AGENDA ITEM NO 9

REPORT NO IJB IJB 60/18

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD

ASSESSMENT, CASE PRIORITISATION AND ELIGIBILITY

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

The Angus Health and Social Care Partnership aims to deliver support at the right time, in the right place, and from the right person, and to provide health and social care services in local communities wherever possible. It seeks to ensure that resources are targeted on those with greatest need. The Partnership requires to make explicit its approach to managing the allocation of resources and to support operational staff in the delivery of consistent practice and informed decision-making in relation to managing the allocated budgets for services to adults.

The report seeks to clarify an approach to resource allocation that will promote independence and mitigate risk to the individual, whilst containing financial risk to the AHSCP and in turn, improving the prospect of overall service sustainability.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

(i) notes the contents of this report;

(ii) approves the assessment, prioritisation and eligibility procedure described at appendix 2;

(iii) approves the authorisation process for the allocation of resources and the associated governance process;

(iv) seeks an annual report on the application of assessment and eligibility processes.

2. BACKGROUND

2.1 Demographics

As noted in many previous reports submitted to the IJB, most recently in the Annual Strategic and Performance Report considered on 27 June 2018, Angus faces considerable demographic challenges. For example, two client groups in particular are seeing expansive growth in demand or complexity; older people and people with learning disabilities. The learning disability service has experienced a growth in the complexity of the type of need that it addresses so that service users' support packages have become progressively more complicated and expensive. In older people's services, the provision of care at home has increased from 4,500 hours per week in the spring of 2015 to 7,100 hours per week by the winter of 2017-18 and will increase further. In addition, public and governmental expectations of what can be provided by public bodies, and of the standards of service provision, have continued to increase. We need to be clearer with the public about what they can expect from services and continue to improve community capacity building.

Such increases in demand have stretched our capacity to deliver and have increased our cost commitments in an environment of very constrained public spending and where there have been regular savings requirements. Our services have deployed a range of methods to manage this tension; ceasing some activities where the Partnership has no duty to provide a

service; driving efficiency measures into our services; outsourcing some services to the third and private sector; increasing revenue from charging; and deploying demand management techniques.

There are no indications that the challenging financial environment will abate, indeed it may become more pronounced in subsequent financial years. It is increasingly demanding to replicate the techniques of previous years as the options left become fewer.

In 2017, supported by EY through our Help to Live at Home programme, we considered the potential for improving our demand management through a range of actions, including the application of firmer eligibility criteria. This work was not concluded at the time but the current environment requires that this issue be revisited.

2.2 Legal duties and powers

The legal duty to carry out assessments of social care need, and to deliver services commensurate with assessed need, is applied to social work services which are delivered by Councils, but in the case of services for adults, now within the Angus Health and Social Care Partnership (AHSCP), the duty applies to the AHSCP. As a result of health and social care integration, many services are now delivered jointly with NHS staff and many service teams are integrated. However, the legislation which governed assessment and service delivery before integration remains, and can be summarised as follows:

Section 12A of the Social Work (Scotland) Act, 1968 defines the "Duty of the local authority to assess needs". It requires the local authority to carry out an assessment of need for community care services where it appears that any person within their area of jurisdiction has such a need. It also requires that a carer assessment be carried out if indicated. It further requires that any supported person's views are taken into account. Services can be provided in kind or in cash. They may be provided directly or arranged with a provider.

The Social Care (Self Directed Support) (Scotland) Act 2013 places a duty on the local authority to offer the four Self Directed Support (SDS) options to people who are assessed as needing community care services (section 5(2)). The authority may determine that somebody is ineligible to receive direct payments (reasons for exclusion are defined in the accompanying regulations).

2.3 New duties and demands

As reported at IJB on 27 June 2018, (report number IJB 43/18) the Scottish Government has approved the extension of free personal care (FPC) from over 65s only to under 65s from 1 April 2019. This places an additional duty on Angus Council and the AHSCP to provide personal care free of charge. This will have significant implications for the volume of assessment, care planning, and care delivery required and will represent a significant addition to our cost base. Discussions are ongoing through the national implementation group and in a local Angus group to address these issues. FPC is an "assessed for" service with eligibility criteria. The local authority is required to provide FPC commensurate with assessed need and in order to meet that assessed need. Where supported people seek a more sophisticated or elaborate means of meeting this assessed need, which is more costly, the supported person will be required to meet the difference in cost.

IJB members will recall the report on the Carers Act implementation, presented to the IJB on 21 February 2018 (report no IJB 20/18). The Carers Act also placed a number of new and revised duties on local authorities and the IJBs. That legislation and the accompanying regulations differentiated between carers who required comprehensive assessment and services under SDS, that is carers with significant or critical risk/need, and carers with low or medium risk/needs, whose needs could be met by preventative and universal services.

2.4 Governing principles

Both of these new duties restate the already well-established social work practise principles of assessment, prioritisation, eligibility, and proportionality of response according to need.

It has also long been a matter of good practice that the practitioner, service user and, where appropriate, family would have an input to the assessment and its outcome. This is also enshrined in law in an amendment to the Social Work (Scotland) Act 1968, as noted above.

Proportionality of response to the presenting issues, assessing and managing risk, and observing people's rights and choices are key skills for social work staff.

It should be noted that choice is not unlimited, even in the environment of SDS. As can be seen from the legislation, outcomes still need to be connected to identified social care needs and any resources deployed need to be proportionate to the identified needs and risks. Research strongly supports an enablement approach which encourages and supports as high a level of independence as possible, as opposed to any approach which over-provides care out of misplaced paternalism or risk aversion. It is also the case that, in an environment where capacity is always stretched, resources must be targeted effectively to achieve best results for the overall population.

3. CURRENT SITUATION

3.1 Work of the Support and Care Steering Group

The Support and Care Steering Group (SCSG), previously the SDS Programme Board, meets monthly to monitor the operational delivery of SDS and related matters. Membership consists of operational service managers, planning officers, Finance, and Contracts. It is chaired by the Head of Community Health and Care Services (South) and reports to the Executive Management Team. In the autumn of 2017 and winter of 17/18, a number of issues were identified about the current assessment, prioritisation, service allocation and cost assessment systems being operated under SDS in our Older People, Learning and Physical Disability and Mental Health services. These issues were subsequently analysed in more detail by the group and a number of improvement actions identified:

1. Comprehensive assessments should be targeted specifically at people with substantial or critical need or risk (see Appendix 1 'Assessment Triangle'). This ensures that the professional response, that is the undertaking of a more detailed assessment and potentially the allocation of resources, is proportionate to the need identified in the initial assessment and maximises the effective use of resources.
2. We need to ensure that allocated services and costed care packages are matched closely to assessed need. The thread between health and social care need, desired outcomes to be achieved through service allocation, and supported people's wishes and aspirations needs to be clear in all cases.
3. Case workers need to work in partnership with families to meet assessed need. There must be a greater focus on the natural support that a person may have, such as family and community resources, prior to and alongside the allocation of professional services.
4. Best value principles in spending the 'public pound' should be emphasised by managers approving care packages.

As part of the work of the SCSG, the group reviewed the IJB's existing assessment procedures by service. Nearly all services operate a system of screening/initial assessment then undertaking a comprehensive assessment where indicated. (In many instances the comprehensive assessment is a 'part 2' of the initial assessment.) In the concluding stages of the comprehensive assessment it should be evident whether a costed package is required and that a RAS (Resource Allocation System; the mechanism for costing units of service) needs to be undertaken. However, operational reviews found that some staff bypass the completion of a comprehensive assessment and immediately complete a RAS. Therefore the system becomes unduly driven by financial considerations and is not properly driven by assessed need and the planned supports to achieve outcomes. In all instances the package needs to be better connected to assessed health and social care needs and outcomes.

Further work on our assessment and resource allocation processes led us to conclude that one standardised procedure for assessment, prioritisation and resource allocation will not fit all services because of the variety in function and client need: each service can retain its own screening and assessment process provided that certain core standards are met. (It is recognised that some specialist services will nearly always receive referrals of cases which are already at the substantial or critical needs/risk level).

Unless in the most simple of tasks, staff should ensure that the comprehensive assessment is undertaken and completed before a RAS package is considered. In order to properly manage our commitments staff need to be clear about the need to constrain the care package content to assessed need and outcomes.

We determined that clear criteria were needed to define which risk/need factors trigger a comprehensive assessment, which may lead to resource allocation. After review, the group proposed new criteria and these are defined in the 'Eligibility/Prioritisation Framework' in Appendix 2.

It is necessary to have a case prioritisation system which manages and effectively responds to demand. Case prioritisation categories should equate to urgency of response as well as provide access to a particular level of services. Prioritisation should be undertaken according to the 'Assessment Triangle' (see Appendix 1) and the 'Eligibility/Prioritisation Framework' (Appendix 2). As set out in Appendix 1, critical need/risk would be a priority 1, substantial need/risk would be a priority 2, moderate need/risk would be a priority 3, low need/risk would be a priority 4.

3.2 Eligibility Criteria

AHSCP has finite resources with which to address assessed support needs. Consequently AHSCP requires to intensify its focus on ensuring that resources are applied equitably. In the interests of fairness and proportionality, it must do so in accordance with agreed eligibility criteria.

The Assessment Triangle prioritises risk/need into 4 categories; critical, substantial, moderate and low. All individuals referred for potential support receive an initial assessment; some, for example those with low risk/need, will then be given advice and information and/or be signposted elsewhere. Some may be offered direct access to particular services, for example carers' services and supports

If needs are determined to be potentially substantial or critical then a comprehensive assessment will be undertaken to establish the detail of those needs and the options and resources that are available to meet them. This determination will be made by referring to the Eligibility/Prioritisation Framework in Appendix 2. If factors from the substantial or critical categories are identified, then a comprehensive assessment will be undertaken. (This is the same as the approach taken with the Carers assessment and eligibility criteria, in the interests of consistency.) Thereafter, where resources are required to address identified social care needs, these will be allocated through a resource allocation system.

We are currently piloting an Equivalence model alongside the existing RAS in a care management team to determine which works more effectively.

It should be noted therefore, that statutory services may not become involved in direct service provision to people with low or moderate risk/needs which could be met by personal and family networks and by third and voluntary sector provision of a preventative nature.

4. FINANCIAL IMPLICATIONS

The issue of assessment and resource allocation has been raised in recent Internal Audits and section 37 of the Internal Audit Financial Management Follow Up Report, report AN07/18 noted that;

"*the SDS assessment function has no benchmark set as to what level of care can afford to be provided to clients overall (i.e. no budgetary framework linked to the overall service budget).*

Assessors could potentially propose to clients a level of service available above the minimum required that the IJB cannot afford to fund. It may be that a revised policy is required regarding assessment of overall care levels to ensure that overall spend can be controlled. It is felt that budgetary controls could be developed in these areas"

AHSCP has finite resources within which to address assessed support needs. Recognising the context of growing demand for services and constrained public funding, AHSCP requires to intensify its focus on ensuring that its resources are targeted consistently and fairly on assessed areas of need in accordance with agreed eligibility criteria. This policy approach will assist AHSCP to target its resources consistently and fairly to meet, but not exceed, assessed need in accordance with eligibility criteria.

Approval levels for costed packages

On 14 January 2014 a report was submitted to the Social Work and Health Committee (report no. 4/14) explaining how locally payments would be allocated under SDS, which was due to be implemented in law. It was agreed funding for individual packages of care at home would be allocated up to the equivalent cost of the National Care Home Contract rate for older people and, for people with disabilities, up to the average cost of residential packages in the previous financial year. Thereafter, for higher cost packages (few in older people's services but frequent in disability services) approval would be at Head of Service level following a recommendation from the Service Manager. At the time, consideration was being given to introducing a resource allocation panel to consider the highest cost packages.

Four years further into the development of SDS, we have a greater understanding of its impact on operations and consequently we now propose to adjust the approach described above as follows:

a) Continue to peg the maximum cost of a care package in Older People's services to the National Care Home Contract rate (£689 per week at the time of writing.

b) Because of the variety of need addressed in Disability Services and the range of services required, it is not possible to set an average.

c) Permit approval rates for cost packages as follows;

- For Team Managers - up to £689 per week. (linked to the National Care Home Contract rate)
- For Service Managers - up to £1,000 per week (increasing to £1,100 from 2021/22 if not revised before then).
- For the Head of Community Health and Care Services - up to £2,000 per week (increasing to £2,200 from 2021/22 if not revised before then).

High cost care packages which exceed these approval levels will be considered at a resource allocation group composed of senior professionals from the AHSCP, Angus Council and with an independent member.

d) In the interests of good governance, a six monthly report on high cost care package spends would be submitted to the Executive Management Team.

On 17 January 2018 a decision was issues by the Inner House of the Court of Session, the highest civil court in Scotland, in relation to a case where the provision of social care was contested between the relative of a service user and Glasgow City Council. The case involved the liability of a local authority to meet the costs of a service user whose Power of Attorney had arranged for 24 hour support at home. In summary, Glasgow City Council concluded that the service user's needs could be met in a care home and only offered the lower cost of a care home place as a direct payment. The Inner House upheld the legality of that decision.

Whilst the case did turn on its own individual circumstances, it gives authority to the proposition that if the costs of maintaining a person in their own home exceed the cost of an equivalent care home place then the Local Authority, or IJB, need only meet the costs of the equivalent care home place.

The principle of meeting assessed need through the proportionate allocation of resources is supported by this legal finding. Recognising the limits to AHSP funding, the allocation of care packages resources need not necessarily be for the most expensive or preferred option, so long as it can meet the assessed need.

In April 2018 the IJB (report 25/18) considered its financial plan for period 2018/19 to 2020/21. This references work regarding reviews of Eligibility Criteria. There was a noted expectation that this would help the IJB manage its commitments to the level of c£300k per annum; the proposals in this paper are intended to deliver this effect although it is very difficult to quantify the direct financial benefit. In reality the introduction of these proposals will have an indirect, and potentially difficult to quantify, financial planning benefit to the IJB in that they will help the IJB contain the impact of demographic growth going forward. That in turn will provide a financial planning benefit to the IJB and assist the IJB to provide services within available resources but also to target those limited resources at the service users who most require them.

5. CONCLUSION

There is a tension in the delivery of social work services between the equitable allocation of resources and the uniqueness of individual circumstances; any procedure needs to take account of both. We seek approval for an approach which recognises that resources are finite and that they must be allocated proportionately using the procedure described in this report. For the sake of clarity, this does not mean that the cheapest solution will be the preferred option in every case; this decision will continue to be based on the balance of assessed need, risk, individual circumstances, prioritisation, cost and proportionate expenditure. Equally, this balance also means that the most expensive care package option may not always be the approved one. We do not seek Board approval for taking the cheapest option on all occasions but for factoring into decision-making the cost and the finite nature of resources as factors to be legitimately considered in allocating resources.

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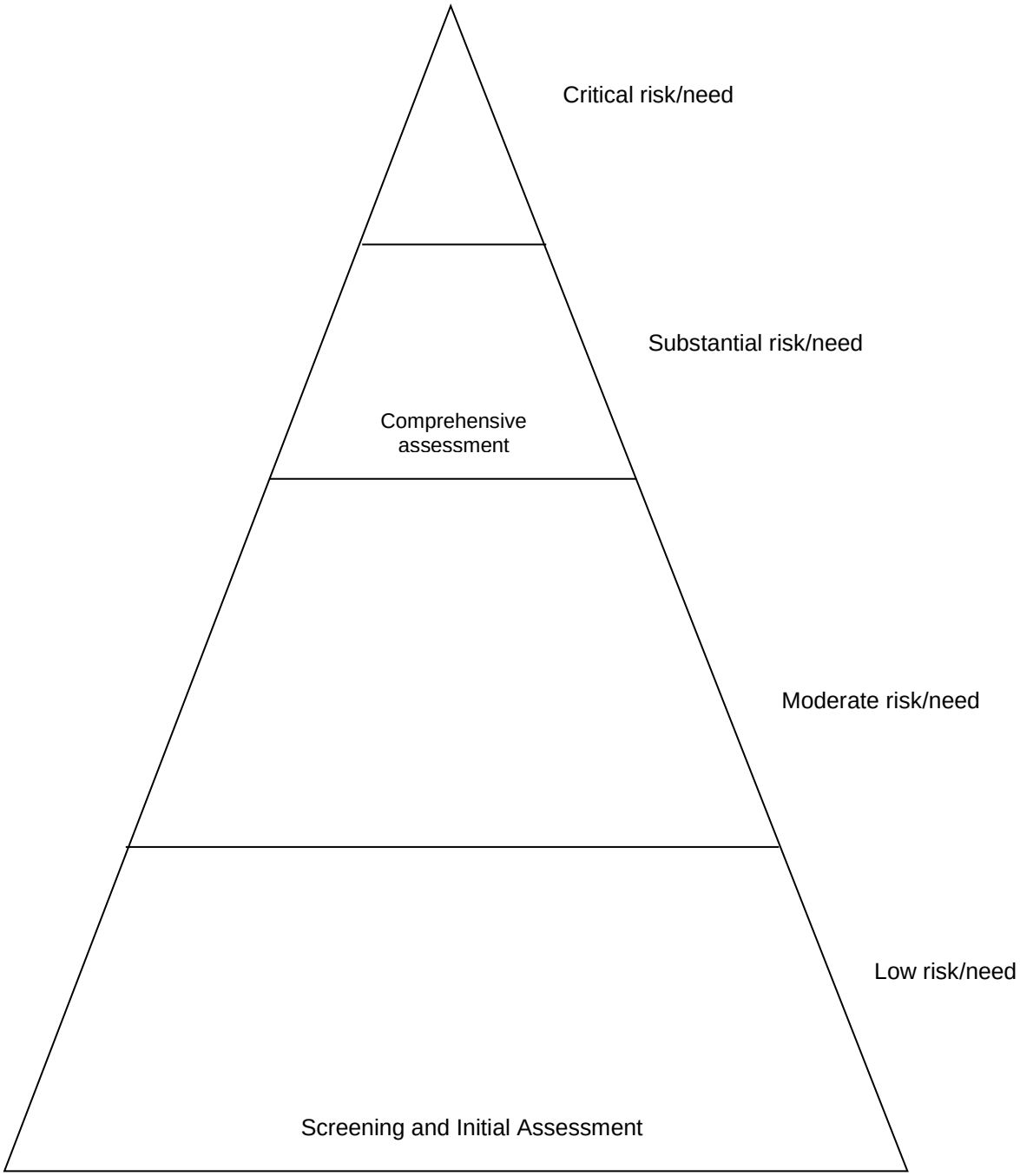
List of Appendices:

Appendix 1: Assessment Triangle
Appendix 2: Eligibility/Prioritisation Framework

Appendix 1

Assessment Triangle



ANGUS Health & Social Care Partnership

ELIGIBILITY/PRIORITISATION FRAMEWORK

The prioritisation of all referrals to Adult Services will be based on the information received at the time of the referral or on the further information gathering by the duty worker or First Contact. The following prioritisation framework will be used to guide the allocation of referrals for assessment. The need for this prioritisation framework is in direct response to the increasing volume of referrals and demand for services.

In all priority areas information will be provided about other sources of support and services in the local area and signposting to relevant services/organisations. Care and support services will work in partnership with carer(s)/family and any relevant others to achieve this.

CARE MANAGER

CARE CO-ORDINATOR

HOME CARE ASSESSOR

Priority 1- CRITICAL risk where serious harm or loss of life may occur

- There is an immediate risk to the person's survival.
- Serious abuse, harm or neglect to self or others has occurred, or is strongly suspected to the extent that protection measures are required.
- There are extensive and constant care and support needs on an ongoing or time limited basis that, if not met, present an immediate risk to the person or other.
- The carer(s) ability to continue in their role has broken down due to major physical or mental health difficulties and there is a need to immediate care and support.

Priority 2 – SUBSTANTIAL risk where harm may occur now or in the near future

- There is a significant risk to the person's survival.
- Abuse, harm or neglect to self or others has occurred or is at risk of occurring.
- There are significant care and support needs on an ongoing or time limited basis.
- Absence or inadequacy of care and support is causing the person significant distress and their health to deteriorate.
- The carer(s) ability to continue in their role is at risk of breaking down and the person needs care and support.

Priority 3 – MODERATE risk where harm may occur if action is not taken in the longer term

- There are care and/or support needs that will, if not met, impair the persons longer term capacity to regain, maintain or sustain their independence or living

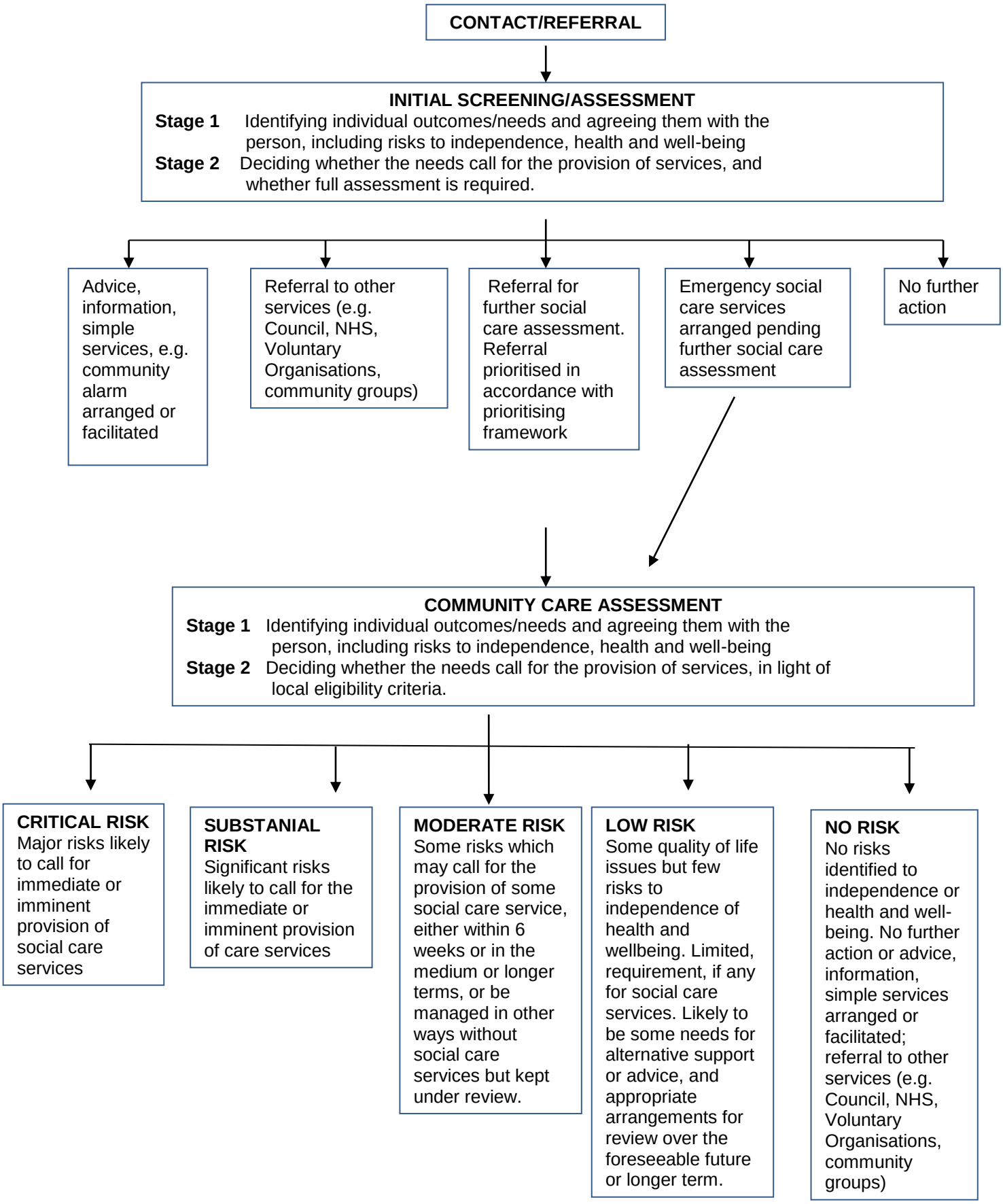
SOCIAL WORK ASSISTANT

arrangements.

- The person can make their needs known and ask for appropriate assistance when needed.
- The carer(s) ability to continue in their role is unlikely to be sustainable in the longer term.
- Recognition will be given to circumstances, at the discretion of the Partnership, where a proactive or preventative approach would reduce the need for additional resources in the longer term.

Priority 4 – LOW risk where a person's quality of life may be affected, if needs are not met

- There are minimal care and/or support needs but the person can maintain their independence or living arrangements if these are not met, or can make other arrangements to have them met.
- The person can make their needs known and ask for/arrange appropriate assistance.
- The person has a support network.
- The needs are such that they can be met by provision other than social care services.


CONTACT/REFERRAL
INITIAL SCREENING/ASSESSMENT
Stage 1 Identifying individual outcomes/needs and agreeing them with the person, including risks to independence, health and well-being
Stage 2 Deciding whether the needs call for the provision of services, and whether full assessment is required.
Advice, information, simple services, e.g. community alarm arranged or facilitated
Referral to other services (e.g. Council, NHS, Voluntary Organisations, community groups)
Referral for further social care assessment. Referral prioritised in accordance with prioritising framework
Emergency social care services arranged pending further social care assessment
No further action
COMMUNITY CARE ASSESSMENT
Stage 1 Identifying individual outcomes/needs and agreeing them with the person, including risks to independence, health and well-being
Stage 2 Deciding whether the needs call for the provision of services, in light of local eligibility criteria.
CRITICAL RISK
Major risks likely to call for immediate or imminent provision of social care services
SUBSTANIAL RISK
Significant risks likely to call for the immediate or imminent provision of care services
MODERATE RISK
Some risks which may call for the provision of some social care service, either within 6 weeks or in the medium or longer terms, or be managed in other ways without social care services but kept under review.
LOW RISK
Some quality of life issues but few risks to independence of health and wellbeing. Limited, requirement, if any for social care services. Likely to be some needs for alternative support or advice, and appropriate arrangements for review over the foreseeable future or longer term.
NO RISK
No risks identified to independence or health and well-being. No further action or advice, information, simple services arranged or facilitated; referral to other services (e.g. Council, NHS, Voluntary Organisations, community groups)