



ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 28 AUGUST 2019

PROGRESS REPORT: ASSESSMENT, CASE PRIORITISATION AND ELIGIBILITY

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

This report provides an update to the Integration Joint Board (IJB) on the current position in relation to the implementation of the assessment, prioritisation and eligibility procedures and the implementation of the process for the allocation of resources. These are intended to ensure that resources are targeted to those in greatest need; to make the Partnership's approach to the allocation of resources explicit 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.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) notes the progress made;
- (ii) notes the current issues and how these are being addressed.

2. BACKGROUND

In August 2018 the IJB approved the implementation of the assessment, prioritisation and eligibility procedures and the authorisation process for the allocation of resources (report no. IJB 60/18). The report introduced the eligibility framework (appendix 1) which describes four levels of priority – critical, substantial, moderate and low.

3. CURRENT POSITION

The eligibility framework was introduced to care management teams across adult services in March 2019 in order to coincide with the implementation of free personal for those under 65 years. This was undertaken via four group sessions, one in each of the Partnership's localities. The Head of Community Health and Care Services, George Bowie, provided an introduction to each session and set out the context as described in report IJB 60/18. Thereafter, staff participated in training based around the draft operational instruction. On the conclusion of training, the Operational Instruction was adjusted slightly to address issues identified by staff.

Service areas were tasked with implementing the eligibility framework within their own specialities, i.e., older people, learning disabilities, physical disability. Recognition was given to the requirement for flexibility in determining the specific priority examples across the diverse spectrum of need but that the principles of the framework were to be applied to each.

It has taken time for practitioners to become familiar with the criteria and its application to all new referrals, but this is progressing. Recording systems continue to be developed to support the implementation of the eligibility framework and provide data to identify the impact of this approach.

An example of a change to practice arising from the implementation of the criteria is within learning disabilities, where the community opportunities team now undertakes an enablement role which has assisted in diverting priority 3 – moderate cases from care management and comprehensive assessment to independence or to voluntary services.

The eligibility framework has been applied to all new referrals to date. However, in service areas where individuals can be in receipt of support for a considerable time, the eligibility framework will require to be considered for existing service users.

4. FINANCIAL IMPLICATIONS

It has not been possible to identify any financial impact to date. Given the wide spread of services, and the dynamic nature of assessment and prioritisation, measuring financial movement is a challenging task. We continue to consider how best this might be tracked, with the likelihood of a sample audit over time being favoured.

Approval authorisations for care packages have been implemented. These are;

- For Team Managers - up to £714.90 per week and linked to the National Care Home Contract rate;
- For Service Managers - up to £1,100 per week;
- For the Head of Community Health and Care Services - up to £2,200 per week.

The proposed resource allocation group has been implemented and is known as the High Cost Care Package Panel. The panel is formed by senior professionals from the AHSCP, Angus Council and an independent member. Proposed care packages in excess of £2,200 per week are required to be referred to the panel for consideration and a six monthly report is provided to the Extended Management Team.

5. CONCLUSION

The assessment, prioritisation and eligibility procedures continue to be progressed in order to address current challenges facing the Partnership in delivering sustainable services within available resources. We will continue to embed this approach across care management teams and monitor any impact on service users.

REPORT AUTHOR: George Bowie, Head of Community Health and Care Services
EMAIL DETAILS: BowieGS@angus.gov.uk

List of Appendices:

Appendix 1 - Eligibility/Prioritisation Framework

