



# East Renfrewshire Health and Social Care Partnership

## Accessing Social Care Policy Supporting People Framework

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## 1. Supporting people in East Renfrewshire

East Renfrewshire Health and Social Care Partnership's (HSCP) vision to "Work together with the people of East Renfrewshire to improve lives", was developed in partnership with our workforce and wider partners, carers and members of the community. We have three main priorities:

- Valuing what matters to people
- Building Capacity with individuals and communities
- Focusing on outcomes and not services

We want to support people to live good lives, supporting them to be independent, to be safe and healthy and to achieve the goals and outcomes important to them.

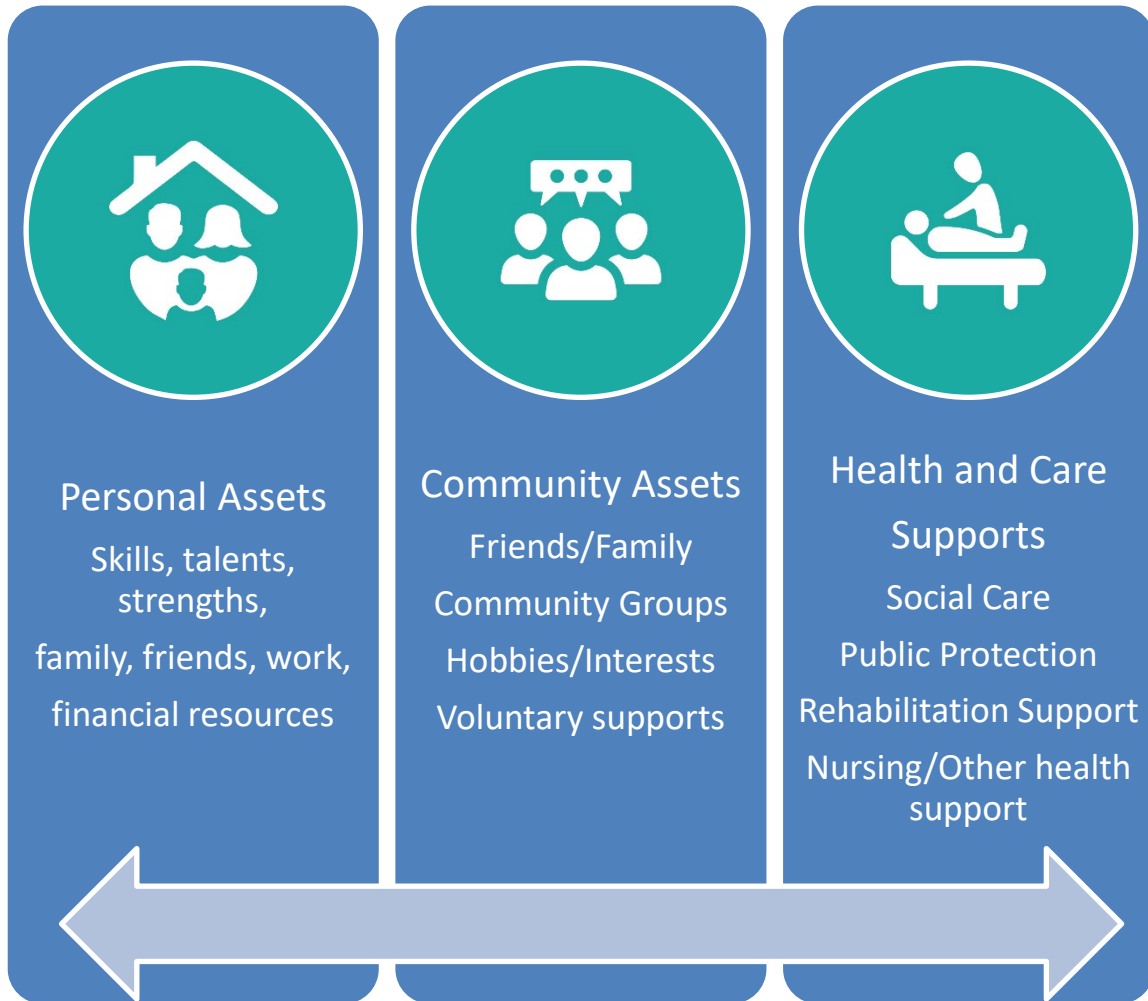
We recognise that everyone is unique. Each person has their own goals and needs and we aim to work with each individual and their families to have good conversations to help work out a fair share of support.

In order to do this we will help residents to work out what strengths, assets and resources they have, what is available within the community and support network and then what is the fair share of social care supports individuals need to live safely and well. Examples of strengths and assets include but are not limited to:

- Individual: finances, skills, experience and abilities
- Community: clubs, libraries, church, interest groups
- Family: friends, neighbours, informal carers, circles of support

We will need to prioritise social care resources to ensure that we support the people with the most significant needs and that we meet our legal duties in managing risk and harm. This means that people with lower level needs may not receive social care supports in the same way in East Renfrewshire.

In order to do this fairly, we will continue to invest in voluntary and community resources that help people to live well and independently. We may ask individuals and family support networks to provide support where they can. We will encourage and sign post people with lower level needs to these services/supports so that they still get the help they need to live well. We will also advise people on how to make best use of their own personal assets and resources and show people the ways that technology can help meet health and social care needs.



## 2. Why do we need a new approach?

East Renfrewshire HSCP has a strong track record in supporting people to live well. We have historically invested significantly in services and support to help people at the earliest opportunity. We will try our best to continue to do this to support people within their communities.

The flat cash settlement that East Renfrewshire Council received and passed on to the Integration Joint Board has resulted in us having to fund all of our pressures. These are particularly challenging this year (2023) due to the growing demands and complexity of need, alongside pressures relating to pay and inflation.

Therefore, we simply cannot afford to support everyone in the way that we have and we need to think differently about how we support people and where they get support from. We want to be honest and work with individuals and families to make the best use of the personal and community resources they already have and to work out a 'fair share' of social care supports for people.

### 3. What will happen next?

East Renfrewshire HSCP will work in this way from 1<sup>st</sup> April 2023 onwards and will apply this way of working out people's fair share of support.

For people who have never used social care services before, we will work with them to have a good conversation, capturing the person's strengths, needs, goals and any areas of risk on our outcomes assessment tool. We will talk to individuals openly about the level of needs/risks that they are experiencing and have set out the main levels of needs/risk within this policy in line with the national eligibility criteria for social care.

For people who currently access social care services we will undertake a good conversation to review their current situation and we will apply this 'fair share' approach to working out the social care supports each person needs to have a good life. This will be captured in our outcomes review tool.

### 4. Policy application

This policy applies to all adults, older adults and children with a disability accessing social care. This policy does not apply to children and young people where there are care/welfare concerns or those young people leaving care where other statutory duties apply.

This policy does not apply to carers, as defined by the Carers (Scotland) Act 2016, for whom a separate Carers Support Plan will apply.

For carers whose needs cannot be met through the support we provide to the person using our services, we will offer an Adult Carer Support Plan, based around a good conversation that will identify personal outcomes, the impact caring has on you and the risk to your own health and wellbeing.

All carers will be signposted to East Renfrewshire Carers' Centre and other community based supports such as Talking Points.

For more information about how we support carers, see our carers eligibility framework which is available at [https://www.eastrenfrewshire.gov.uk/media/9225/Carers-eligibility-criteria/pdf/Carers\\_Eligibility\\_Framework\\_2018.pdf?m=638224238826670000](https://www.eastrenfrewshire.gov.uk/media/9225/Carers-eligibility-criteria/pdf/Carers_Eligibility_Framework_2018.pdf?m=638224238826670000)

## 5. Related legislation, policies and procedural mechanisms

In developing this framework, a broad range of legislation applies. Many have been in statute for a number of years and we recognise that a number of these acts are currently being reviewed. In developing this policy we are considering our obligations under the acts outlined below but equally with an eye to how they might change in the future.

**The developing National Care Service Bill is currently under debate and being shaped and this policy will be reviewed as this and other acts come into being.**

- 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

Other related policies and mechanisms:

- My Life Screening Tool
- My Life Assessment
- My Life Assessment Guidance
- Non Residential Charging Policy
- Eligibility Criteria Equality Impact Assessment
- Monitoring and Evaluation Framework for Eligibility and MLA

## 6. Context and approach to implementation

East Renfrewshire HSCP Supporting People Framework is a policy to support practitioners to deploy finite resources in a way that ensures that resources are provided to those in greatest need. Lower level need should not automatically be seen as a deficit requiring allocation of resource but should be considered in relation to an individual's personal or community assets holistically. Our Supporting People framework encourages creativity and collaboration to widen and enhance support. The framework will allow access to the most appropriate support in line with levels of risk and need.

The Supporting People framework will recognise risk as the key factor in the determination of eligibility for adult social care services. However, we know that risk can increase or decrease and be offset by strengths and protective factors which can be assessed via ongoing assessment and review. Where a person is eligible for a statutory service, the urgency of risk and complexity of need should be borne in mind when determining how and when to respond to their support requirements.

The principles guiding our practice when implementing this policy are underpinned by the HSCP strategic vision to “work together with the people of East Renfrewshire to improve lives”. This has been developed in partnership with our partners, carers and communities. Our vision aims to value what matters to people, build capacity with individuals and communities and focus on outcomes. The principles ensure that support provided by East Renfrewshire HSCP will:

- Promote, support and preserve maximum independence and resilience where practical and practicable
- Promote equitable access to social care resources
- Adhere to the principals of early and minimum intervention
- Target resource to those vulnerable individuals most at risk of harm or in need of protection.

Consideration should only be given to providing HSCP services when:

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

The Supporting People framework prioritises risk using the nationally agreed criteria set by the Scottish Government into four categories: *critical*, *substantial*, *moderate* and *low*. When considered against the different areas of an individual’s life it is possible that different risks will be at different levels. For example, the risk and harm of social isolation could be different from the risk and harm of being unable to meet personal care needs. Accordingly, the areas of a person’s life assessed through assessment will identify risk and need across their life and provide an indication of eligibility for each. At all levels of risk and need an individual’s personal and community assets should be considered.

The Supporting People framework considers both the severity of risks and the urgency of the requirement for intervention. Assessment is also undertaken on the basis that each individual is different and there may be unique circumstances particular to them. A diagnosis or condition does not necessitate the same support across the system. Individuals may respond or require different levels of support commensurate with their personal supports, assets or needs. Assessment and support planning done in collaboration with the person and other relevant persons will be instructive in terms of what needs remain outstanding and the urgency with which they require to be met. The Supporting People framework will help inform

decisions about which supports may be available and from whom support may be sought and provided.

In managing access to finite resources, the HSCP will focus first on those people assessed as having the most significant risks to their health, wellbeing and independent living. Where people are assessed as being in the *critical* or *substantial* risk categories their needs will generally call for the immediate or imminent provision of support. People experiencing risk at this level will receive that support as soon as reasonably practicable.

Where eligibility is assessed as *moderate*, the primary response of the HSCP will be to provide the individual with advice/information and/or to signpost to community resources, supporting access to same where practical and practicable. Alongside this access to social care may also be considered in the assessment, particularly to address risk or to supplement support from the individual's personal and community networks.

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

The effect of the HSCP's Supporting People framework is that only services that reduce an individual's risk to a moderate/substantial/critical level will likely be subject to statutory funding and provide the options in relation to Self-Directed Support.

Key to determining eligibility will be our outcome focused and strengths based approach to assessment and support planning. Assessment and support planning will help address the following:

- a. What is the person's desired health and social care outcomes – what do they want to achieve?
- b. What are the barriers to those outcomes – what are the needs and risks preventing them being able to achieve those outcomes?
- c. What are the person's strengths in relation to these outcomes – what can they do by and for themselves by drawing on their strengths and assets in order to achieve their outcomes and mitigate any risks?
- d. What barriers to outcomes remain outstanding and what can be supported by universal and other community based services?

An individual's needs, risks and strengths are likely to change which will directly impact on their eligibility and need for services. Using the Supporting People framework, the types of services and how urgently they are required will change depending on the outcome of the assessment of need, risks and strengths. Timeous review of an individual's requirements will increase reablement potential, prevent dependence on services and increase independence where possible.

Following the completion assessment, a date for review will be agreed. Outwith this planned review, a person can request a review when there has been a demonstrable change in their circumstances. Similarly, if the HSCP notes a change in circumstances for the person or the organisation this too may trigger a review of care



needs/provision. This could either be a deterioration or improvement in a person's circumstances and where such a change is likely to influence their eligibility status or the availability of the resources available to the HSCP.

The Supporting People Framework is a set of principles intended to target resource to those most in need of help, assistance and support. It is also intended to support the best use of finite resource in times of increasing challenge and demand. The HSCP intend to use this new set of criteria for individuals requiring support from 1<sup>st</sup> April 2023 subject to approval from the Integration Joint Board. Individuals already in receipt of services will be invited to review and monitoring to allow for a transition to align with the new Supporting People framework and approach where required.

## **7. Review of needs and support**

As needs and other circumstances change, review is an important part of making sure the range of support in place continues to meet the person's assessed outcomes.

Review is also an important mechanism for the HSCP to ensure that we continue to use our resources in the most effective way. Review also helps us plan and shape our services as the needs of our residents change and informs our partnership working with residents, third sector and voluntary organisations and the wider community. Our Supporting People framework enables us to carry out collaborative review of all care and support.

Once assessed and decisions have been reached about the care and support people need regular review will take place.

## **8. Existing Support Packages - What to expect during review**

When reviewing an individual's needs and current support arrangements, our staff will work with the individual and anyone who is important to them or part of their wider support network. Our staff will look at the support they receive from the HSCP and any other support that is available. We will always look to ensure that wider support is part of a support plan before formal funded supports are considered.

If during a review we identify where we can make changes to the support plan, this will be fully discussed with the individual. It may be that some formal funded supports can be reduced or withdrawn and we support the individual to access other services, or it may be that support needs to increase.

In light of the current financial situation we will need to look at making reductions where this is possible and we will be fully open with individuals about this.

During the review process our staff will re-assess risks and needs using the Supporting People framework and will use our budget calculator to identify the funding needed to meet outcomes and risk and to keep people safe.

## 9. Supporting People Criteria for ERHSCP

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

**Critical Risk:** Indicates that there are major risks to an individual's independent living or health and well-being likely to call for the *immediate* or *imminent* provision of social care services (high priority). Using the My Life Assessment, this will be rated as a 7 or 8. Both indicate critical risk but allow for application of professional discretion regarding upper and lower levels.

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

**Moderate Risk:** Indicates that there are some risks to an individual's independent living or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an ongoing basis or they may simply be manageable over the *foreseeable future* without service provision, with appropriate arrangements for review. Using the My Life Assessment, this will be rated as a 3 or 4. Both indicate moderate risk but allow for application of professional discretion regarding upper and lower levels.

**Low Risk:** Indicates that there may be some quality of life issues, but low risks to an individual's independent living or health and wellbeing with very limited, if any, requirement for the provision of social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the *foreseeable future* or *longer term*. Using the My Life Assessment, this will be rated as a 1 or 2. Both indicate low risk but allow for application of professional discretion regarding upper and lower levels.

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

## 10. Definitions of Risk / Priority

Table 1 provides definitions of risk factors for each of the bands in the national eligibility framework as provided by Scottish Government. These are based on definitions already operated by some Scottish Councils. Inevitably, these are broad descriptions and call on the judgement of those applying the eligibility criteria in each case. Each category notes the corresponding rating of risk in the My Life Assessment (MLA).

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

<b>CRITICAL: 7-8 in MLA</b>	<b>SUBSTANTIAL: 5-6 in MLA</b>	<b>MODERATE: 3-4 in MLA</b>	<b>LOW: 1-2 in MLA</b>
<b>(High)</b>		<b>(Medium / Preventative)</b>	<b>(Low/ Preventative)</b>
<b>Risks relating to neglect or physical or mental health</b>			
Major health problems which cause life threatening harm or danger to client or others.	Significant health problems which cause significant risks of harm or danger to client or others.	Some health problems indicating some risk to independence and/or intermittent distress, potential to maintain health with minimum interventions.	Few health problems indicating low risk to independence, potential to maintain health with minimum interventions
Serious abuse or neglect has occurred or is strongly suspected and client needs protective intervention by social care services (includes financial abuse and discrimination).	Abuse or neglect has occurred or is strongly suspected (includes financial abuse and discrimination).	Vulnerable person need to raise their awareness to potential risks of abuse	Preventive measures including reminders to minimise potential risk of abuse
<b>Risks relating to personal care /domestic routines /home environment</b>			
Unable to do vital or most aspects of personal care causing a major harm or danger to client or others or major risks to independence.	Unable to do many aspects of personal care causing significant risk of danger or harm to client or others or there are significant risks to independence.	Unable to do some aspects of personal care indicating some risk to independence.	Difficulty with one or two aspects of personal care, domestic routines and/or home environment indicating little risk to independence.
Unable to manage the most vital or most aspects of domestic routines causing major harm or danger to client or others or major risks to independence.	Unable to manage many aspects of domestic routines causing significant risk of harm or danger to client or others or significant risk to independence.	Able to manage some aspects of domestic activities indicating some risk to independence.	Able to manage most aspects of basic domestic activities
Extensive/complete loss of choice and control over vital aspects of home	Substantial loss of choice and control managing home environment	Able to manage some aspects of home environment,	Able to manage most basic aspects of home environment

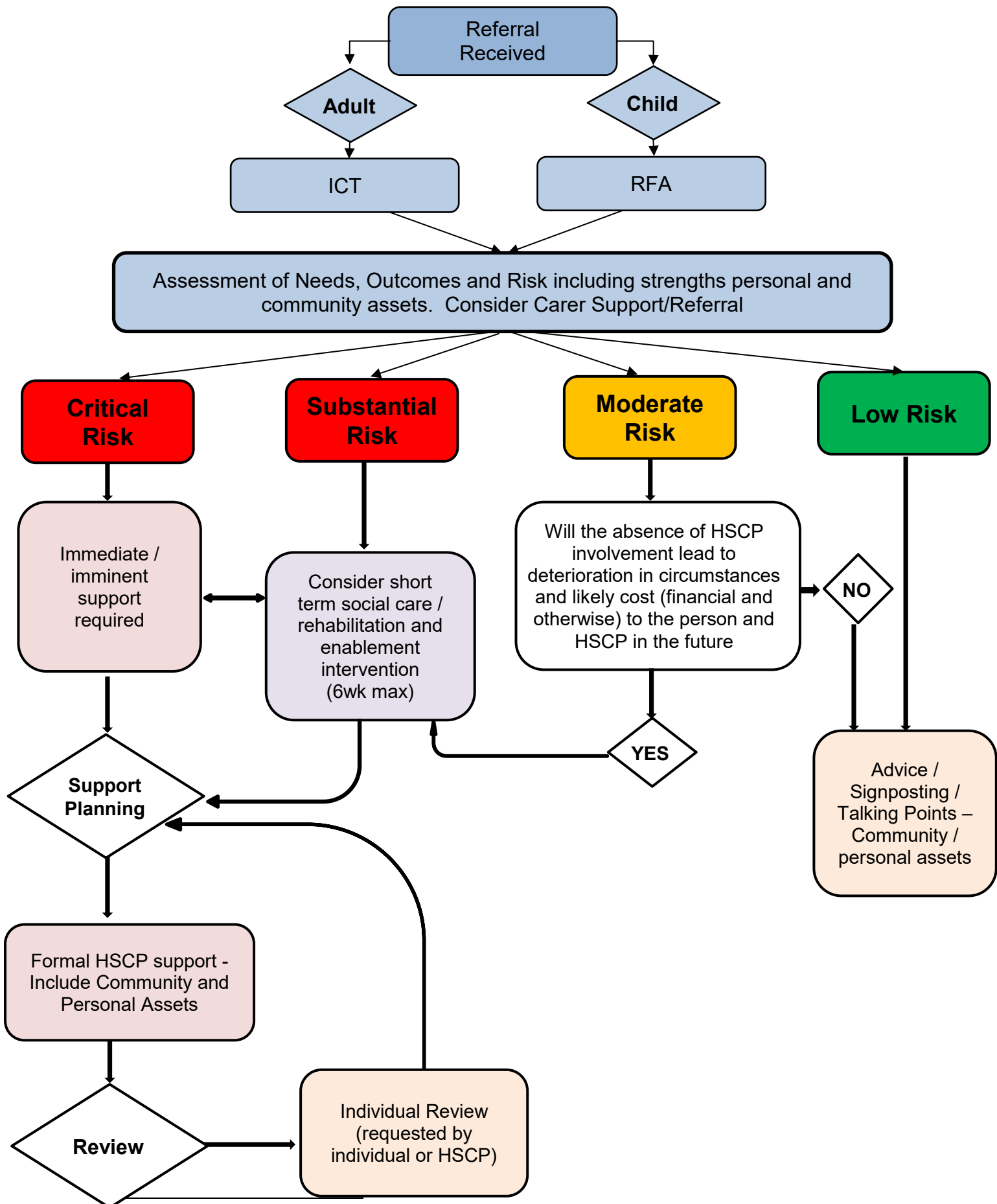
<b>CRITICAL: 7-8 in MLA</b>	<b>SUBSTANTIAL: 5-6 in MLA</b>	<b>MODERATE: 3-4 in MLA</b>	<b>LOW: 1-2 in MLA</b>
<b>(High)</b>		<b>(Medium / Preventative)</b>	<b>(Low/ Preventative)</b>
environment causing major harm or danger to client or others or there are major risks to independence.	causing a significant risk of harm or danger to client or others or a significant risk to independence.	leaving some risk to independence.	
<b>Risks relating to participation in community life</b>			
Unable to sustain involvement in vital aspects of work/ education/ learning causing severe loss of independence.	Unable to sustain involvement in many aspects of work/ education/ learning causing a significant risk to losing independence.	Unable to manage several aspects of involvement in work/ learning /education and this will, in the foreseeable future, pose a risk to independence.	Has difficulty undertaking one or two aspects of work/learning / education / family and/or social networks indicating little risk to independence.
Unable to sustain involvement in vital or most aspects of family /social roles and responsibilities and social contact causing severe loss of independence.	Unable to sustain involvement in many aspects of family /social roles and responsibilities and social contact causing significant distress and/or risk to independence.	Able to manage some of the aspects of family / social roles and responsibilities and social contact, that pose some risk to independence.	Able to manage most of the aspects of family / social roles and responsibilities and social contact, that pose some risk to independence.

### **Getting it right for Everyone (GIRFE)**

East Renfrewshire HSCP aims to use our good conversation approach, building on the strengths based approach used locally for children and apply it to our work with adults across the life course.

In order to do this, we will review and amend the adult assessment, review and budget calculator tools to mirror the assessment tools used in children's services. We plan to roll out the Signs of Safety Practice model across adult services to support practitioners strength based practice and to use the same tools, language and approach for everyone in East Renfrewshire.

**Appendix 1: Proposed Assessment Flowchart<sup>1</sup>**



<sup>1</sup> This is a generic model provided for illustrative purposes; services might require to follow a different process but key points regarding eligibility, accessing SDS options and reviewing progress will likely remain the same.