



**ANGUS HEALTH AND SOCIAL CARE**

**INTEGRATION JOINT BOARD – 26 FEBRUARY 2020**

**APPLICATION OF THE ASSESSMENT, CASE PRIORITISATION AND ELIGIBILITY CRITERIA**

**REPORT BY GAIL SMITH, INTERIM CHIEF OFFICER**

**ABSTRACT**

This report provides the Integration Joint Board (IJB) with further information on the assessment, case prioritisation and eligibility criteria as they relate to adult care groups and the learning disability priority improvements programme. It is intended to address current challenges facing services and aims to promote a consistent, equitable, efficient and sustainable approach in response to inflationary and demographic changes and capacity demands, thus delivering sustainable services into the future within available resources. Approvals were originally sought for a prospective enactment from a particular date but it is clear to officers that a second stage, extending the criteria to all existing cases, should now be implemented.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board approves the application of eligibility criteria to all existing packages of care across all adult care groups.

**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 2) which describes four levels of priority – critical, substantial, moderate and low. In August 2019 a progress report was submitted to the IJB (report no. IJB 57/19). This report provided 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. This report stated: *"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."*

A report in relation to the learning disability priority improvements was submitted to the IJB in December 2019 (report no. IJB 81/19). This report requested approval for the application of eligibility criteria to existing packages. The IJB requested that a report containing further information was submitted in order to fully consider this request.

### **3. ASSESSMENT, CASE PRIORITISATION AND ELIGIBILITY**

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. 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 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 all adults.

The Assessment Triangle (Appendix 1) 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 carer 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 is 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 are allocated through a resource allocation system.

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. 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 care for those under 65 years. It was initially applied prospectively i.e. to new cases from a given date. This was undertaken via four group sessions, one in each of the Partnership's localities. The Head of Community Health and Care Services, South, 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, and physical disability. Recognition was given to the requirement for flexibility in determining specific 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, 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. The eligibility framework has been applied to all new referrals to date. However, the eligibility framework needs now to be applied to all existing care packages, for the following reasons:

- We have a statutory duty to review cases at least annually, but reviews may also take place when prompted by a significant change of circumstances. As part of the review process the assessed need/risk level for each case may increase or reduce, depending on an individual's changing needs. We need to adjust eligibility and prioritisation to reflect the updated assessment.

- In order to ensure a fair and equitable approach, the eligibility criteria require to be applied to all cases. Not doing so would mean creating, over time, an unfair and discriminatory dual system.
- It is necessary to review existing packages to ensure that cases are being responded to proportionately, according to the current assessment of risk/need, and to ensure that the highest level of resource follows the highest risk/need cases. To determine this requires the application of the eligibility criteria.

## 5. FINANCIAL IMPLICATIONS

As IJB report 57/19 highlighted, it has not been possible to identify the precise financial impact of eligibility criteria to date. Given the broad spread of services, and the dynamic nature of assessment and prioritisation, measuring financial movement is a challenging task. The introduction of consistent eligibility criteria for new and existing service users does ensure equitable service delivery and will support the most effective use of resources. We do continue to consider how best to monitor financial implications with the likelihood of a sample audit over time being favoured.

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 Executive Management Team.

The application of case eligibility procedures to existing cases will support the most effective use of resources across Adult Services. For example, this will include reviews of care packages to ensure that resources are appropriately allocated according to assessed need.

## 6. CONCLUSION

The assessment, prioritisation and eligibility procedures continue to be enacted in order to address current challenges facing the Partnership in delivering sustainable services within available resources. In order to continue to embed this approach across care management teams, we require approval to implement the eligibility criteria across all adult care groups and for all cases.

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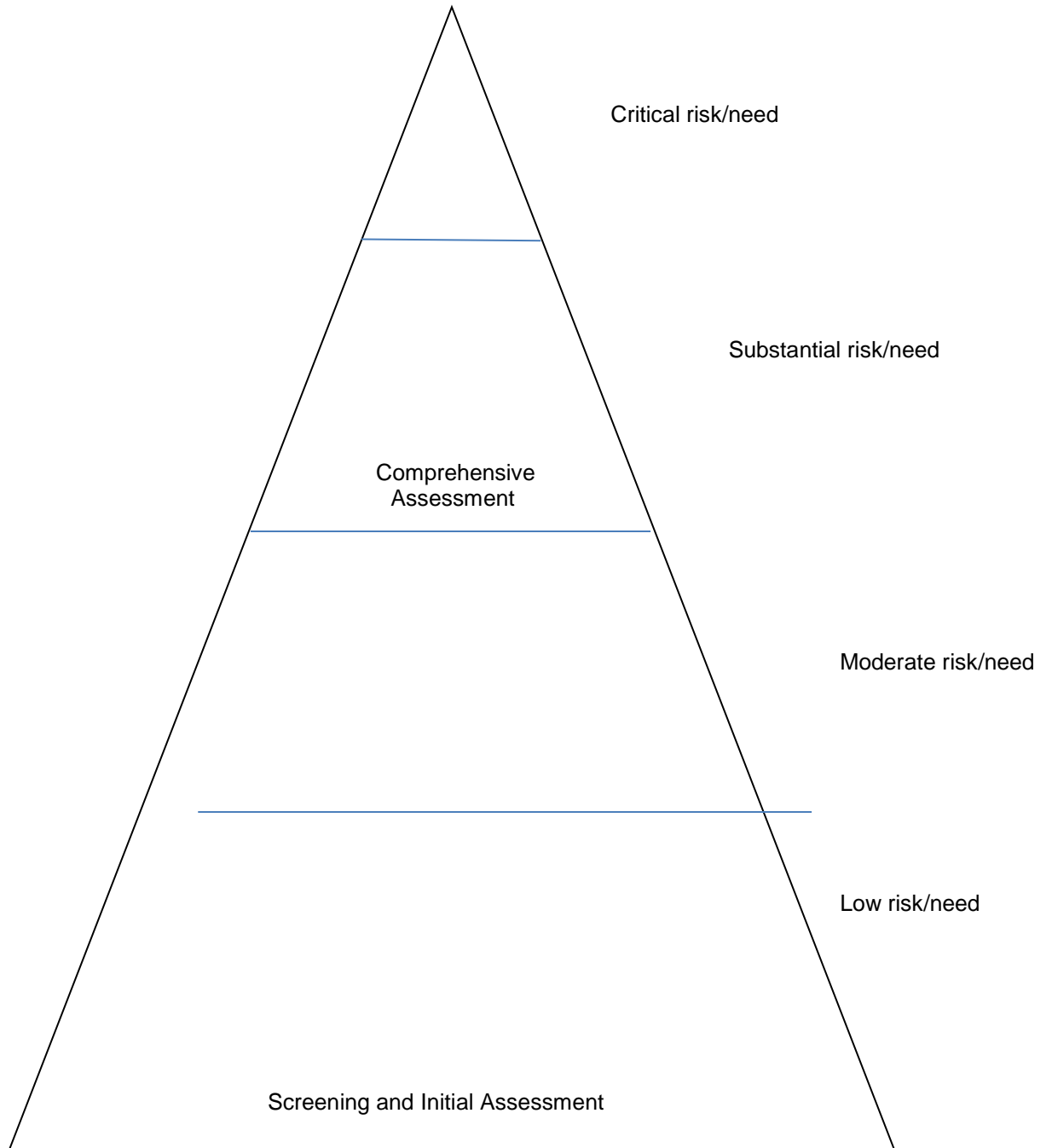
January 2020

List of Appendices:

Appendix 1: Assessment Triangle

Appendix 2: Eligibility/Prioritisation Framework

Assessment Triangle





## 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

### Priority 1- CRITICAL risk/need 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/need 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/need 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 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.

CARE CO-ORDINATOR

HOME CARE ASSESSOR

SOCIAL WORK  
↑  
ASSISTANT  
↓

**Priority 4 – NO/LOW risk/need 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 (NB **Immediate** = now or in 1-2 weeks  
**Imminent** = within 6 weeks)

**SUBSTANTIAL 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)