

## **Eligibility criteria: implications for the independent sector**

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There is a commitment in Essex to a jointly agreed manual of procedures for community care, and a 'needs led' approach not only for social services staff but also for any other professional. The first manual was produced in April 1993; this has since been revised and it governs the current way of working in Essex.

Essex has a single set of 'eligibility priorities'. Priorities 1 to 4, reproduced below, represent those which the social services committee in Essex has an obligation to provide. The priorities are relatively unsophisticated and apply across all consumer groups.

- Priority 1 Imminent risk to the physical safety of the individual or their carer.
- Priority 2 Deterioration of a situation or a chronic situation which places increasing strain on the health and welfare of the individual or their carer.
- Priority 3 Ongoing support required to sustain the health and welfare of the individual or their carer.
- Priority 4 An individual with disabilities requires help and support in order to achieve in employment, education, training, leisure and social development.
- Priority 5 An individual requires advice or information about the availability of services including social services and other sources of provision.
- Priority 6 An individual requires help and support in order to achieve in employment, education and training, leisure and social development.

Priority 7 Where there is a need to promote leisure and social contacts which fall outside the above.

As an enabler, Essex social services department may be involved in joint planning arrangements and service developments to address the needs of those people not eligible for an assessment. It should also be noted that the priority bands are not fixed, in that consumers may move between bands as their circumstances and needs change. Also, an individual's separate needs may cross between the bands and thus be accorded different priorities.

### **The Essex approach to eligibility and priority**

The current approach to eligibility and priority allows for priorities to be attached at two stages.

The first is at the request/referral/screening stage when a person and their circumstances are ascribed an overall priority. The purpose is twofold:

- (i) to act as the key to the assessment door;
- (ii) to assist in the appropriate allocation process in terms of reasonable waiting times.

The second is using the same set of priorities in order to prioritise the individual needs identified as a consequence of assessment. The statement of an individual's range of needs and the goals/purpose in meeting each need is recorded on the assessment and care plan forms.

### **Assessment**

A consumer is eligible for assessment if he or she falls within one of the 4 new priority bands as set out in the community care manual. Eligibility for assessment is not related to a person's financial circumstances.

Once eligible it is important to record what priority a consumer has been given. The assessment process which then follows with the consumer is to determine what his or her needs are and to plan with them how these can best be met.

During the assessment process it is usual for staff to identify and list needs to be met. The areas of difficulty or problems experienced by the consumer should also be listed as well as the range of support/services currently available to them to assist with these difficulties. Finally, an understanding should be reached of the service gaps that remain and thus what the needs are. One of the more difficult tasks for the assessor is to distinguish between 'needs' and 'wants' in the context of resource constraints.

Once a consumer is identified as having needs, the department is under an obligation to offer assistance in meeting their needs. However, we do have discretion over the way in which we respond to assessed needs by:

- determining the quantity/amount of service that should be provided to meet need;
- determining the speed at which services will be provided - where the need is a low priority one, it may be reasonable to delay the start of the services by anything up to six months;
- arranging for the service to be provided either through its own provision or through a third party, who acts as an agent for the county council however the needs are to be met. Where an external agency is used this should be at no greater charge to the consumer than if the local authority were to provide the service itself.

### **Service deficits**

During the assessment of need a record of unmet need is recorded on the jointly agreed community care forms as service deficit in the following ways:

- 0 Agreed option met
- 1 Time delay a time gap between the targeted start date of the option to meet the needs and the date the service was provided.
- 2 Quantity a gap between the quantity of service identified to meet the preferred option and the actual quantity of service provided.
- 3 Other the agreed option to meet the need is unavailable for any other reason and an alternative may have been provided to meet a desired goal.
- 4 Service available but not used ie it is part of a care package not adopted given unavailability of another key component of the preferred package.
- 5 Service refused

Although there are only 5 codes at present, there will soon be a sixth: cost threshold limits have been introduced calculated as the cost of institutional care + 10 per cent for any individual consumer remaining at home.

### **Dengie project**

The Essex approach to eligibility and priority has to be understood when describing the initiatives in the Dengie project. The principles for the project are:

- to enable services to develop as preventative provision for those older people who do not get through the assessment at the point of screening ie those people not eligible for assessment;
- to 'pump prime' new services (alongside preventative services) which go towards meeting need in other ways where there is a lack of services to meet a range of needs.

Both principles address service deficits numbers 3 and 4 above, and we are applying them particularly in the rural area of the Dengie peninsular.

I shall conclude by giving two examples of the ways we are achieving this. Firstly, there was evidence that users needed flexible respite services near their own homes. As no such services were available on the peninsular, we have purchased respite beds at two independent care homes which users can access through the assessment process. There is a computerised booking system in place and the service is well used, especially by carers.

Secondly, we knew that transport on the Dengie peninsular was poor, and in some places non-existent, and the main hospital is 25 miles away. Users had difficulty gaining access to the services, including the health services that they needed. This illustrates the fact that sometimes a suitable package of care cannot be offered because one or more key components are missing, so we are developing a range of local services managed and delivered by private and voluntary sector providers in collaboration with local communities. We have already established day centre satellites and a jointly run day centre is due to open in January 1995.

The aim of the project is to develop the provision of flexible and responsive packages of care to older people and their carers via local services managed and delivered by a range of private and voluntary sector providers in collaboration with local communities, and also to enable older people to be supported to live comfortably and safely in their own homes for as long as possible and practicable.

*The objectives are as follows:*

- for people in rural areas to have equality of opportunity and access to the same range and choice of services as people in less isolated areas;
- to stimulate a range of locally based services to reflect the needs of particular communities;
- to encourage private and voluntary sector providers to manage services;
- to support and empower older people (users and carers) to have a role in planning developing and managing services;
- to ensure complementary and integrated services;
- to target services on older people and their carers;
- to diminish the need for long-term care.