

# Report

Report to:	<b>Social Work Resources Committee</b>
Date of Meeting:	<b>28 November 2018</b>
Report by:	<b>Director, Health and Social Care</b>

Subject:	<b>Prioritisation Framework</b>
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## 1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ highlight to the Committee the need to bring forward an updated response to the requirement to have a Prioritisation Framework for Social Care Services
- ◆ note that the Council has previously agreed to adopt the Joint Scottish Government and COSLA Guidance on Eligibility which ensures that resources are targeted at those most in need
- ◆ consider how the subsequent introduction of the Social Care (Self-Directed Support) (Scotland) Act 2013, the Carers (Scotland) Act 2016 and from April 2019, free personal care for under 65's necessitates a need to reconsider and update the Prioritisation Framework
- ◆ consider the interface between Self-Directed Support and the Council's duty under Best Value legislation to ensure that Services are delivered both safely and cost effectively

## 2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

(1) that it be endorsed that:-

- ◆ the threshold point at which services must be delivered for all adults will be at the National Guidance's "Substantial" level of need
- ◆ similarly, a modified version of the Scottish Government's eligibility Framework for Carers be adopted and the threshold point at which services must be delivered be set at the "Substantial" level of need
- ◆ the provision of aids, equipment and adaptations be prioritised to those people assessed as being a medium to high risk
- ◆ the upper benchmark value of a personal Self-directed Support budget be the equivalent of the cost of a residential placement for that cohort of service user taking account of the exceptions noted in the body of this report

(2) that it be noted that the recommendation detailed above will be submitted to the South Lanarkshire Integration Joint Board for approval.

### **3. Background**

- 3.1. In 2009, the Scottish Government and COSLA issued Guidance under Section 5(1) of the Social Work (Scotland) Act 1968 which required local authorities to adopt a common standard eligibility framework for older people. The Guidance was intended to “focus first on supporting those people who are in most urgent need” and ensure that finite resources were targeted at ensuring the most urgent needs were met in a timely manner. Whilst the Guidance focused on older people, there was scope to apply the guidance to all adults.
- 3.2. The Guidance directed that, where need was identified through an assessment, the needs were stratified in to four levels of risk:
  - ◆ low
  - ◆ moderate
  - ◆ substantial
  - ◆ critical
- 3.3. Where the needs are assessed to be at the low or moderate level, the Guidance indicates that these needs should be met through Universal Services, advice or guidance and there is likely to be little or no need for the provision of Social Care Services. Substantial or critical needs occur where there are significant risks to an individual’s independence or health and wellbeing likely to call for the immediate or imminent provision of Social Care Services.
- 3.4. The challenges arising from demographic change and constrained resources requires the Committee to consider how the Council will meet future demand. This report proposes that setting a threshold for eligibility will be one of the components required to meet this challenge. Population forecasts for South Lanarkshire over the next 10 years indicate that the number of over 65’s will increase by around 50% and the number of over 85’s by around 100%. This demographic pressure is already evident in the levels of demand for Services and in the number of adults subject to Guardianship Orders for example. To continue with the current approach to meeting assessed needs, would require growth in budgets such as care and home and equipment to be at least 3% per annum for the foreseeable future. At the same time, the current workforce is ageing and the 25 – 64 years working population is projected to fall significantly over the same time period. A targeted approach to both helping people to remain independent and to, thereby, defer the impact of ageing and ill-health, whilst supporting the most vulnerable within the available financial and workforce resources, is required.
- 3.5. From April 2019, the Scottish Government is introducing further legislation to extend Free Personal Care to under 65’s. The intention of this extension is to ensure that adults with significant support needs receive the help they need promptly. Given the original 2009 national eligibility guidance was introduced to ensure that Free Personal Care for older people was targeted effectively, it would seem appropriate to apply the principles of this guidance to all adults going forward.

- 3.6. The Health and Social Care Partnership (HSCP) is currently subject to an inspection of its Self-Directed Support (SDS) arrangements by the Care Inspectorate. The HSCP's self-evaluation work to develop the associated Position Statement and subsequent verbal feedback from the inspection team has raised questions about the practical application of the Council's existing eligibility criteria. The Council has endeavoured to support people at all levels of the National Eligibility Criteria where there has been resource to do so. This is resulting in people with low/moderate needs being provided with budgets similar to those with substantial/critical needs which is not a sustainable position. This indicates that there is a need for greater clarity about the threshold point at which a personal budget would be generated.
- 3.7. It is, therefore, proposed that the emphasis on Council resources being targeted at the substantial and critical levels of need is restated. Since the original guidance was published, planning assumptions, along with financial and workforce challenges have evolved. For example, in 2009, there was a six week timescale to support the safe discharge of a clinically fit individual from hospital. This has now become a 72 hours maximum target highlighting the need to have sufficient care at home resource available to meet this urgent and growing demand.
- 3.8. It is important to note that people assessed as having low or moderate needs will continue to benefit from support from the HSCP and its partners. As well as the medical, nursing and Allied Health Professionals (AHPs) support provided, people will continue to access a range of other services which the Partnership and the Council support. This will include advice on housing options, money matters advice, carers services and support from third and voluntary sector partners as well as the provision of preventative measures such as occupational therapy equipment and alert alarm systems. The increasing opportunities to make use of a Telecare and Telehealth approach will support people to self-manage their care and live independently with a reduced need for other services at the lower end of the risk spectrum and more intensive services to be provided for those with the greatest levels of need.
- 3.9. An essential and growing strand of the HSCP's work is services which support a rehabilitative approach including intermediate care. These models respond positively to people's wish to retain and regain their independence that may be compromised through illness or injury. The use of a prioritisation model helps to ensure a distribution of resources that supports short-term but often intense interventions. It also helps to sustain prompt access to services for the increased numbers of particularly older people with more substantial needs arising from their co-morbidities and increased dependence.
- 3.10. The Carers (Scotland) Act 2016 also establishes a duty on the local authority to set local eligibility criteria and an eligibility threshold where they must provide services to carers. Eligibility criteria are to be set locally to enable local authorities and Committees to provide support to carers in different caring situations across a whole range of life circumstances. Local eligibility criteria will help local authorities and IJBs to prioritise support and to target resources as effectively and efficiently as possible.

3.11. The Scottish Government has issued detailed guidance to support local authorities and Committees in setting local eligibility criteria. The guidance also summarises the different ways of supporting carers if the carer's needs do not meet the local eligibility criteria. The Scottish Government guidance provides five stages of impact/risk and a range of indicators (domains) relevant to carers' lives. The stages are:

- ◆ caring has no impact – no risk
- ◆ caring has low impact – low risk
- ◆ caring has moderate impact – moderate risk
- ◆ caring has substantial impact – substantial risk
- ◆ caring has critical impact – critical risk

The indicators (domains) are:

- ◆ health and wellbeing
- ◆ relationships
- ◆ living environment
- ◆ employment and training
- ◆ finance
- ◆ life balance
- ◆ future planning

3.12. The Carers Act Guidance directs local authorities to consult with carers to determine the eligibility framework and threshold parameters. To this end, a consultation process was carried out over March 2018 facilitated by Lanarkshire Carers Centre and South Lanarkshire Carers Network. A substantial cohort of carers through 12 carer information/support groups contributed to the process. The carers were supportive of the set Government model of a four-tier framework (low, moderate, substantial and critical) but noted that the two higher tiers could be merged. They supported the proposal to establish the threshold point for the provision of services to carers at the top tier. The suggested model is illustrated below:



- 3.13. It is, therefore, proposed that the Council adopts this amended version of the Scottish Government Eligibility Framework and sets the threshold where Services must be delivered at the “Substantial” impact level.
- 3.14. It is proposed that the Committee applies similar criteria to the provision of equipment, aids and adaptations. This provision is a key strand of the HSCP’s work to support people to live independently and safely. Following assessment by an Occupational Therapist (OT), a variety of interventions may be provided from small pieces of equipment and handrails; through to hospital beds, specialised mattresses, stairlifts and adaptations, such as level access shower rooms and ramps.
- 3.15. It should be noted that the general approach of the Occupational Therapy Service is to offer the minimum necessary intervention that supports the person safely. The provisions recommended takes account of the individual’s prognosis and factors such as the suitability of the accommodation to ensure that cost effective and durable solutions are provided. Unfortunately, in some instances, a property may not be suitable for adaptation and a move will be recommended. In such circumstances, more substantial works would be deferred until a new property is identified.
- 3.16. The Occupational Therapy Service has adopted a model of risk assessment that classifies risk into three categories; low, medium and high. It is proposed that support is prioritised to the two higher levels of risk to ensure that those with the greatest level of need are able to benefit from a timeous service. Those individuals with the lowest level of need will be offered advice and guidance by the OTs as to how they might address the issues identified. A degree of professional judgement will also be applied to ensure that decisions support activity that avoids greater cost to the Council or NHS at a future date.
- 3.17. The further proposal of this report is to establish a benchmark to support practitioners, service users and carers to clarify the parameters of the Council’s contribution to the costs of their care. The core principles of assessment being needs led, identifying risks and being outcome focused will continue to be the bedrock of the HSCP’s approach. Once needs and risks have been identified and stratified in accordance with the prioritisation framework, there will be a range of options available to keep the person safe and meet their identified outcomes. To meet the Council’s duty to achieve Best Value, to ensure resources are accessible to those in need and to ensure the Service operates within the available resources, there is a need to ensure care planning models are cost effective.
- 3.18. There are already agreed financial limits for older people’s care. These include the agreed rate for personal care in residential care of £174 per week and the Council’s maximum contribution under the National Care Home contract of £553 per week for a nursing home placement. For someone living in the community, nursing costs are already met by the NHS through the District Nursing Service for example. The average cost of a care home placement for a person aged over 65 is £440 per week. Whilst other care groups do not, as yet, have such well established financial limits, there are approved rates for care homes and supported living models which will provide an equivalent benchmark.

- 3.19. It is proposed that the average cost of a care home placement is used as a benchmark for the Council's maximum contribution toward an adult's care. This benchmark will not be a fixed amount as the cost of residential care varies over a significant range and professional judgement and supported by service user and care consultation will be applied to individual circumstances. The actual benchmark position for an individual person will be based on their assessed need and the typical cost of a residential placement to meet those needs. This approach is compliant with the principles of SDS and provides an equivalence model that offers choice and control to the Supported Adult and their carers. This equivalence position will complement the current SDS Resource Allocation System which generates a personal budget in accordance with assessed need and is calibrated to take account of the cost of a typical complex care package.
- 3.20. There will be a cohort of people for whom this model will not be applicable. This would include end of life care where every effort is made to support a person to remain at home or in a homely setting over this difficult time. Another example would be where a person has particularly complex needs and a bespoke commissioning arrangement is necessary to meet their outcomes. There are few people in this latter group and multi-disciplinary assessment is effective at identifying those individuals who require a more specialised approach.
- 3.21. It is recognised that the proposed prioritisation process could impact on existing service users who receive services for low/moderate needs. To take account of this, the revised arrangements will be applicable to new assessments and future care reviews so as to phase in the changes and dovetail the changed priorities with the Self-Directed Support process.

#### **4. Summary and Next Steps**

- 4.1. As noted in the body of this report, there are requirements to establish a prioritisation framework with eligibility criteria and thresholds to ensure that finite resources are targeted at those most in need. Such a framework assumes that Universal Services, rehabilitation and re-ablement Services and Community Planning Partners will provide support to people who are assessed as being at low or moderate risk.
- 4.2. This report proposes a model to ensure that the prioritisation framework in South Lanarkshire is brought up-to-date to take account of new legislation such as the Carers (Scotland) Act and Self-Directed Support. It also reflects the need to respond to changing priorities of ensuring that resources are available to support people to live independently and safely and ensure the interface and flow between community and Acute Services is optimised.
- 4.3. Following approval of this report, the HSCP will develop more detailed guidance and an associated learning and development programme for practitioners to enable full implementation of these arrangements from April 2019.

#### **5. Employee Implications**

- 5.1. Employees will be supported with practitioner's guidance for implementation of Eligibility/Prioritisation.

## **6. Financial Implications**

- 6.1. The financial implications of the prioritisation framework will depend on individual service users' needs going forwards. However, as an estimate of the cost reduction that could be realised, we have used a sample of assessments from 2017/18 for new service users. Based on this sample, it is estimated that a potential 15% level of cost avoidance be achieved by implementing the Prioritisation Framework to all service users, as detailed in the report. Other services may see varying reductions in costs. Within home care a sample review suggests a potential 10% of cost avoidance could be achieved, but this will be dependent on the individual service users and further work would be required to validate this.
- 6.2 Taking an estimate of the budgets that the Prioritisation Framework could be applied to (including equipment and adaptations and the upper benchmark on personal SDS budgets) potentially costs of £3m could be avoided.
- 6.3 As detailed above, the actual cost avoidance is conditional on a number of factors, as the individual service needs going forwards can be unpredictable. The costs avoided by implementing the Prioritisation Framework could contribute towards managing future financial pressure associated with the increasing demand for care services, including the increase in uptake of SDS.
- 6.4 The profiling of the implementation on the Prioritisation Framework, if approved, will determine the level of cost avoidance over future financial years in the medium term, with values detailed above being achieved once the framework is applied to all service users. The needs of service users is variable and these potential reductions are therefore estimates.

## **7. Other Implications**

- 7.1. There are risks associated with the demographic growth and the resources available to meet needs.
- 7.2. In order to sustain service delivery, priority requires to be directed to those most in need.
- 7.3. The Prioritisation Framework for equipment and adaptations falls within ambit of the Fairer Scotland Duty which came into force and applies to the IJB as well as the Council. The implementation plan for Social Care Services may also be caught by the duty. This duty obliges the IJB to have due regard to the desirability of exercising its functions in such a way as to reduce inequalities of outcome arising from socio-economic disadvantage. The duty applies to strategic decisions such as Strategic Policy Development; Allocating Resources; and Commissioning among others. The Fairer Scotland Duties will be taken into consideration as part of other impact assessment requirements, for example equalities as detailed below.

## **8. Equality Impact Assessment and Consultation Arrangements**

- 8.1. An equality impact assessment will be undertaken to ensure that there are no negative impacts on the protected characteristic groups.
- 8.2. Briefing sessions have been established for elected members and will be rolled-out to Locality Managers as guidance is further developed.

**Val de Souza**  
**Director, Health and Social Care**

6 November 2018

**Link(s) to Council Values/Ambitions/Objectives**

- ◆ Deliver better health and social care outcomes for all
- ◆ Improve later life

**Previous References**

- ◆ Social Work Resources Committee Report 25 November 2009
- ◆ Social Work Resources Committee Report 17 February 2010

**List of Background Papers**

- ◆ none

**Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

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