



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
27 AUGUST 2019

REPORT ON: THE USE OF ELIGIBILITY CRITERIA TO MAXIMISE AVAILABLE
RESOURCES

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB45-2019

1.0 PURPOSE OF REPORT

- 1.1 This report sets out the Dundee Health and Social Care Partnership Eligibility Criteria for Adult Social Care services and the financial guidelines to be used to maximise the use of resources across the partnership.
- 1.2 The report confirms the rationale for applying national eligibility criteria and provides information on the five categories of need that are used to prioritise the provision of service for individuals following assessment. The report also describes the approach taken to maximise the use of available resources to the Partnership.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Approves the adoption of the Dundee Health and Social Care Partnership eligibility criteria as attached at Appendix 1 and confirms application of this across all Dundee Health and Social Care Partnership social care services (as detailed in section 4.3).
- 2.2 Notes the intention to prioritise Dundee Health and Social Care Partnership resources at those presenting with Critical and Substantial need (as detailed in section 4.3.6).
- 2.3 Notes the current arrangements for the financial assessment of social care packages and confirms approval of the upper limit for the funding of social care services for older people living in the community (as detailed in sections 4.1.5/4.4.1).
- 2.4 Notes that due to the varied levels of needs across younger adults with disabilities a review will be undertaken to ensure spend on adults under the age of 65 years reflects the best use of public resources and that there is further clarity around the allocation of funded support (as detailed in section 4.4.2).
- 2.5 Notes the intention to review the criteria for the delivery of integrated health and social care services alongside service redesign and implementation (as detailed in section 4.4.3).

3.0 FINANCIAL IMPLICATIONS

- 3.1 The prioritisation of resources as outlined in this report will ensure funding is available from within the delegated budget to support those most in need.

4.0 MAIN TEXT

4.1 Background

4.1.1 In 2009, the Scottish Government, in agreement with COSLA, introduced guidance which set out the National Eligibility Criteria and Waiting Times for Personal and Nursing Care (2009). The purpose of the guidance was to improve the clarity, presentation and implementation of the Free Personal Care and Nursing Care policy for older people which came into effect in 2002. The national guidance promoted a common eligibility framework, which categorised the needs of individuals and the timescales for delivery of services. In addition to promoting consistent national standards, the guidance asserted key principles, namely:

- the central role of assessment to determine access to social care services;
- the responsibility of local authorities to determine the provision of care services in their areas, taking account of their financial resources and other resources and the cost of service provision; and
- that the prioritisation process should target resources towards responding to people at critical or substantial risk as regards independent living or well-being while not excluding consideration of the benefits of preventative support and less intensive services.

4.1.2 Dundee City Council adopted the national guidance for older people which was to be implemented by December 2009 (Article I of the minute of the Social Work and Health Committee held on 25 January 2010 refers).

4.1.3 The national guidance on Eligibility Criteria and Waiting Times was further reviewed with the introduction of Self Directed Support and this prioritised risk into five bands with assigned priority for responses:

- **Critical Risk:** Indicates that there are critical risks to an individual's independent living or health and well-being which are likely to call for the immediate provision of social care services (very high priority).
- **Substantial Risk:** Indicates that there are significant risks to an individual's independence or health and wellbeing and they may require input from Social Work or other partnership services (high priority).
- **Moderate Risk:** Indicates that there are some risks to an individual's independence or health and wellbeing. These may call for the provision of advice and guidance including signposting to other services or they may simply be manageable over the foreseeable future (medium priority).
- **Low Risk:** Indicates that there may be some quality of life issues, but low risks to an individual's independence or health and wellbeing with very limited, if any, requirement for the provision of social care services.
- **No risk:** People within this category are those whose assessment of needs indicates there are no risks identified to independence or health and wellbeing. No further advice, action, information, or services require to be arranged or facilitated. However, referral may be made to other services (e.g. NHS, Voluntary Organisations, community groups).

While the original guidance was written for access to older people services, locally it was agreed that the national eligibility criteria framework should apply to all adults. The criteria provided a framework for prioritisation to ensure that resources were allocated on an equitable basis.

4.1.4 Over the last 10 years there has been a shift in the balance of care with a reduction in the number of older people living in care home and hospital long-stay hospital beds and an increase in the number of older people living in the community. To meet the needs of this increasing frail older population requires additional supports and services. As more older people remain at home it was anticipated that requests for larger packages of support would be requested, for some this would be provided as an option through Self Directed Support, including as an Option 1 (Direct Payment). In 2014 it was recognised that there was an increase in requests for 24 hour care to be provided for individuals remaining at home. As the full cost of 24 hour care at home exceeded the costs of a care home placement, requests of this nature were impacting on the ability of the Social Work Department to provide care to the wider older population.

- 4.1.5 In order to balance the resources available to the Social Work Department, Dundee City Council Policy and Resources Committee set the level of care at home support provided by the Council at 15% above the national care home placement rate resulting in a current maximum cost of up to £822 per week. (Article III of the minute of the meeting held on 13 February 2014 refers). Where the assessment determined that a specialist care placement is required and that this would be financially costed at a higher rate than the national care home rate plus 15%, then the maximum resource available should reflect this additional need and be linked to the specialist care rate.
- 4.1.6 With the introduction of Self Directed Support, the eligibility criteria for services was reviewed and published by Dundee City Council, a copy of which currently is available on the Dundee Health and Social Care Partnership Website ([SDS Eligibility Criteria](#)).
- 4.1.7 In addition the generic eligibility criteria, local services specific eligibility criteria was established in line with legislation and/or good practice. These eligibility criteria are published by the Dundee Health & Social Care Partnership (the Partnership) and include:
- Community Equipment and Adaptation Criteria (approved at the Social Work and Health Committee, Article III of the minute of the meeting held on 28 March 2016 refers).
 - Dundee Adult Carers Eligibility Framework and Eligibility Criteria (approved at the DH&SCP Integrated Joint Board, Article X of the minute of the meeting held on 23 April 2019 refers).
- 4.1.8 Eligibility has been considered with regard to the Partnership's duties under Equality Act 2010 and our strategic priority to reduce health inequalities. The introduction of clear policy statements regarding eligibility criteria and the maximum level of resources for older people was intended to ensure that decision making was equitable, transparent and support individuals and their families to make informed choices. It would also allow the management of the social work/ social care services in a manner which ensures that more service users will have access to services to enable them to remain at home by maximising the use of available resources to the partnership.

4.2 Strategic Priorities

- 4.2.1 The Partnership is responsible for delivering person centred adult health and social care services to the people of Dundee who are assessed as needing them. The need for transformational change in the way we provide services is well understood. As a result of improvements in health and care provision people are living longer with more complex needs and demand for services continues to increase. As a result the model is often reactive and crisis driven and health inequalities continue to increase.
- 4.2.2 As outlined in the Dundee Health and Social Care Strategic and Commissioning Plan 2019-2022, there is a focus on supporting those who are older or have disabilities to maintain as much ability and independence for as long as possible and continue to live in their own home. This will be achieved through the priority areas that are outlined within the Strategy. These priorities are early intervention and prevention, health inequalities, working with localities, and pathways of care.
- 4.2.3 Over the last decade the demand for services has increased and the Partnership has continued to invest in the growth of social care services. This has enabled the Partnership to manage the growth in demand for social care services, support discharge from hospital and develop new models of care. Despite this use of these additional resources, the overall financial context for public services has meant that the ability to continue to grow the service at the same rate will no longer be possible. The Partnership will be required to take a more targeted approach to ensure that we make best use of the resources available. Equity of care, supporting consistency of service provision in a transparent process and maximising the use of our resources to achieve the best results for the overall population, is key to prioritisation of the resources available to the Partnership.

4.3 Application of the Eligibility Criteria and Prioritisation of Resources

- 4.3.1 As stated in Section 4.1.1 – 4.1.3, the Scottish Government requires Health and Social Care Partnerships on behalf of local authorities, to publish eligibility criteria to ensure that all adults over 16 needing social care supports have their needs addressed in a fair and transparent way. In applying the national eligibility criteria at a local level, the Partnership will take into account a range of factors, including the needs of our local population through the publication of our Strategic Needs assessment, the overall level of resources available to meet need, the cost of service provision and the demand for individual services.
- 4.3.2 The Partnership has a devolved duty set in legislation, to assess the needs of any individual in need of social care support. This assessment should be outcome focused, identify the outcomes the person wishes to achieve, consider current informal and formal networks and how the person will be supported to achieve these outcomes. In order to undertake an assessment relevant information about individual circumstances is gathered. This will often include information about activities of daily living, health and the individual's finances. The aim is to get a full picture of the assets available to the individual including those provided from others. Consideration of the four Self Directed Support Options should be introduced at this time.
- 4.3.3 This assessment will seek to determine whether other supports would be more appropriate as often these will allow the person to continue to manage independently. This may include rehabilitation services, equipment and adaptations or support from the voluntary and independent sector. Where people cannot be supported to retain their independence without additional care and support and are at the greatest risk, it will be essential that they can access this care timeously.
- 4.3.4 A core component of the assessment process is the identification of informal means of meeting the majority of an individual's identified needs. This will support people to remain independent longer and provide improved personal outcomes. Examples of this may include support from family or signposting towards locality based community services. Social care resources will usually only be provided to individuals who have needs which are assessed as being of a critical or substantial nature and if not met would leave the person at significant risk. This will support us to ensure that financial resources are targeted to those in greatest need.
- 4.3.5 In circumstances where the person cannot be supported to remain independent in other ways and formal social care services are provided, it will be reviewed on an annual basis. The purpose of a review is to ensure the support is achieving the outcomes agreed at the initial assessment. The review process will consider any significant changes in circumstances and, if necessary, make changes to the support provided. At any time a person in receipt of formal support can ask for a review of their situation.
- 4.3.6 The partnership is currently experiencing an increase in demand for social care services which outstrip the available resources. Operational experience demonstrates that where we are unable to support individuals with critical or substantial need in the community, there is a higher risk of admission to residential or nursing care. This is borne out by the current increase in admission to care homes. These capacity issues could impact on timely discharge from hospital. A limited benchmarking exercise with other Health and Social Care Partnerships identified that Glasgow, West Lothian, Fife, Aberdeen City, Edinburgh City and Angus all publish eligibility criteria which state they only provide services to individuals who meet the Critical and Substantial eligibility criteria. In order to ensure that resources are used effectively to meet the needs of those most in need, it is proposed that the Partnership prioritises its available resources to support individuals who present with the following levels of risk:

Critical Risk: Indicates that there are critical risks to an individual's independent living or health and well-being which are likely to call for the immediate provision of social care services (very high priority).

Substantial Risk: Indicates that there are significant risks to an individual's independence or health and wellbeing and they may require input from Social Work or other partnership services (high priority).

4.3.7 For those presenting with a moderate, low or no risk (see section 4.1.3 for definition) we will provide information, advice and signposting to individuals. This will include information about access to services through existing arrangements with the third sector and signposting to services that can also provide links to a wide range of relevant opportunities to meet the personal assessed needs of the individual. Where appropriate support will be given to enable or rehabilitate the person to increase their independence and provide a positive, sustainable approach.

4.3.8 The table below sets out the expected timescales for assessment and the provision of social care services in line with the assessed level of risk and the associated level of need.

Level of risk and the associated level of need	Timescale for First Visit	Timescale for Completion of Joint Assessment	Timescale for Provision of Community Care Services
Critical	Same day	Initial screening on same day, and where required a full assessment completed within 7 days	Services may be provided following initial screening, other supports will be delivered within 7 days or earlier if necessary.
Substantial	Within 48 hours	Initial screening within 48 hours, and where required an assessment will be carried out within 14 days	Services may be provided following initial screening and will be delivered within 6 weeks or earlier if necessary.
Moderate	Within 28 days	Assessment will be completed within 28 days of first visit.	Individual will be provided with advice and guidance and signposted to appropriate support services in the community.
Low	Within 12 weeks	Assessment will be completed within 28 days of first visit.	Individual will be provided with advice and guidance and signposted to appropriate support services in the community.
No priority	N/A	N/A	Individual will be provided with advice and guidance and signposted to appropriate support services in the community

4.4 Financial Cost of Packages of Care and Support

- 4.4.1 Currently packages of care and support are more regularly individually costed for adults at the point of commencement, whereas for older people this tends to be a provision which will grow in line with changing need. With the introduction of the new financial module within the MOSAIC system, we will be able to more easily track the costs for individual packages of care for older people. It is anticipated that this will in turn identify more older people who seek care where the cost of this sits at or above the current threshold (nursing care home rate plus 15%). The current scheme of delegation requires approval by the Chief Officer, Chair of the IJB and/or the Vice Chair of the IJB to support a package of care above the threshold. It is recommended that the Partnership retain the current financial framework as described in section 4.1.5.
- 4.4.2 Dundee has a proven track record of developing supported accommodation in the community for adults and have reduced the level of care placement significantly. This support is based on individually assessed care and support packages, and given the complex need can result in significant packages of support being provided. As a result of the complexity and variance in need, it has not been possible to set a financial framework for adults. Recent benchmarking has identified that Dundee has a higher spend per population for certain groups of adults. In order to ensure that we are providing support which meets best value it is proposed that we undertake a review of adult care and support, considering both financial and national best practice frameworks to determine the reasons for the difference within Dundee. Following this review our intention is to develop a banded financial framework which provides clarity and equity of provision.
- 4.4.3 As we continue to develop integrated services and teams, and redesign service delivery models, we anticipate that there will be an overlap in the delivery of tasks which are either provided by both groups of professionals and/or services. To ensure fair and proportionate application of resources and the monitoring of spend, we will continue to review our eligibility criteria and the funding of care packages to ensure a fair and transparent approach is applied to the delivery of individualised packages of support and in recognition of the increasing demands across all partnership approaches. This will not impact on the individual's right to access universal services.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	The application of eligibility criteria may result in people who would have received a service directly from the SH&SCP being signposted elsewhere.
Risk Category	Social
Inherent Risk Level	Likelihood 4 x Impact 3 = 12 (which is a High Risk level)
Mitigating Actions (including timescales and resources)	The service will ensure clarity of application and clear signposting of services and support. Risk will be clearly assessed and acted on. Reviews will ensure that support is managed in according with assessed need and outcomes.
Residual Risk Level	Likelihood 4 x Impact 2 = 8 (which is a High Risk)
Planned Risk Level	Likelihood 4 x Impact 2 = 8 (which is a High Risk)
Assessment of Risk Level	The mitigating actions set out above will ensure people will still be able to access services to support their needs.

7.0 CONSULTATIONS

The Chief Officer, Head of Democratic Services and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

As this paper confirms a decision previously made through Dundee City Council, no further directions are required.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	x
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

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DATE: 12 August 2019

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**DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP
ELIGIBILITY CRITERIA AND STANDARD DELIVERY TIMESCALES**

1. INTRODUCTION

- 1.1 The "National Eligibility Criteria and Waiting Times for The Personal and Nursing Care of Older People" was issued jointly by the Scottish Government and COSLA on 28th September 2009. This guidance was adopted by Dundee City Council who applied the new eligibility framework to all community care groups and not solely to the management of older people's care. The criteria was reviewed by the Dundee Health and Social Care Partnership (DH&SCP) and adopted in 2019 as their published criteria.
- 1.2 The need for a prioritisation framework was and continues to be a direct response to the increasing gap between assessed need and available resources. There are many reasons why this is an increasing issue for health and social care services:
- The impact of demographic change, such as increase in the population of older people and reduction in the number of younger people living in the City;
 - Changes in health care which mean, for example, that many more frail, older people are discharged from hospital with high presenting care needs and many children with significant disabilities are not only surviving infancy where they may not previously have done so, but can expect to live with those conditions throughout adulthood;
 - The impact of societal changes;
 - Rising public expectations and demand for highly personalised services;
 - Pressure on core services.
- 1.3 This prioritisation framework reflects DH&SCP's wish to allocate resources on an equitable basis. This in turn is consistent with the wish of the Scottish Government to see a standardised approach to service eligibility across Scotland.
- 1.4 DH&SCP's capacity to meet need is and will not be an absolute position. It will vary according to the amount of available resources at any one time, weighed against the amount and type of presenting need. Individual needs change over time and judgements about meeting need are, therefore, made in a constantly changing context. In order to create and deliver the correct balance of service, care and consideration must be applied to ensure that by providing services we are not creating dependencies. For example, an individual's assessed needs may call for the provision of a certain level of services following discharge from hospital, but a different level of service once they are re-established in their own homes. Continual and effective review arrangements are crucial to good effective management and deployment of resources.
- 1.5 It is also important to recognise that some service delivery interventions are driven by other imperatives, such as statutory responsibilities to a Court Order or an Adult Support and Protection hearing, or local policy decisions to attach resources to designated areas of activity.
- 1.6 This guidance, as previously noted, is not specific to any single care group. It also acknowledges that where the risk element of the assessment of need applies to the independence or safety of the person concerned, that this is more likely to refer to people with community care needs.

2. PRINCIPLE OF INTENSITY OF RISK AND GREATEST NEED

2.1 The DH&SCP approach to prioritisation is that access to resources should be determined on the basis of comparative intensity of risk and greatest need and not on any other basis, such as, length of waiting time for services. This is consistent with the National Standards noted in the introduction.

2.2 The guidance establishes 5 categories of risk and they are as follows:

- Critical Risk;
- Substantial Risk;
- Moderate Risk;
- Low Risk, and
- No Risk.

It is also important to recognise that risks can be associated with a number of different aspects of life including the following:

- risks relating to neglect or physical or mental health;
- risks relating to personal care/domestic routines/home environment;
- risks relating to participation in the community life;
- risks relating to carers.

For the purposes of this guidance the following definitions have been used to help clarify the 5 categories of risk which have been adopted by the Council:

2.3 Critical Risk (Highest Priority and Greatest Need)

People assessed to be within this category are those who will require the immediate or imminent provision of social care service/s. Without intervention there is a major risks to either or both the individual and their Carer's independence or to their health and wellbeing.

These individuals' will require this immediacy of response because they will be or have for example:

- a major or acute health problem/s which cause life threatening harm or danger to themselves, but not necessarily requiring hospitalisation;
- at major risk of serious abuse or neglect including financial abuse and discrimination either having taken place or being strongly suspected (individual may need protective intervention);
- unable to do manage most vital aspects of personal care;
- unable to do the most vital or most aspects of domestic routines;
- unable to sustain vital aspects of work/education/learning;
- unable to sustain their involvement in vital or most aspects of family life/roles and responsibilities;
- unable to sustain their involvement in vital or most aspects of social roles and contacts;
- a Carer of major risk of not being able to continue to provide crucial care and support because of their own major physical/mental health difficulties as a result of their caring role;
- at major risk of becoming unnecessarily delayed in hospital waiting on services.

For older people who have an assessed need for Personal and Nursing Care Services there should be a standard maximum waiting time of 6 weeks (42 calendar days). Adults under 65 years are also entitled to this.

2.4 **Substantial risk (High Priority but not the highest)**

People assessed to be within this category are those whose needs are marginally less than those in the Highest Priority group. The main difference is rather subtle, in that the impact of the non provision of social care services would result in a significant risk as opposed to major risk to either or both the individual or their Carer's independence or to their health and wellbeing. Again, similar to the above, people in this category may also require the immediate or imminent provision of social care service/s.

These individuals' will be or have for example:

- a significant health problem/s which cause life threatening harm or danger to themselves, but will not necessarily require hospitalisation;
- at significant risk of serious abuse or neglect including financial abuse and discrimination either having taken place or being strongly suspected (individual may need protective intervention);
- unable to carry out many aspects of personal care;
- unable to carry out many aspects of domestic routines;
- unable to sustain their involvement in many aspects of family life/roles and responsibilities;
- unable to sustain their involvement in many aspects of social roles and contacts;
- a Carer who is in significant risk of being unable to continue to provide care and support because of their own significant physical/mental health difficulties as a result of their caring role;
- a significant risk of breakdown in the relationship between the individual and their Carer;
- at risk of becoming unnecessarily delayed in hospital waiting on services.

2.5 **Moderate Risk (Medium/Preventative Priority)**

People assessed as being within this category are those whose needs present some risks to the individual or their Carer's independence 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 but with appropriate arrangements for review.

These individuals' will be or have for example:

- some health problems indicating some risk to independence, but with potential to maintain independence with minimum intervention;
- a Vulnerable person where there is a need to raise awareness of the potential risk of abuse (individual has capacity);
- unable to do vital or some aspects of personal care;
- able to manage some domestic activities;
- able to manage some aspects of home environment;
- unable to manage several aspects of involvement in work/education/learning;
- able to manage some aspects of family roles and responsibility;
- able to manage some aspects of social roles and contacts;
- a Carer who is unable to manage some aspects of the caring/family /domestic/social roles;
- relationship maintained, although at times under strain, between service user and carer.

2.6 **Low Risk (Low/Preventative Priority)**

People within this category are those whose assessment of need indicate that there may be some quality of life issues, but a low risk to either the individual or their carer's independence, health and wellbeing. The requirement for the provision of social care services, if any, will be very limited. There may be some need for alternative support or advice. However, arrangements must be made to review and monitor any change in order to plan for the foreseeable future or longer term.

The risks these individuals' have are unlikely to cause major harm or danger to either themselves or others. These individuals' will be or have for example:

- few health problems indicating low risk to independence with the potential to maintain health with minimum intervention - self managed care;
- preventative measures including reminders to minimise potential risk of abuse;
- difficulty with one or two aspects of personal care;
- able to manage most aspects of basic domestic activities;
- able to manage most aspects of home environment;
- has difficulty in undertaking one or two aspects of work/education/learning;

- able to manage most aspects of family roles and responsibility;
- able to manage most aspects of social roles and contacts;
- the Carer has difficulty with one or two aspects of their caring/domestic role;
- relationship maintained by limiting some aspects of the caring role.

2.7 **No Priority (No Risk)**

People within this category are those whose assessment of needs indicates there are no risks identified to independence or health and wellbeing. No further advice, action, information, or services require to be arranged or facilitated. However, referral may be made to other services (e.g. NHS, Voluntary Organisations, community groups).

2.8 **Using the Framework**

Using these categories will help to support the fair allocation of resources in order that more significant needs, by definition, will receive priority over less significant needs.

The framework recognises that it is the need and not the person that is categorised by priority. In other words, a person may have a mixture of high and low priority needs, but not all needs would necessarily be met straight away. It also recognises that by providing a specific intervention to meet a significant need may in turn have a sort of domino effect, as by addressing one particular need, the intensity of risks in the other assessed areas may change.

Although not explicit it is important to note that preventative approaches such as self-managed care arrangements/support can help limit the potential needs for service. Again, it is crucial that there are continual and effective review arrangements to support the management and allocation of resources.

2.9 **Timescales**

Linked to the category of intensity of risks the guidance also sets out four sets of timescales by which services should be in place. These are as follows:

- Immediate - required now or within approximately 1-2 weeks;
- Imminent - required within 6 weeks;
- Foreseeable Future - required within the next 6 months;
- Longer Term - required within the next 12 months or subsequently.

2.10 Eligibility Criteria Summary

Level of risk and the associated level of need	Timescale for First Visit	Timescale for Completion of Joint Assessment	Timescale for Provision of Community Care Services
Critical	Same day	Initial screening on same day, and where required a full assessment completed within 7 days	Services may be provided following initial screening other supports will be delivered within 7 days or earlier if necessary.
Substantial	Within 48 hours	Initial screening within 48 hours, and where required an assessment will be carried out within 14 days	Services may be provided following initial screening and will be delivered within 6 weeks or earlier if necessary.
Moderate	Within 28 days	Assessment will be completed within 28 days of first visit.	Individual will be provided with advice and guidance and signposted to appropriate support services in the community.
Low	Within 12 weeks	Assessment will be completed within 28 days of first visit.	Individual will be provided with advice and guidance and signposted to appropriate support services in the community.
No priority	N/A	N/A	Individual will be provided with advice and guidance and signposted to appropriate support services in the community

