "support to stay safe and well". Establishes the principle of maximising shared support; • States that EDHSCP will maximise use of shared support wherever possible and provides clarity on use of 1:1 support; • Clarifies that all support should be purposeful and aligned with personal outcomes in support plan; • Emphasises co-produced and assets-based approaches rather than over-dependency on statutory services;
4 Types of Living Arrangements	• States that we will aim to work in partnership to support service-users living with families, when in best interests of service-user; • Clarifies that services provided to carers should be delivered in a way that will also contribute to the outcomes of the service user; • Establishes cost ceiling for supporting service-users living in the family home - new; • Establishes process if a service-user leaves a family home - new; • Establishes that no guarantee that HSCP will provide support in any preferred housing option when a service-user leaves a family home – subject to assessment of needs, consideration of options, eligibility and cost ceilings - new; • Makes clear distinction between "Independent Living with Support"

PROVISIONS	IMPACT
	and “Supported Living Models” – new definitions; • Establishes policy and cost ceiling for Independent Living with Support - new; • Clarifies limits to support in 1:1 single occupancy arrangements; • Specifies 4 models of care for Supported Living, with definitions and uses; • Clarifies that shared or clustered living is EDHSCP main Supported Living option; • Clarifies purpose of residential care and establishes cost ceiling for community-based care in event of frailty and deteriorating health (whether due to age or other reason) - new.
5 Assessment of Supported Living Model: Choice and Self-Directed Support (SDS)	• Clarifies that shared and clustered Supported Living models based on a single provider are not suitable for SDS 1 or 2; • A cost equivalent of shared and clustered living can be provided as a personal budget for SDS 1 or 2 subject to meeting SDS policy requirements.
6 Out of Area Placements	• Establishes the principle that EDHSCP will not normally support out-of-area placements and provides reasons; • Explains the circumstances when out-of-area placements may be appropriate for consideration; • Explains the circumstances when repatriation would be pursued.
7 Support with Education and Learning	• Establishes responsibilities for providing support for individuals attending further and higher education;
8 Prevention and Independent Living Skills Development	• Confirms the value in preventative and reablement / enablement – prevents deterioration for the customer and increased costs for statutory services; • Clarifies the circumstances when this type of support service will be funded. Short-term and focused; • Stresses the need for regular review and progression in the success of this type of support service.
9 Existing Care Packages	• Service-users (or carers) with assessed over-provision at time of review will have their support transitioned in line with the Policy; • Service-users (or carers) with support services costing more than the relevant rate from the Schedule of Rates or above cost ceilings will have their support transitioned in line with the Policy.
10 Implementation	• Sensitive transition for people affected by new thresholds – partnership in service design; • For some, alternative services will not be immediately available – this will inform commissioning plans and service redesign; • SDS will provided choice within equivalent cost parameters; • Positive opportunity to design modern services that promote and improve independence and quality of life; • Overall implementation programme will take time.

Illustrative Scenarios

Scenario 1

Current situation	Alan is a 36 year old man with profound and complex learning disabilities. He lives at home with his parents who provide a substantial amount of care and support. The HSCP has assessed that Alan is eligible for services due to critical or substantial risks associated with personal care//domestic routines/home environment and also with participation in community life. Alan's parent have also been assessed as carers and determined to be eligible for services due to critical or substantial risks associated with their health and wellbeing, relationships and access to breaks/life balance. Alan receives day service 5 days per week at a day service in Stirlingshire, including transport. He also receives overnight respite breaks at Twechar Respite for 30 nights each year.
Issues	The service levels that Alan and his parents receive are consistent with their eligible needs. However the cost of his day services are disproportionately high due to the travelling costs, which amount to over £700 per week. The impact of spending around 2 hours per day in a taxi commuting to Stirlingshire is also having an impact on his physical health. Alan and his parents like the Stirlingshire service. The cost of the service that Alan receives is significantly higher than other service users who attend local day services, which creates inconsistency of resource allocation levels between the people we support.
Impact of draft Fair Access to Community Care (Adults) Policy	The policy establishes the principle that EDHSCP will not normally support out-of-area placements, in line with the national Learning Disability Strategy "Keys To Life". The Schedule of Rates indicates that the budget for Alan's services should be lower than the current cost. This relevant rate is based upon more local services that can meet Alan's needs. The impact of the Fair Access to Community Care (Adults) Policy is that Alan will be placed on a waiting list for a local service that will be of a standard satisfactory to meet Alan's needs, that is in line with the relevant rate. A Self-Directed Support (SDS) personal budget equivalent to this rate can be provided to Alan and his parents, if they wish to continue to attend the Stirlingshire service. Changing Alan's service to a more local service that is in line with the relevant rate within the HSCP's Schedule of Rates would have no negative impact on Alan's service level, but would change where his support was delivered. SDS would provide a mechanism to facilitate personal choice, if this was preferred, up to the equivalent cost of the relevant rate.

Scenario 2

Current situation	Nadia is a 19 year old woman with complex disabilities. She requires significant support with personal care and can't be left on her own. Nadia currently lives at home with her parents and receives a range of day and respite services from the HSCP. Nadia's parents wish to rent a flat for her and have requested support from the HSCP to meet all of her care and support needs.
Issues	In the past, the HSCP would provide support to Nadia on a one-to-one basis in her single tenancy flat, up to and including a 24/7 basis. This challenge for the HSCP is that this model of care is very expensive and inequitable. The support for Nadia would be individualised with round-the-clock staff shifts. It would cost much more than for people with similar care needs who live in small group tenancies or clustered tenancies. This creates inconsistency regarding how we manage the care costs of people we support and places pressure on overall budgets.
Impact of draft Fair Access to Community Care (Adults) Policy	This type of proposed living arrangement is defined in the draft policy as "Independent Living with Support" An individual is considered to be living independently when it is assessed that they do not require significant amounts of support, and can manage on their own for significant periods of time. Nadia's needs are at a level higher than this. The policy proposes that we will support people with disabilities to live independently on a single occupancy basis with eligible support, unless the cost of doing this exceeds the cost of the most appropriate Supported Living model that includes aspects of shared support. For Nadia, this might take this form of a small group living or an individual tenancy on a core-and-clustered arrangement that maximises shared support and coordinated on-call. In this event, Nadia would be placed on a waiting list for a Supported Living alternative, or the equivalent relevant rate being used to inform a personal budget amount for Self Directed Support. Providing a Supported Living service to Nadia instead of an Independent Living with Support service would have no negative impact on her service level, but would change how her support was delivered. SDS would provide a mechanism to facilitate personal choice, if this was preferred, up to the equivalent cost of the relevant rate. The family may wish to then either financially top this up to the level required to support an individual tenancy arrangements, or provide the care and support themselves to ensure that needs and risks were managed appropriately.

Scenario 3

Current situation	Frank is a 56 year old man with complex disabilities. He lives in a small group tenancy with 2 other service users, with whom he has lived for more than ten years and he enjoys their company. This Supported Living group tenancy is structured on the basis that a single care provider (Care4U) delivers all of the care and support to all of the tenants. Frank has significant cognitive incapacity, so his sister Jill acts as his formal welfare guardian. Jill has heard positively about a different care provider (Support4U) and has requested that Frank receive a personal budget under Self Directed Support, so that he can change service provider to Support4U, whilst continuing to live in the same tenancy.
Issues	At present the HSCP does not have a clear policy on the treatment of SDS options for people living in shared tenancies or core-and-cluster tenancy arrangements. Introducing more than one care provider to Supported Living models predicated on shared or clustered tenancy arrangements can impact upon the tenancy rights of other tenants and the overall coordination of care, support and safety within the accommodation or cluster. It also introduces duplicated core costs, parallel 1:1 care and multiplies staff presence within service-users' homes.
Impact of draft Fair Access to Community Care (Adults) Policy	The draft policy proposes that supported living models that are based upon shared care arrangements will not be considered suitable for SDS Options 1 or 2 (and so far as relating to those options, Option 4), for the reasons described above. The application of the policy would lead to a meeting with Jill to explain the policy and discuss the issues to explore a way forward in Frank's best interests. If there was a concern with the care and support provided by Care4U, then this would be the subject of investigation and resolution. If Jill was adamant that Frank's future care should be provided by Support4U as a preference, then the HSCP would support Frank and Jill to consider alternative tenancy and support models, via an SDS personal budget, up to the equivalent relevant rate. These considerations would be subject to ongoing oversights on quality and risk management in pursuance of Frank's eligible needs and best interests.

Fair Access to Community Care (Adults) Policy – Implementation Options APPENDIX 4

1 GENERAL

1.1 If approved, the Fair Access to Community Care (Adults) Policy may be implemented in one of a number of ways to manage impact. This decision would affect the wording at Section 10 of the draft policy, which presumes full implementation. Four options are suggested to the HSCP Board and would be proposed for inclusion in the consultative process:

(i) Full implementation;

(ii) Phased implementation: protection of service level for existing service-users for a transitional 3 year period; full implementation for new service-users;

(iii) Partial implementation: permanent protection of service level for existing service-users; full implementation for new service-users;

(iv) Limited implementation: Implementation for new service-users only.

These options are described in more detail below:

	Full implementation	**Phased implementation**	**Partial implementation**	**Limited implementation**
Outline of option	The policy would be implemented in full, as it is currently drafted. Full implementation would involve application of the policy provisions for all new service users and for existing service users at the time of the next normal annual review. The policy is focused on establishing consistency with service types and costs, rather than service levels. However if a service-user was found to be in receipt of	The policy would be implemented on a phased basis. It would apply fully to all new service users, but existing service users would have their service levels protected for a period of 3 years. Other aspects of the policy would apply to new and existing service users. This means that service type changes and cost ceilings would be applied, but these would not impact on service	The policy would be implemented on a partial basis. It would apply fully to all new service users, but existing service users would have their service levels protected at existing levels permanently, unless there was a programme of planned enablement progression, to promote independent living outcomes. Other aspects of the policy would apply to new and existing service users. This	The policy in all aspects would be applied to new service users only. This means that service levels, service types, costs and ceilings would not be applied to anyone currently in receipt of support, unless there was a programme of planned enablement progression, to promote independent living outcomes.

	service levels in excess of or below assessed eligible needs, then service levels would be carefully brought in line with eligible needs. Where existing support services are provided in a way that operate outwith the terms of this Fair Access to Community Care (Adults) Policy and/or exceeds the Schedule of Rates, support services would be transitioned to align with the policies set out in this document. This may result in a change to the type or location of services received.	levels for affected service users unless this was part of a programme of planned enablement progression. After the transition period, service users identified as receiving services in excess of eligible needs would be reassessed to re-establish their circumstances and action then taken to carefully transition service levels in line with eligible needs.	means that service type changes and cost ceilings would be applied, but these would not impact on service levels for affected service users, for this option.	
Benefits	Full implementation would ensure optimum consistency and fairness of resource allocation policies across all of the people we support. This would ensure compliance with the Equality Act and increase capacity for consistent and sustainable services in the future.	Phased implementation would ensure eventual consistency and fairness of resource allocation policies across all of the people we support. The process towards these objectives would be applied over a longer period than would be the case with immediate full implementation but would work towards compliance with the Equality Act and increase capacity for consistent and sustainable services in the future.	Partial implementation would ensure partial consistency and fairness of resource allocation policies across all of the people we support.	This would represent the option that would have least impact on existing service users.

Drawbacks	For some service users, the process of policy roll-out may result in reduced service levels, to come into line with existing eligibility criteria, where these were found to exceed these levels. For other service-users, the policy may result in a change to service type or location, in order to bring consistency and sustainability to service costs.	Phased implementation would result in continued inconsistency of service provision between service users for a number of years, with some receiving services over and above those assessed as eligible. As with full implementation, the policy may result in a change to service type or location, in order to bring consistency and sustainability to service costs.	Partial implementation would result in continued inconsistency of service provision between service users for the foreseeable future, with some receiving services over and above those assessed as eligible. As with full and phased implementation, the policy may result in a change to service type or location, in order to bring consistency and sustainability to service costs.	Limited implementation would result in high levels of inconsistency between existing and new service users. It would also perpetuate the inequity in policy between older adults for whom cost ceilings already apply, and younger adults who would not be subject to these. This would constitute challenge in relation to equality impact and fairness. From an organisational perspective, this option would limit scope to manage increasing demand in conjunction with year-on-year budget pressures and to deliver sustainable services in the future.