Internal Audit Report

Waiting Lists and Assessments

10 March 2025

HSC2402

Overall Assessment	Reasonable Assurance

Contents

This Internal Audit review is conducted for the City of Edinburgh Council under the auspices of the 2024/25 internal audit plan approved by the Governance, Risk and Best Value Committee in March 2024. The review is designed to help the City of Edinburgh Council assess and refine its internal control environment. It is not designed or intended to be suitable for any other purpose and should not be relied upon for any other purpose. The City of Edinburgh Council accepts no responsibility for any such reliance and disclaims all liability in relation thereto.

The internal audit work and reporting has been performed in line with the requirements of the Global Internal Audit Standards (UK Public Sector) and as a result is not designed or intended to comply with any other auditing standards.

Although there are specific recommendations included in this report to strengthen internal control, it is management's responsibility to design, implement and maintain an effective control framework, and for the prevention and detection of irregularities and fraud. This is an essential part of the efficient management of the City of Edinburgh Council. Communication of the issues and weaknesses arising from this audit does not absolve management of this responsibility. High and Critical risk findings will be raised with senior management and elected members as appropriate.

Executive Summary

Overall Assessment	Reasonable Assurance

Engagement conclusion and summary of findings

Review of the key controls established to ensure the Edinburgh Health and Social Care Partnership (EHSCP) effectively prioritises adult social care assessments and manages waiting lists appropriately and in line with applicable legislation and guidance has identified that improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives.

The following improvement actions were identified:

- a training programme for officers should be developed
- the standard letter sent to people on waiting lists should be reviewed and updated
- RAG statuses should be consistently applied to allow easy prioritisation of waiting lists, and caseload allocation across localities should be reviewed to confirm equity of workload and accuracy of waiting lists
- performance reports should be updated to reflect the new structure and to ensure distribution lists are complete and data quality issues resolved

- quarterly reporting to the Policy and Sustainability Committee on actions to implement the Care Inspectorate recommendations should be more accurate and detailed, and key-person dependencies should be monitored
- risks on the Care and Assessment Management Service risk register should be reviewed and those outwith the EHSCP's risk appetite and should be escalated to the EHSCP's risk register.

Areas of effective practice

- there is comprehensive procedural guidance in place for the management of waiting lists and assessments
- there are timely and effective waiting list management processes in place for individuals who present with urgent and critical risks
- despite the functional limitations of Swift/AIS, case notes and assessments were found to be clear and easy to follow.

Audit Assessment

See Appendix 1 for Control Assessment and Assurance Definitions

Audit Area	Control Design	Control Operation	Findings	Priority Rating
1. Policies, Procedures, and Communication	🟠	🟠	Finding 1 – Training	Medium Priority
			Finding 2 - Communication with People	Low Priority
2. Operational Management	🟠	🔴	Finding 3 – Operational Waiting List Management	High Priority
3. Performance Monitoring and Reporting	🟠	🟠	Finding 4 – Improvement Plans	Medium Priority
			Finding 5 – Reporting and Management Information	Medium Priority
4. Risk Management	🟠	🟠	Finding 6 – Risk Management	Medium Priority

Background and scope

The Edinburgh Health and Social Care Partnership (EHSCP) was established in April 2016 under the [Public Bodies Joint Working Act 2014](#). The activities of the EHSCP are commissioned, directed and governed by the Edinburgh Integration Joint Board (EIJB). The EHSCP comprises NHS Lothian and the City of Edinburgh Council (the Council), who work together to deliver adult health and social care services across the city.

Waiting lists consist of people waiting for a new assessment, reassessment, or urgent review of their care needs by Occupational Therapy (OT), Physiotherapy (PT), Community Care Assistant (CCA), Social Work (SW), or Mental Health/Substance Misuse (MHSM) teams across localities.

The Scottish Government's [National Standard Eligibility Criteria and Waiting Times Guidance](#) sets national definitions and standards for eligibility criteria and the timescales for accessing personal and nursing care services. The Council bases its assessments on the person-centred [Three Conversations](#) (3Cs) approach.

Two reports published by the Care Inspectorate in February 2023 and March 2023 respectively highlighted improvement actions across a range of areas in [Adult Support and Protection](#) (ASP) and [Adult Social Work and Social Care Services](#) (ASW). Improvement plans have been developed covering a 3-year period, with progress updates provided to the Policy and Sustainability Committee quarterly. The initial focus of the improvement plans was on the key risk of ASP. The Care Inspectorate has [recently reported](#) significant progress towards agreed ASP actions.

An internal audit of [Social Care Direct (Adult Services)](#), completed in September 2024, recommended improvements to the separate teams who initially signpost, workflow, and screen incoming requests for health and social care services.

The Social Care Direct Corporate Team (SCD) within Corporate Services take requests for social care advice and signpost or workflow referrals to the appropriate service.

The Social Care Direct Response Team (SCDRT) within EHSCP focus on prevention and early intervention by screening all incoming work and having Conversation 1 of the 3Cs.

The Social Care Direct teams will workflow some of these requests onwards to the EHSCP locality teams for further assessment and action. This audit only covered the work performed by the EHSCP locality teams, to ensure that once initially screened and a need is identified, service users are assessed, prioritised based on risk, included on an appropriate waiting list for services, and then those services provided within the waiting times guidance mentioned above.

The EHSCP is currently restructuring from a locality (or geographical) model to a lines of responsibility model, which is designed to improve risk management, ownership, and accountability. Phase 2 of this restructure is currently underway.

Scope

The objective of this review was to assess the adequacy of design and operating effectiveness of the key controls established to ensure the EHSCP effectively prioritises adult social care assessments and manages waiting lists appropriately, in line with applicable legislation and guidance. The period reviewed was 1 April 2023 to 30 September 2024.

Alignment to Risks and Business Plan Outcomes

The review also provided assurance in relation to the following Corporate Leadership Team (CLT) risk categories:

- Health and Safety (Including Public Safety)
- Supplier, Contractor, and Partnership Management
- Service Delivery
- Strategic Delivery
- People
- Programme and Project Delivery

- Financial and Budget Management
- Governance and Decision Making
- Regulatory and Legislative Compliance.

Business Plan Outcomes:

- Core services for people in need of care and support are improved.

Limitations of Scope

The following areas were specifically excluded from the scope of this review:

- initial contact and screening by the SCDCT and SCDRT - this assurance was provided in the recent Social Care Direct (Adult Services) review
- delivery of advice, information, simple services, referral to other services (Council, NHS, voluntary organisations and community groups) or instances where no further action was determined to be appropriate following initial screening/simple assessment
- operational delivery to service users
- quality assurance work, as this will be covered in the current ongoing audit of Quality Assurance.

Reporting Date

Testing was undertaken between 27 November 2024 and 5 February 2025.

Audit work concluded on 11 February 2025, and the findings and opinion are based on the conclusion of work as at that date.

Findings and Management Action Plan

Finding 1 – Training

Finding Rating	Medium Priority

There is comprehensive procedural guidance in place for the management of waiting lists and assessments. The EHSCP's Locality Screening and Waiting List Management Process guidance document (December 2023) sets out the process for screening and prioritising referrals (based on risk) from Social Care Direct (SCD), the Social Care Direct Response Team (SCDRT), and other locality teams. It is supported by the EHSCP's Locality Practice Standards document, which states more general standards to be followed as well as specific details on key waiting list tasks.

These procedures are used by officers to manage their waiting lists. However, there is no formal standardised training programme in place across the EHSCP.

Risks

- **Strategic Delivery –** the aims and objectives of the EHSCP may not be met

- **Financial and Budget Management** – inefficiencies may lead to increased costs

- **Regulatory and Legislative compliance** – the Council may be unable to meet its statutory obligations if officers do not perform their roles correctly, and work is not aligned to legislative requirements

- **Service Delivery** – officers may not effectively manage the prioritisation and assessment leading to a reduced quality of service provision.

Recommendations and Management Action Plan: Training

Ref.	Recommendation	Agreed Management Action	Action Owner	Lead Officers	Timeframe
1.1	A formal, standardised, and comprehensive training programme should be put in place for officers involved in waiting lists and assessments.	Role specific learning to be confirmed for individuals involved in waiting lists and assessments along with a clear induction programme.	Chief Officer, Edinburgh Health and Social Care Partnership	Head of Service, Assessment and Care Management	31/03/2026

Finding 2 – Communication with People

Finding Rating	Low Priority

When people are not provided with an assessment quickly, a standard letter is sent to them to inform them that they have been placed on a waiting list. The letter provides generic signposting to other services and support resources, as well as asking people to contact Social Care Direct if their circumstances change or deteriorate while waiting for their assessment.

The letter has not been reviewed in some time; for example, it still references ongoing challenges due to the Covid pandemic.

Risks

- **Service Delivery** – a lack of clear information could lead to increased contact volumes, and therefore burden on officers
- **Health and Safety (including Public Safety)** – people may not have all necessary information to help them while on waiting lists.

Recommendations and Management Action Plan: Communication with People

Ref.	Recommendation	Agreed Management Action	Action Owner	Lead Officers	Timeframe
2.1	The waiting list letter should be reviewed and updated to ensure it includes all relevant and up-to-date information.	Update waiting list letter to ensure contemporary information provided.	Chief Officer, Edinburgh Health and Social Care Partnership	Head of Service, Assessment and Care Management	31/05/2025

Finding 3 – Operational Waiting List Management

Finding Rating	High Priority

Prioritisation of waiting lists

While the introduction of SCDRT has reduced the volume of screening work for localities and improved outcomes for people with urgent and critical risk, the volume of people and length of wait times for those presenting non-urgent or critical risk remains large (up from 1,385 in December 2023 to 1,491 in December 2024).

Analysis of locality waiting lists as at 10 December 2024 highlighted that:

- of the 1,491 people on waiting lists, 1,382 (93%) had waited longer than the standard response times of 24 hours, 14 days, or 28 days
- the longest wait time was 1,106 days, with an average 195 days, and a median 127 days
- further analysis of wait times showed 135 Priority U or Urgent review, 591 Priority A, and 656 Priority B people waiting over the respective prescribed 24-hour, 14-day, and 28-day timescales. See Appendix 3 for definitions.

In order for officers to make decisions on priority quickly and accurately, cases are added to waiting lists based on risk. A RAG status is manually added to the case note based on the following criteria:

- **Red**: a prompt allocation of a worker is required following a review of risk, and no worker is likely to be allocated within the next 14 days
- **Amber**: an imminent allocation of a worker is required following a review of risk, and no worker is likely to be allocated within the next 28 days
- **Green**: the person is within the standard response time and there are no concerns about immediate risk, or they are to be allocated that week.

296 (19%) of cases on waiting lists as at 10 December 2024 had no RAG status recorded. RAG statuses were also not consistently applied in line with the definitions above, with many instances where the days waiting exceeded the standard response time, but a green status was assigned.

Caseloads

Each of the four localities previously had autonomy and separate budgets to plan and prioritise resource based on service requirements and demands. The new EHSCP management structure has been designed to provide more equitable service provision across the city.

Team managers receive monthly reports detailing caseloads across their teams. Work performed by the service to assess the levels of allocated work across localities and roles in January 2024 showed uneven distribution of caseloads across the 4 localities, and across roles and teams. However, regular reviews by senior management of caseloads across localities is not performed to provide assurance over waiting list accuracy, pressure points, and the equity of caseload distribution across the city.

Risks

- **Service Delivery –** incomplete and inaccurate risk assessments increase the risk of poor outcomes for people
- **People –** risk to health and wellbeing of staff if allocated casework is unevenly distributed
- **Regulatory and Legislative compliance** – failure to sufficiently record and manage priority, risk and ratings increases the risk of not meeting statutory duties and obligations.

Recommendations and Management Action Plan: Operational Waiting List Management

Ref.	Recommendation	Agreed Management Action	Action Owner	Lead Officers	Timeframe
3.1	Controls should be designed to ensure RAG statuses are recorded consistently and accurately in case notes.	Management reports and 'dip sampling' will be utilised to ensure RAG statuses are	Chief Officer, Edinburgh Health and	Head of Service, Assessment and	31/03/2026

		recorded consistently and accurately in case notes.	Social Care Partnership	Care Management	
3.2	RAG status definitions should be reviewed to ensure they meet the needs of the senior officers tasked with making the allocation decisions.	Review of definitions and amendments as required.			31/03/2026
3.3	Further analysis and monitoring of the allocation of caseloads is required to confirm if this highlights an issue with uneven distribution across team/localities and provide assurance over the accuracy of waiting lists figures.	Managers will ensure that activity is evenly distributed across teams. This will be facilitated through phase 2 of the management restructure and introduction of new case management system in early 2026.			31/07/2026

Finding 4 – Improvement Plans

Finding Rating	Medium Priority

Following the Care Inspectorate reports on the Joint Inspection of Adult Support and Protection (February 2023) and the Inspection of Adult Social Work and Social Care Services (March 2023), the Edinburgh Integrated Joint Board approved the Adult Support and Protection and Social Work & Social Care Inspection Improvement Plans.

Oversight of Care Inspectorate required improvements

The Council's Policy and Sustainability (P&S) Committee receives quarterly updates on progress on the action being taken to implement the Care Inspectorate recommendations.

The focus of work in the first year of the improvement plans was to improve the controls surrounding Adult Support and Protection. However, review of the update presented to P&S on 22 August 2024 for the 'Reduce Waiting Lists and Improve Access to Services' priority noted:

- there are two stated actions to reduce waiting lists. One of these actions is marked as complete, and the other marked as on-track; however, these actions have not been effective in reducing waiting lists. In addition, there are no further actions stated to reduce the waiting lists to the required levels
- in order to achieve the two stated actions, the work to be performed has been stated. However, the work has not been stated in sufficient detail to allow for effective oversight
- 5 of the 8 key performance indicators used to measure progress for the two actions were not specific, measurable, achievable, relevant, or time-bound (SMART).

Plan dependencies

The Head of Service Assessment and Care Management is responsible for delivering many of the high-level actions in the Improvement Plans, is a workstream lead for the Swift replacement programme, and has responsibility for improvement actions from previous internal audits. The Head of Service advised that while this could be considered a key-person dependency, they do not view this as any greater dependency than other officers and welcome the opportunity to take forward the necessary changes. However, they did state it is important to recognise that the HSCP/Assessment and Care Management are facing significant challenges and there are multiple programmes of change happening in parallel.

Risks

- **Strategic Delivery –** the EHSCP may be unable to meet its objectives without comprehensive plans in place for improvement
- **Programme and Project Delivery** – if specific actions are not recorded and monitored, their impact and effects cannot be measured
- **People** – a key-person dependency increases the risk that work is halted following that person's absence
- **Regulatory and Legislative compliance** – the EHSCP may be unable to deliver all its statutory obligations within national timeframes, and within the requirements set out in the National Eligibility and Waiting Times guidance.

Recommendations and Management Action Plan: Improvement Plans

Ref.	Recommendation	Agreed Management Action	Action Owner	Lead Officers	Timeframe
4.1	Actions identified to address waiting lists should be recorded fully and accurately, to ensure that progress can be effectively monitored.	An Improvement Plan specifically related to Assessment and Care Management will include work to address waiting lists.	Chief Officer, Edinburgh Health and	Head of Service, Assessment and Care Management	31/03/2026

	Performance measures should be SMART to allow for better-informed decision making.		Social Care Partnership		
4.2	The risk of key-person dependency for the Head of Service Assessment and Care Management and other key officers should be kept under review and, where appropriate, a risk should be recorded in the risk register with mitigating controls.	Phase 2 management restructure within Assessment and Care Management will provide an additional tier of management.			31/03/2026

Finding 5 – Reporting and Management Information

Finding Rating	Medium Priority

Monitoring reports

A reporting framework is in place which includes several weekly and monthly reports outlining key waiting list figures (per locality, priority, and role), movements and trends, and comparatives and trajectory. They provide a significant amount of data on the wider system, and for individual localities and teams, as well as KPIs and Public Health Scotland and Scottish Government returns which contribute to national data.

However, due to the ongoing restructure and improvements, both the Operations DMT and SCDRT reports are still a work in progress or in need of review to reflect new structures. It is understood that this will be addressed through the reporting workstream of the new Mosaic Social Care Operating System.

Distribution lists

The distribution lists have not been reviewed recently to ensure the recipients of performance reports are complete and accurate. A review when the new structure is in place would be timely.

Data Quality

Five data-quality checks are presented in the weekly Community Waits report to highlight anomalies and inconsistencies in the waiting list system which need reviewed, including Priority U roles open for more than 1 week, roles open in more than one locality, roles open in the future, roles open when the case should be closed, and two similar roles open.

In addition, the same 29 data-quality issues were reported on both the Community Waits reports dated 2 September 2024 and the 30 September 2024 report, highlighting that these issues had not been addressed in a timely manner.

Risks

- **Governance and Decision Making –** the impact of changes and decisions taken are not measured or reported to all appropriate officers
- **Service Delivery –** inaccurate waiting list data could lead to ineffective waiting list management.

Recommendations and Management Action Plan: Reporting and Management Information

Ref.	Recommendation	Agreed Management Action	Action Owner	Lead Officers	Timeframe
5.1	The reporting framework, and its associated reporting, should be reviewed and updated to reflect the new EHSCP management structure.	A revised reporting framework will be put in place that will reflect the EHSCP management structure.	Chief Officer, Edinburgh Health and Social Care Partnership	Performance and Evaluation Manager	31/10/2026
5.2	Distribution lists should be reviewed to ensure they are complete and accurate and reflect the current workforce and stakeholders of each report.	Distribution lists will be updated following completion of phase 2 of the management restructure to ensure that they are accurate.			31/10/2025
5.3	Unresolved data-quality issues highlighted in weekly reports should be escalated when corrective action is not taken in a timely manner.	Ensure that key people responsible for management of waiting lists action data quality issues following monthly review by senior managers.		Head of Service, Assessment and Care Management	31/10/2025

Finding 6 – Risk Management

Finding Rating	Medium Priority

The Care and Assessment Management Service Risk Register developed in December 2024 highlights significant operational and legislative risks which have been recently escalated to relevant risk forums.

However, the following risks on this risk register are outwith the EHSCP's risk appetite, and have not been escalated to the EHSCP's risk register:

- **ASP DTI (Inquiries) not all allocated in 24 hours:** caused by workforce pressures, senior social workers are having to carry additional risk on waiting lists due to not having sufficient resources

- **Private Guardianship reviews not being completed:** due to volume, ASP and complex work teams are unable to allocate all private guardianship reviews

- **Residential Review Team demand:** resource may not meet the demands and complexity of reviews to be performed by the team.

Risks

- **Regulatory and Legislative Compliance** – failure to comply with our statutory obligations increases the risk of non-compliance

- **People –** risk to staff health and wellbeing.

Recommendations and Management Action Plan: Risk Management

Ref.	Recommendation	Agreed Management Action	Action Owner	Lead Officers	Timeframe
6.1	Management should review all risks related to the Care and Assessment Management Service and, where outside risk appetite, escalate these appropriately, e.g. strategic planning risk register, Partnership risk register, or EIJB strategic risk register. Action should be agreed and taken to reduce the risk and where this remains outside risk appetite, and can't be managed at Partnership / Strategic level, it should be escalated to the CLT Risk Committee for consideration for inclusion on the CLT risk register.	The assessment and care management risk register will be reviewed and risks escalated whether they can't be managed at their current level / out with risk appetite. The level of escalation will be dependent on what additional controls are required and consideration will be given to escalating relevant risks to CLT where they can't be managed within the Partnership.	Chief Officer, Edinburgh Health and Social Care Partnership	Head of Service, Assessment and Care Management	31/10/2025

Appendix 1 – Control Assessment and Assurance Definitions

Control Assessment Rating		Control Design Adequacy	Control Operation Effectiveness
Well managed	🟢	Well-structured design efficiently achieves fit-for purpose control objectives	Controls consistently applied and operating at optimum level of effectiveness.
Generally Satisfactory	🟢	Sound design achieves control objectives	Controls consistently applied
Some Improvement Opportunity	🟠	Design is generally sound, with some opportunity to introduce control improvements	Conformance generally sound, with some opportunity to enhance level of conformance
Major Improvement Opportunity	🔴	Design is not optimum and may put control objectives at risk	Non-conformance may put control objectives at risk
Control Not Tested	**N/A**	Not applicable for control design assessments	Control not tested, either due to ineffective design or due to design only audit

Overall Assurance Ratings	
Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited Assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

Finding Priority Ratings	
Advisory	A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.
Low Priority	An issue that results in a small impact to the achievement of objectives in the area audited.
Medium Priority	An issue that results in a moderate impact to the achievement of objectives in the area audited.
High Priority	An issue that results in a severe impact to the achievement of objectives in the area audited.
Critical Priority	An issue that results in a critical impact to the achievement of objectives in the area audited. The issue needs to be resolved as a matter of urgency.

Appendix 2 – Areas of Audit Focus and Control Objectives

Audit Areas	Control Objectives
Policies, Procedures, and Communication	• policies and procedures for the management of waiting lists and prioritising assessments are in place, up-to-date, and accurately reflect relevant legislation • clear information is provided to people on waiting lists on the assessment process and expected waiting times.
Operational Management	• training and guidance is provided to colleagues responsible for performing assessments and prioritising waiting lists to ensure consistency across departments and services • waiting lists for assessments are managed appropriately, with assessments prioritised based on risk and carried out in line with the timeframes set out in legislation and guidance • assessments are completed in a timely manner based on the risk and are recorded accurately on the Swift system. Where a need for services is identified, service users are referred to the appropriate service specific waiting list • waiting lists for the delivery of services are prioritised based on the assessed risk to service users, with services delivered in line with the timelines set out in applicable legislation and agreed policies and procedures • quality assurance processes have been established to confirm that social care assessments are completed consistently across the EHSCP and that waiting lists are prioritised to support service user needs.
Performance Monitoring and Reporting	• a reporting framework which monitors waiting lists (including for assessments) across the EHSCP is in place, and clearly sets out the information to be reported, to which governance forums, and at what frequency • management information data is accurate and consistent across the EHSCP, adequately supporting the monitoring and decision-making processes • accurate and timely updates on progress with Care Inspectorate improvement actions is reported to senior management, the Care Inspectorate and relevant governance forums regularly, with supporting information to evidence completion of actions retained.
Risk Management	• risks related to waiting lists and assessments, are recorded and managed within a locality or service risk register. Risks are regularly reviewed to ensure appropriate mitigating actions are in place and remain effective, with escalation to divisional and directorate level risk committees where required.

Appendix 3 – Social Care Priority Definitions

These definitions are outlined in the Council's Eligibility Criteria Policy and the Locality Waiting List procedure document. They are aligned to National Eligibility Criteria and Waiting Times Guidance.

Priority	Definition
U Priority	Risk presenting at referral is **urgent and critical** - response is required immediately, this should not be placed on a waiting list and will be allocated directly to a worker. Standard for response from screening decision to initial contact is 24 hours.
A Priority	Risk presenting at referral is **critical** - response is required promptly. Referral will be placed on Team waiting list for a profession who will progress (Social Work, Occupational Therapy, Community Care Assistant, Physiotherapist, Assistant Practitioner). Standard for response from screening decision to initial contact is 14 days.
B Priority	Risk presenting at referral is **substantial** and response is required imminently. Referral will be placed on Team waiting list for a profession who will progress (Social Work, Occupational Therapy, Community Care Assistant, Physiotherapist, Assistant Practitioner). Standard for response from screening decision to initial contact is 28 days.

Risk	Definition
Critical	Indicates that there are major risks to an individual's capacity for independent living or health and wellbeing, likely to call for the immediate or imminent provision of social care services.
Substantial	Indicates that there are significant risks to an individual's capacity for independence or health and wellbeing, likely to call for the immediate or imminent provision of social care services.
Moderate	Indicates that there are some risks to an individual's capacity for 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 provision, with appropriate arrangements for review. **Note** the Council does not assess individuals presenting with moderate or low risk but may signpost to self-guided support as required.
Low	Indicates that there may be some quality-of-life issues, but low risks to an individual's capacity for independence 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. **Note** the Council does not assess individuals presenting with moderate or low risk but may signpost to self-guided support as required.