



Item No. 8

Meeting Date **Wednesday 20th June 2018**

Glasgow City Integration Joint Board

Report By: **Susanne Millar, Chief Officer, Strategy and Operations /
Chief Social Work Officer**

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<p>POLICY DEVELOPMENT: RESOURCE ALLOCATION FOR ADULTS ELIGIBLE FOR SOCIAL CARE SUPPORT</p>

Purpose of Report:	<p>To set out with clarity the policy framework for the allocation of resources for Adults assessed as eligible to receive social care support; the processes for resolving any areas of dispute that may arise; and to recommend further actions that support service user, carer and practitioner awareness.</p> <p>This policy framework is required to make explicit and transparent the approach that will be taken by all officers in the discharging of Glasgow City Council’s statutory duties that ensures fairness in the prioritisation and allocation of resources for the City’s most vulnerable and at risk individuals.</p>
Background/Engagement:	<p>There has been some initial engagement with GCHSCP staff at engagement events and reference made at recent GCHSCP Providers Event.</p>
Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none">a) note and approve the content of this policy framework; andb) note and approve the recommendation to undertake engagement with practitioners, services users and carers to review and update as necessary existing guidance and information to promote clarity and awareness.

Relevance to Integration Joint Board Strategic Plan:

The Partnership aspires 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 where possible. It aspires to maximise choice and control for service users and their legal proxies and to ensure resource is targeted on those with greatest need to mitigate risk. 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 community care budget for adults.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	While all 9 national health and wellbeing outcomes are relevant, outcomes 2 and 9 are directly related: Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.
Personnel:	Social Work practitioners are supported to meet their responsibilities through training and guidance material.
Carers:	Carer support needs will continue to be identified through carer assessments and access to support.
Provider Organisations:	Providers are key partners in the creation and delivery of services to meet assessed eligible need. The policy assumes this continued partnership.
Equalities:	An initial EQIA has been undertaken which will be developed further with wider stakeholder input as part of the review of existing practitioner guidance, information and advice material made available to service users and carers.
Financial:	GCHSCP has finite resources within which to address assessed support needs. Glasgow City Council has a duty to assess a person's needs for community care services and to decide whether those needs call for the provision of services. As a natural consequence of having finite resources with which to meet that responsibility, GCHSCP requires to intensify its focus on ensuring its resources are targeted consistently and fairly on assessed areas of need in accordance with agreed eligibility criteria and can only agree spend to meet those needs and outcomes that match the eligibility criteria. This policy framework will therefore further assist GCHSCP to target

	its resources consistently and fairly to meet, but not exceed, assessed need in accordance with existing eligibility criteria.	
Legal:	The policy framework will be of relevance to any potential legal challenge to the outcome of assessed need or the relevant amount (resource allocation).	
Economic Impact:	None	
Sustainability:	The policy framework seeks to clarify an approach to resource allocation that will promote independence and mitigate risk to the individual, whilst containing financial risk to GCHSCP and in turn, improving the prospect of overall service sustainability.	
Sustainable Procurement and Article 19:	Not applicable.	
Risk Implications:	The policy framework should mitigate risk by clearly setting out GCHSCP's position for resource allocation.	
Implications for Glasgow City Council:	The policy specifically seeks to ensure Glasgow City Council discharges its statutory duties to adults in need of community care support.	
Implications for NHS Greater Glasgow & Clyde:	None	
Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	✓
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

- 1.1 This policy framework articulates the approach of Glasgow City IJB to the allocation and distribution of Glasgow City Council's (GCC) resources to meet the assessed support needs of its citizens. The policy applies across all adult care groups – older adults over 65 years, younger adults with a physical or learning disability, adults with mental health problems and/ or addiction issues and young people with disabilities transitioning into adult services from 16 years or later.

2. Background

2.1 In 2014, following the introduction of the Self Directed Support (Scotland) Act 2013 and in line with statutory guidance, Glasgow City Council implemented, following consultation, a single eligibility criteria framework for access to adult social care services. Associated guidance was also produced for social work practitioners and service users.

In 2017, Audit Scotland produced a progress report on the implementation of self-directed support (SDS) within Scotland. An action plan to address the recommendations from that report relevant to GCHSCP was presented to the IJB Finance and Audit Committee in September 2017. Key recommendations within the Audit Scotland report include:

- to ensure that there is clear guidance for staff on discussing the balance between innovation, choice and risks with service users and carers and implementing local policies in practice; and to work with service users and carers to review assessment and support planning processes to make them simpler and more transparent

2.2 GCC is committed to meeting its statutory duties to assess for eligible need and make provision of services where needs call for this. These duties are delivered through GCHSCP on behalf of GCC. GCHSCP is best placed to draw on a wide range of health and social care supports to meet the needs of Glasgow citizens and to support the wellbeing and needs of their informal, unpaid carers.

2.3 GCC provides direct social care services through its day care and residential care services, and currently commissions care at home from its Arms Length Organisation, Cordia, particularly to support timely hospital discharge. It also purchases care placements through specific purchasing contracts. In line with Self Directed Support (Scotland) Act 2013, GCHSCP has developed a purchasing framework to support the full implementation of Self Directed Support for all adults over 16 years or at the point of transition from Children & Family services into adult services, to maximize choice, flexibility and personalisation of care plans.

2.4 GCHSCP has finite resources within which to address assessed support needs. As a natural consequence of having finite resources with which to meet GCC's statutory responsibilities, GCHSCP requires to intensify its focus on ensuring resources are targeted consistently and fairly. It must do so in accordance with agreed eligibility criteria, on the basis that it can only agree spend to meet needs and outcomes that match those eligibility criteria and in accordance with the principle that resources should be distributed equitably between people with broadly equivalent needs, whilst at the same time being founded upon the professional assessment of their individual needs.

3. Eligibility Criteria

- 3.1 In 2014, Glasgow City Council published eligibility criteria to provide a framework to enable it to stratify need for social care support in a way that is fair, transparent and proportionate.
- 3.2 The eligibility criteria prioritises risk into 4 categories; critical, substantial, medium and low. Individuals referred for potential support will be first screened against the eligibility criteria. Some 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, or day care for individuals over 65 years of age. If needs are screened to be potentially substantial or critical then further assessment will be undertaken to establish the detail of those needs and the options and resource that are available to meet them.
- 3.3 As part of the production of the eligibility criteria, Glasgow City Council agreed that it should only fund services to meet assessed need and where the risk to an individual's independence or other consequences are identified as either 'critical' or 'substantial'.
- 3.4 In general, the assessed outcome for people whose needs are assessed as meeting the eligibility criteria will be either:
 - a) The service user is assessed as having needs that can be met in the community. A care plan, usually called an Outcome Based Support Plan (OBSP) will be jointly constructed by the social care practitioner and the service user (or their proxy) along with any third sector provider. A final budget will be agreed, which becomes the 'relevant amount' (see section 4.)
 - b) The service user is assessed as having needs that should be met in residential care and either self-funds and self-selects a care home or asks GCC to assist in arranging one for them.

Further information on Glasgow City Council's eligibility criteria for access to social work services can be found on GCHSCP's website:

<http://www.glasgow.gov.uk/CHttpHandler.ashx?id=19014&p=0>

4. Assessment of Support Needs and Allocation of the Relevant Amount

- 4.1 For individuals whose needs are assessed as meeting GCC's eligibility criteria for access to social work services, a more detailed assessment of need will then take place. This more detailed assessment will be led by a social care practitioner who will seek to involve the individual as fully as possible in this process and will also seek the views and contributions of primary carers. They will be required to confer with legal proxies for example a Welfare Guardian or a Financial Power of Attorney. They will also seek input from health professionals, in particular the individual's GP

and other relevant professionals potentially already involved in their care or able to inform on their needs. GCC discharges its statutory duty to assess need through its social care practitioners (also known as the 'assessor').

- 4.2 The amount of resource that will be provided to meet eligible assessed needs is called the 'relevant amount'. This is defined in legislation as "the amount that the local authority considers is a reasonable estimate of the cost of securing the support of the supported person". It is considered by GCHSCP that this **should be sufficient to meet, but not exceed, the assessed support needs**. The relevant amount will be informed by local and/or national purchasing frameworks and GCHSCP will have regard to these as a measure or benchmark for how much a care plan might cost. Sometimes the calculation is simply based on an hourly rate or a unit cost, for example the weekly cost of placement in a particular facility. Sometimes it may be a complex mixture of different resource models.
- 4.3 One of the tools GCHSCP uses to help to distinguish between low, medium and high levels of need is a computer based programme called Calculon. It provides an initial budget estimation based on relative need and assists with ensuring there is a consistency of approach for individuals with similar needs. Individual circumstances, however, can be very different and professional judgment is required thereafter to reflect those different circumstances.
- 4.4 Therefore, in summary, the relevant amount will be based on 3 core elements
- The Calculon amount generated from a scoring system
 - Market information about the benchmarked costs for care
 - Professional judgement and recommendations about requirements to meet need and mitigate risk, maximise independence and support informal carers in their role

Taken together, these elements provide an estimated budget to support the care planning process. The relevant amount will be the final budget when the care plan is authorised by GCHSCP, who will in all cases provide an explanation of how it has calculated the relevant amount.

- 4.5 The relevant amount may be delivered through direct service provision or through a cash value in the form of a direct payment, if appropriate, or a mixture of these. In accordance with the Self Directed Support (Scotland) Act 2013, the Assessor has a statutory duty to inform the service user in writing of the 4 Options for managing the budget and support. The Assessor will explain and discuss these 4 options with the service user at the beginning of the personalisation process in order to allow them to make an informed choice. The 4 Options for consideration are:

Option 1: Direct Payment

GCHSCP will make available a sum of money (a direct payment) equivalent to the relevant amount to the individual or their legal proxy to arrange and manage care for the needs agreed. A direct payment can only be used to purchase services to meet professionally assessed needs in a manner that has been agreed by GCHSCP, as set out in the Outcome Based Support Plan.

Option 2: Directing the Available Support

GCHSCP will arrange care or, through GCC, arrange for care to be purchased on behalf of the service user based upon a preference for type of provision or provider expressed by the service user or their legal proxy. This will again be agreed within the Outcome Based Support Plan.

Option 3: GCHSCP Arranges the Support

GCHSCP will arrange care or, through GCC, arrange for care to be purchased as deemed suitable for the individual. This may be either because the individual or their legal proxy has requested that the local authority do this or due to the individual lacking capacity to do so themselves, or is unwilling to engage in the process, or when there are other considerations, such as public protection, that need to be reflected in the care plan.

Option 4: "Mix and Match"

A mixture of routes. For example, an individual might take a direct payment for some day to day care and have a short break overnight in a residential unit or attend a day service and take a direct payment to organize a short carer break.

Guidance on Personalisation and Self Directed Support is available on GCHSCP's website, including the following detailed practice guidance:

<https://www.glasgow.gov.uk/CHttpHandler.ashx?id=32504&p=0>

- 4.6 If the service user is already in receipt of services and is then reviewed as having needs that may be met at a lower cost, the assessing officer will identify a new relevant amount and any relevant changes to the nature of support.
- 4.7 If care needs have not changed, have decreased, or have changed in nature such that support within the community is still viable, then GCHSCP will determine the relevant amount and appropriate support model based on current assessed needs and the cost and availability of appropriate supports and the care plan will be revised to reflect that. This does not prevent the service user or their proxy choosing to self-fund additional support to maintain a current level of service or to exercise personal choice about supports they find useful to them. In doing so it will have regard to mitigating risk to the individual and the impact on informal carers or other family members including children.
- 4.8 In the event of a lowered relevant amount directly impacting on an established care plan, GCHSCP will set out a timescale and deadline for the service or direct payment to reduce. GCHSCP will monitor the situation to see whether this is generating risk or whether the client is replacing these with informal supports, is funding supports themselves or adjusting to their absence and overall, to ensure that GGC continues to meet its statutory duties.
- 4.9 There may be circumstances when a service user's care needs have increased or changed in nature such that the existing level of care no longer meets their needs, for example when health has deteriorated and the professional recommendation is residential or nursing care. At this point, GCHSCP will not persist with the established care plan or relevant amount and instead will, in dialogue with the

service user or their legal proxy, establish a new care plan and relevant amount for a model of service such as nursing home or residential care home. Budgets for residential and nursing home care placements will continue to be held and managed by GCC.

5. Reviewing Needs and Care Plans

- 5.1 It is important that individuals have their needs and care plans reviewed regularly to ensure they continue to meet their needs; individual circumstances can change, individuals can improve their independent living skills or potentially develop new needs that require a different approach, and new models of care or support can become available.
- 5.2 One example of this is the need to review existing and future care plans in the context of developments in relation to assistive technology, which can evolve very quickly and lead to improvements in the control and/or independence a person may have over their living environment. As reported to the IJB Finance and Audit Committee in October 2017, GCHSCP is developing a transformational change programme relating to future provision of overnight supports, which will provide further policy guidance to practitioners, service users and carers on the service options available.
- 5.3 Assessment and review will not be founded upon an assumption that the relevant amount or care plan remains appropriate and may not be reduced or amended simply because needs do not appear to have changed. Each assessment or review is an opportunity to consider afresh the individual's needs and how these might be best supported. Sometimes an increase in care needs may lead to increased needs being met at lower cost due to a change in the model of care from care at home to residential care or from living alone to living in a shared environment or sheltered living. Sometimes the needs remain the same but the cost of supporting those needs is lowered, as with the use of Telecare to replace direct support.

6. Managing Disagreement

- 6.1 Sometimes there will be disagreement about the outcome of the assessment process or the relevant amount set. GCHSCP practitioners would seek to resolve this satisfactorily through discussion but where disagreement remains, and the practitioner's assessment is deemed competent and efficient, then resources will be allocated based on the practitioner's assessment.
- 6.2 There may be occasions when an individual decides not to progress with a plan or to accept the assessment outcome. Individuals with capacity or their legal proxies on their behalf are under no obligation to accept services offered, which may lead to GCC discharging its statutory duties. As stated, this presumes the person has legal capacity to understand the risks associated with their decisions or has a legal proxy taking such decisions on their behalf. If that is not the case then use of protective legislation may be considered at this point such as Adult Support and

Protection or Adults with Incapacity legislation which also place duties on GCC in respect of safeguarding vulnerable adults.

- 6.3 There may be occasions when the service user (or their legal proxy) rejects the professional recommendation and puts in place their own arrangements which GCHSCP is satisfied meet the person's care needs. This will be considered as equivalent to Option 1 under self-directed support legislation (see section 3). GCHSCP will only pay the relevant maximum amount that its resource allocation processes have determined would have been reasonable and adequate to meet needs had they agreed to do so within the framework of the outcome based support plan. This does not prevent the individual or proxy from purchasing additional supports privately. This would include those clients who reject residential care and put in place arrangements for 24/7 home care and/or private nursing.
- 6.4 The service user (or their legal proxy) may reject the professional recommendation of a care plan and put in place no arrangements to meet assessed care needs, or arrangements that are clearly inadequate, but nevertheless do not place the adult at material risk as a consequence. For example someone who has been assessed as having issues of social isolation and the capacity to enhance their life skills but who declines to participate in any offered placement scheme or social activities. In this case, options under self-directed support no longer apply. This may lead to GCC discharging its statutory responsibilities and it is under no obligation to make available some different form of provision unrelated to the assessed needs.
- 6.5 Conversely, there may be circumstances where the individual (or their legal proxy) rejects the professional recommendation of a care plan and puts in place arrangements that do not meet critical care needs and place the adult at material risk. For example someone with dementia who has been assessed as requiring 24/7 care with a recommendation for specialist care who wishes to remain at home with minimal intrusion, perhaps only accepting some day care opportunities or limited home care. In such cases, options under self-directed support no longer apply and GCHSCP has discharged its duties in that regard. However, GCHSCP may still take discretionary action to ameliorate the situation and/or to mitigate risk, to a financial level not exceeding the assessed relevant amount. This may include having regard to its statutory duties under protective legislation such as Adult Support and Protection and Adults with Incapacity legislation.
- 6.6 While every effort will be made to achieve a local resolution to any disagreement or dispute, service users (or their legal proxy) will have the option to raise any concerns or appeal decisions made on the outcome of assessments or the setting of relevant amounts through GCHSCP's complaints procedure (see link below)

<https://www.glasgow.gov.uk/index.aspx?articleid=17304>

7. Guidance, Information and Advice

- 7.1 The policy framework set out in this paper should be seen as supplementary to existing practitioner guidance and service user and carer advice. In doing so, it will also contribute towards meeting the recommendations set out in Audit Scotland's 2017 progress report on self-directed support. Notwithstanding that, it is considered

beneficial to review existing guidance and advice to ensure it fully reflects the clarity set out in this policy framework. In doing so, the review will afford the opportunity to engage with service users, carers and practitioners to inform the final content of any revised guidance and advisory information. An initial Equalities Impact Assessment (EqIA) has been undertaken, which will be developed further with wider stakeholder input to inform the content of the revised guidance. To enable meaningful engagement, it is proposed that this work is progressed and completed within a 3 month timescale.

8. Recommendations

8.1 The Integration Joint Board is asked to:

- a) note and approve the content of this policy framework; and
- b) note and approve the recommendation to undertake engagement with practitioners, services users and carers to review and update as necessary existing guidance and information to promote clarity and awareness.



DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	200618-8-a
2	Date direction issued by Integration Joint Board	20 June 2018
3	Date from which direction takes effect	20 June 2018
4	Direction to:	Glasgow City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Policy applies across all adult care groups – older adults over 65 years, younger adults with a physical or learning disability, adults with mental health problems and/ or addiction issues and young people with disabilities transitioning into adult services from 16 years or later.
7	Full text of direction	In the context of the eligibility criteria previously agreed by GCC for access to social care, to note GCHSCP's policy framework for the allocation of resources for Adults assessed as eligible to receive social care support.
8	Budget allocated by Integration Joint Board to carry out direction	To be managed within the overall budget allocated to GCHSCP
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	April 2019