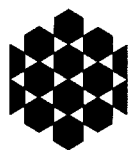


To: Chief Executives of HSS Boards & HSC Trusts;

Copies to: Directors of Social Services of HSS Boards & HSC Trusts



Department of
**Health, Social Services
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

Circular ECCU 2/2008

27 May 2008

Dear Colleague

**CIRCULAR HSS (ECCU) 2/2008: REGIONAL ACCESS CRITERIA FOR
DOMICILIARY CARE**

1. Following a request from the HSC, the Department agreed to sponsor and coordinate efforts to establish a consensus about regional access criteria, thereby allowing the consolidation of multiple sets of criteria set at Board or Trust level with a single set of regional access criteria.
2. Boards and Trusts have been heavily involved in all stages of this process with the HSC taking the lead both in organising a consultation within the service and coordinating the responses in presenting the Department with a single set of HSC agreed criteria.
3. The Department subsequently agreed to present the criteria to the Departmental Board and seek endorsement for this harmonisation initiative. This endorsement has now been secured.

Action

4. With the consolidation process now complete, Boards and Trusts are asked to implement the regional criteria, attached at Appendix 1, with immediate effect.

Enquiries

5. If you have any queries about the criteria please contact Julianne Broten Noble on 028 90 522374 or by email at Julianne.BrotenNoble@dhsspsni.gov.uk.



CHRISTINE JENDOUBI
Director Primary and Community Care

ACCESS CRITERIA FOR DOMICILIARY CARE FOR ALL ADULT CLIENT GROUPS

Introduction

1. The purpose of this circular is to provide a framework for a more consistent approach to eligibility and fairer access to domiciliary care services for both care managed and non-care managed clients (This applies to all adult client groups). The key principle behind these eligibility criteria is that people should be helped wherever possible to live independent lives with safety and dignity in their own home. In this respect Trusts should be aware of their statutory duty to offer a Direct Payment in place of traditional services
2. Trusts have a responsibility to use their resources fairly and wisely. These eligibility criteria are designed to determine how vulnerable a person is, what risk they face now and in the future and to ensure that those at greatest risk are given the highest priority.
3. Wherever possible domiciliary care services should be 'rehabilitative' in nature, enabling people to help themselves, maintaining existing skills and developing appropriate new ones, rather than 'doing' to or for them. The primary responsibility is to those at greatest risk, either to themselves, their carers or others. However, it is recognised that preventative, 'low level' support can avoid deterioration in an individual's situation that then becomes a greater risk to independence. Trusts should therefore develop methods of risk assessment to help them identify those individuals where risks to independence appear relatively low but are likely to become more serious over time. The benefit of preventative action to support carers, and the key role the voluntary and community sectors can play in the delivery of services should be recognised.

Definition

4. Domiciliary Care is the provision of *personal care* and associated domestic services that are necessary to maintain an individual person in a mutually agreed measure of health, hygiene, dignity, safety and ease in their home.
5. *Personal care* is defined as undertaking any activity which requires a degree of close personal and physical contact with individuals who regardless of age, for reasons associated with disability, frailty, illness, mental health or personal physical capacity are unable to provide for themselves without assistance.

Assessment

6. Assessments should be carried out in such a way, and be sufficiently transparent, for individuals to:
 - Gain a better understanding of their *presenting* and *eligible* needs
 - Identify the options that are available for managing their own lives
 - Identify the outcomes required from any help that is provided
 - Understand the basis on which decisions are reached
7. “*Presenting needs*” are the issues and problems identified when an individual is referred to the Trust for social care support. “*Eligible needs*” are those ‘presenting needs’ for which the Trust will provide help because they fall within the eligibility criteria.
8. Eligibility for an individual is determined following a person centred assessment. The kind of assessment carried out will depend on the complexity of the person’s presenting needs – a core assessment may, for example, indicate that a service user has some complex needs which require a specialist assessment. Everyone with a presenting problem that might feasibly be met by a community care service is entitled to an assessment to an appropriate degree, and Trusts have a duty to ensure that people who need help are assessed.
9. The assessment process should include an evaluation against the risks to the client’s independence that result from needs both in the immediate and long term. This evaluation should take account of how needs and risk might change over time and the likely outcome if they were not provided. This risk assessment will take account of the client’s autonomy, health and safety, ability to manage daily routines and involvement in family life.
10. While the assessment should determine overall risk, different needs can pose varying risks and should, therefore, be banded accordingly. It is therefore essential that ‘the individual’ is NOT banded. Identified risks to independence, or personal safety, should then be compared to the eligibility criteria (and banded as critical, substantial, moderate or low), thus enabling eligible needs to be identified.
11. The determination of eligibility in individual cases should take account of the support from carers, who have a statutory entitlement to have an assessment in their own right. Carers may include family members, friends and neighbours who can help them individuals meet their presenting needs. If, for example, an individual cannot perform several care tasks, but assistance can be accessed from another source, then this would not be classed as an eligible need.

The Criteria

12. The criteria for domiciliary care cover the following services:

- Personal care
- Practical care
- Non-residential respite care
- Day care/Resource Centre
- Transport as required (where this falls within the domiciliary care budget)

13. Appropriate domiciliary care services will be provided if the individual risk assessment identifies a critical or substantial risk to independence and help cannot be sourced from elsewhere. Commissioners will determine with Trusts which services can be provided to those individuals who following a risk assessment are determined to fall within the categories of moderate or low priority. This determination will be reached on the basis of resources available.

Critical – when

- life is, or will be, threatened; and/or
- significant health problems have developed or will develop; and/or
- there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or
- serious abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out vital personal care or domestic routines; and/or
- vital involvement in work, education or learning cannot or will not be sustained; and/or
- vital social support systems and relationships cannot or will not be sustained; and/or
- vital family and other social roles and responsibilities cannot or will not be undertaken.
- Hospital discharge is delayed (risk to the individual of infection or loss of independence from remaining in a hospital bed)

Substantial - when

- there is, or will be, only partial choice and control over the immediate environment; and/or
- abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or
- involvement in many aspects of work, education or learning cannot or will not be sustained; and/or
- the majority of social support systems and relationships cannot or will not be sustained; and/or

- the majority of family and other social roles and responsibilities cannot or will not be undertaken.
- Significant possibility of inappropriate admission to hospital or residential care

Moderate - when

- there is, or will be, an inability to carry out several personal care or domestic routines; and/or
- involvement in several aspects of work, education or learning cannot or will not be sustained; and/or
- several social support systems and relationships cannot or will not be sustained; and/or
- several family and other social roles and responsibilities cannot or will not be undertaken.

Low – when

- there is, or will be, an inability to carry out one or two personal care or domestic routines; and/or
- involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or
- one or two social support systems and relationships cannot or will not be sustained; and/or
- one or two family and other social roles and responsibilities cannot or will not be undertaken.

Low priority ('low risk') – where a service cannot be provided, individuals should be given advice and information about assistance available from other organisations.

14. Where an individual is assessed as being eligible for a service, Trusts should be aware of their statutory duty to offer a Direct Payment in place of traditional services. Alternatives to the need for domiciliary care assistance **must** always be explored during the assessment to include the availability of contributions from own resources/family/wider community/voluntary sector/other agencies. People who fall below the threshold should **not** be placed on the waiting list for domiciliary services, however other services may be provided by the Trust. Where services cannot be provided a register of 'unmet need' should be collated by the Trust for use in future planning and service enhancement and development.

Review

15. Review is an essential element in ensuring that appropriate domiciliary care is available to those most in need of it. All individuals should be advised at their assessment that this will be reviewed on a regular basis, and that any services provided may be changed (including reduction or withdrawal) if their needs and risks have changed.