



Item No: 9

Meeting Date: Wednesday 28th August 2024

Glasgow City Integration Joint Board

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Review of Access to Social Care Support

Purpose of Report:

This report sets out the HSCP's proposed approach to allocate available self-directed support (SDS) social care resources in proportion to presenting need, underpinned by a commitment to fairness, transparency and keeping service users safe from harm. The report seeks IJB approval for this approach.

Background/Engagement:

Assistant Chief Officers have led a series of initial engagement discussions to inform preparation of this report, including with the 3 locality engagement forums (LEFs), GCVS, Glasgow Disability Alliance and Scottish Care.

Governance Route:

The matters contained within this paper have been previously considered by the following group(s) as part of its development.

- HSCP Senior Management Team
- Council Corporate Management Team
- Health Board Corporate Management Team
- Council Committee
- Update requested by IJB
- Other

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Recommendations:	The Integration Joint Board is asked to: a) Approve the HSCP's approach to ensure the consistent allocation of social care support outlined in this report; and, b) Note that if approved, this approach will be implemented from September 2024.
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Relevance to Integration Joint Board Strategic Plan:

The proposals outlined in this report are fully consistent the IJB Strategic Plan's commitment to prevention, early intervention and maximising independence, specifically in relation to reablement and self-management.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	This report is of particular relevance in relation to national outcomes 2, 3, 4, 5, 7 and 9.
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Personnel:	No specific implications for HSCP personnel.
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Carers:	Carer support needs will continue to be identified through carer assessments and access to support in accordance with the HSCP's commitment to meet the requirements of the Carers (Scotland) Act 2016.
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Provider Organisations:	No implications for specific provider organisations. However, the overall sector will be impacted by the proposed £3M saving associated with this report.
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Equalities:	These proposals are consistent with the IJB's obligations under relevant equalities legislation.
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Fairer Scotland Compliance:	None
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Financial:	A saving of £3M against the social work budget is associated with the approach outlined in this report.
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Legal:	Under these proposals Social Work Services will continue to fulfil its legal duty to meet all assessed need.
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Economic Impact:	None
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Sustainability:	None
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Sustainable Procurement and Article 19:	The associated saving of £3M per annum will reduce the overall HSCP Self-Directed Support spend by just less than 2.8%.
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Risk Implications:	Key risks relate to: <ul style="list-style-type: none">- Failure to meet the statutory duty of care to every person who meets the eligibility criteria.- Ability of families, carers and community resources to absorb displaced demand for support.- Failure to achieve the identified financial saving.- Potential legal challenge from individual service users or organisations.
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Implications for Glasgow City Council:	Any legal challenge relating to the approach described in this report could be directed to Glasgow City Council as the relevant legal body.
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Implications for NHS Greater Glasgow & Clyde:	There are no direct implications for NHSGG&C arising from the proposals set out in the report.
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Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	<input checked="" type="checkbox"/>
2. Glasgow City Council	<input type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input type="checkbox"/>

1. Purpose

- 1.1. In setting its budget on [20 March 2024](#) the IJB agreed to undertake a refresh of self-directed support (SDS) social care services in the city. This report outlines the HSCP's approach to delivering this refresh through its review of access to social care support and seeks IJB support to proceed with the key enabling measures (see 2.9).
- 1.2. This review does not propose any changes to existing relevant policies. It has been determined that the HSCP's duties to persons using SDS can be met using existing relevant policies and that there is also scope for reducing the overall HSCP Self-Directed Support spend by just less than 2.8% by a more consistent application the existing relevant policies. Accordingly, the HSCP intends to instate a course of refresher training and continuous professional development to ensure that SDS resources are allocated to meet assessed need in a consistent way.
- 1.3. Specifically, this proposed approach relates to self-directed support (SDS) for the following service user groups:
 - Young People with Disabilities
 - Adults aged 18-64 (including mental health, learning disability and physical disability)
 - Older People (aged 65 and above)

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- 1.4 The same approach will inform the allocation of directly provided HSCP resources, including home care.
- 1.5 The proposed refresher training and support is the product of a significant programme of work by HSCP Heads of Service and Assistant Chief Officers across Children and Families, Adults and Older People's Services, informed by their collective professional expertise and strong social work values of integrity, dignity and compassion.

2. Background

- 2.1 The HSCP's priority has been to protect core services which deliver care to those who are acutely unwell, support prevention measures and deliver evidenced impact in improving the health and wellbeing of those who access services. The corollary is that this will result in a reduction in non-core services.
- 2.2 It was in this strategic context that on 20th March 2024 the IJB approved the 2024/25 HSCP budget, inclusive of a proposed saving of £3M relating to a review of access to social care support, with agreement that this detailed report would come before the IJB for consideration. This saving equates to just less than 2.8% of the current SDS budget.
- 2.3 The IJB has previously considered some of the issues highlighted in this report. In June 2018 it received a report on [Resource Allocation for Adults Eligible for Social Care Support](#).
- 2.4 The [budget report](#) and recommendations approved by the IJB on 20th March 2024 confirmed an extremely challenging financial environment within which the HSCP is expected to operate during 2024/25 and the years beyond. This challenge continues to be characterised by sharp downward pressures on social care budgets coupled with materially increasing demand for social work support.
- 2.5 To ensure there is sufficient resource to meet this growing level of demand the HSCP will seek to ensure that it consistently meets individuals' assessed needs in the most economically available way.
- 2.6 This approach will mitigate the risk that individuals with substantial or critical levels of presenting need remain on a waiting list for social care support.
- 2.7 In addition, the HSCP is required to take best value for the public pound into account when making resource allocation decisions in relation to service users.

3. Consistent Approach

- 3.1 The HSCP will seek to govern a consistent approach to meeting assessed need via the following:

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- Refresher training on the social work eligibility criteria.
- An updated Single Needs Assessment (SNA) based on a strengths-based approach in line with the ethos of Maximising Independence.
- Guidance and support for social work teams via the application of care group-specific Standard Operating Procedures (SOPs).
- A training programme for social work staff to promote strengths-based and trauma-informed practice.

- 3.2 Eligibility for access to social care support in Glasgow will continue to focus on substantial and critical in need. Those presenting with moderate or low needs will only receive social work support by exception (see appendix 1 for details of the HSCP's refreshed eligibility criteria) as is consistent with current practice.
- 3.3 Determining eligibility will include an initial proportionate screening assessment. Those who clearly do not meet the HSCP's eligibility criteria will be directed to other potential sources of support, including carer support and community resources, in line with the HSCP's Maximising Independence programme. A person will clearly not meet eligibility criteria when even taking stated needs at face value it is clear they do not meet eligibility criteria.
- 3.4 Those who are not clearly ineligible will proceed to a full social work single needs assessment (SNA) that will be co-produced, strengths-based and reflective of reablement principles.
- 3.5 On completion of a full assessment the person will be advised of the estimated budget required to meet their assessed support need.
- 3.6 Where the person's preference is to remain at home with appropriate support the HSCP will attempt to facilitate this. However, where a care package to remain at home would substantially exceed the affordability of buildings-based long-term care more cost-effective alternatives that meet assessed need will be explored.
- 3.7 In such cases individuals may choose to top up the HSCP's allocated budget from their own resources.
- 3.8 Any service user who disagrees with their eligibility category, assessment of need, allocated budget or resulting support plan will have the right to formally complain via the HSCP's complaints procedure.
- 4. Potential Impact on Service Users**
- 4.1 Some case examples of how implementation of a consistent approach may impact on a cross-section of individual current social work service users are presented in appendix 2.

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4.2 In respect of service users:

- A consistent application of eligibility criteria would apply to all future potential service users newly entering the social work system.
- It would apply to existing service users that use self-direct support, to be applied via scheduled annual reviews.
- It is anticipated that most existing service users will not experience any reduction in their current support resources.
- The main anticipated impact would be on service users at the very highest current levels of support and who may have received levels of support which were inconsistent with eligibility criteria.

4.3 The HSCP will monitor the impact of this approach at the individual service user level via reviews and at the system level via a planned professional social work audit and a formal evaluation. This will include a focus on the most vulnerable service user groups.

5. Finance

5.1 A saving of £3M against this review of access to social care support was approved in-principle by the IJB at its meeting on 20th March 2024.

5.2 It is possible that further savings will be required under this approach in future financial years if as anticipated, the gap between levels of demand and resource further increase.

6. Recommendations

6.1. The Integration Joint Board is asked to:

- a) Approve the HSCP's approach to ensure the consistent allocation of social care support outlined in this report; and,
- b) Note that if approved, this approach will be implemented on from September 2024.

ACCESS TO SOCIAL CARE SUPPORT

1. Introduction

- 1.1 This document sets out the eligibility criteria that the Council will use in deciding whether there is a need to provide services to adults and children.

2. Access to social care service

- 2.1 Councils have a duty under section 12A of the **Social Work (Scotland) Act 1968** to assess any person who appears to need community care services and decide whether the needs of that person call for the provision of any services.
- 2.2 The 1968 Act clearly describes assessment as a two-stage process: first there is the assessment of needs and then, having regard to the results of that assessment, the local authority shall decide whether the needs of that person call for the provision of services. The operation of local eligibility criteria applies to this second stage of the assessment process.
- 2.3 The 1968 Act recognises the central role of the local authority in determining where there is need that calls for the provision of social care services and how such need should be met. Local authority resources require to be deployed effectively both in the individual case and across the service user groups. Effective deployment of resources will include ensuring that they are applied in a fair, consistent and transparent manner. Eligibility criteria assists the local authority to achieve fairness, consistency and transparency in how decisions are taken.
- 2.4 The decision as to whether there is need that calls for provision of services will be made in accordance with the eligibility criteria set out in this document which seek to promote and maintain a person's independence. The decision should take account of a person's preferences regarding provision of services where possible.

3. Eligibility Criteria

- 3.1 The eligibility criteria set out below are based on the National Standard Eligibility Criteria – Guidance, September 2009. This guidance sets out the expectation that councils publish their eligibility criteria for access to social work services. The criteria consider both (a) the severity of the risks and (b) the urgency for intervention to respond to the risks. It is for relevant social work staff to consider how each individual's needs match against the eligibility criteria in terms of severity of risk and urgency for intervention. The eligibility criteria prioritise risks into 4 bands: **Critical, Substantial, Moderate and Low**. The bands are described below.

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Critical Risk: Indicates that there are major risks to an individual's independent living or health and well-being likely to call for the immediate or imminent provision of social care services (high priority).

Substantial Risk: Indicates that 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 (high priority).

Moderate Risk: Indicates that there are some risks to an individual's independence or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an ongoing basis or they may simply be manageable over the foreseeable future without service provision, with appropriate arrangements for review.

Low Risk: Indicates that there may be some quality of life issues, but low risks to an individual's independence or health and wellbeing with very limited, if any, requirement for the provision of social care services.

- 3.2 Glasgow City Council will prioritise provision for people who are assessed as being within the **Critical or Substantial** risk bands.

Case Study 1 - Older Person

A 75-year-old man who moved in with his daughter and her husband following a stroke.

Self-Directed Support was put in place to support him and family at the request of his daughter as both carers work full time.

Care Plan is 31.5 hours per week, a mix of personal care and non-personal care, costing £630.08 per week or £32,854.26 per year.

New care plan requested to increase care package at home to 50 hours per week - mix of personal care and non-personal care at a cost of £1,200.75 per week or £62,955.44 per year.

Current cost of nursing home place is £888.50 per week or £46,329 per annum and would meet this man's assessed social care need.

Potential net reduction in cost of £16,626 per annum.

Case Study 2 – Adult with a Learning Disability

A 62 year-old male with a learning disability and various genetic conditions that mean high risk of kidney failure.

His plan in July 2021 involved 5 days at a Glasgow day care service and sharing 24-hour support with his brother who also had social care support needs.

His support plan cost circa £65,000.

The man's brother died so his plan was increased in March 2022 to support him to live on his own in his tenancy with 24 hour 1:1 support and 5 days' day care with his budget increasing to circa £121,000.

In September 2022 his support was moved from a personal assistant to a provider and his budget again increased to £148,000.

His needs have since changed, following review his proposed plan is increasing to £168,000 with his day care reducing to 3 days and an increase in 1:1 support.

The man's guardians are not able to provide support and are not agreeable to him moving to a care home, which could meet his assessed social care needs at a cost of £60,000 per annum or in a new shared tenancy arrangement at £75,000.

Potential net reduction in cost of between £93,000 and £108,000 per annum.

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Case Study 3 – Adult with Alcohol-related Brain Damage

A 42-year-old single male with no dependents living in a residential care setting in England funded by Glasgow City HSCP.

Current package is 168 hours per week based on combination of personal and non-personal and waking night shift.

This man resided in Glasgow when he suffered Alcohol Related Brain Damage in 2017. He was placed in England initially for rehab and then ongoing care (to be near family).

He functions well day to day but lacks capacity to make decisions about his long-term care. He is subject to a Deprivation of Liberty Order via English courts, which is renewed annually.

His review states that he has ability to socialise, play games on his PlayStation, likes making a hot curry, going to the football and visiting the fish and chip shop but often needs some prompting with medication and personal care. He has no mobility or continence issues.

Cost of this man's current support package is circa £100,000 per annum. His assessed social care need could be met with a care home placement with an associated net saving of more than £50,000.

Case Study 4 – Adult with a Learning Disability in transition to Older People's Services

A 66 year-old man who has been diagnosed with a severe learning disability, Angelman's Syndrome (Happy Puppet Syndrome) and Epilepsy who was in long-stay hospital care for almost 4 decades until his discharge in the early 2000s via the closure programme.

He resides in a 3-bedroom property in Glasgow, which he shared with another supported individual until he died last year.

He has limited understanding and cognitive ability and lacks capacity to make decisions for himself. He has a relative who acts as his financial and welfare guardian.

He requires constant supervision to ensure his safety and wellbeing.

A full assessment of needs and funding was carried out and as he is now over 65 years of age a transfer was arranged to older people's services.

His welfare guardian has decided that this man should not be required to share with a new person, effectively doubling the cost of his care package to £150,000 due to the absence of shared support arrangements.

His assessed social care needs could be met in a care home with a corresponding net saving of c£100,000.

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Case Study 5 – Young Person with a Learning Disability in transition to Adult Services

18 year-old male with autism and a learning disability and living at home with his parents.

The young man's parents had been using self-directed support for respite but had advised that they would struggle to care for him long-term.

When he was overwhelmed at home he would seek to control the environment and would become violent towards his parents.

The family situation became very challenging during COVID-19 when he could not attend respite or school.

His school assessed that he was an "intolerable risk" and could not safely return.

The family went into crisis and emergency respite was identified from a non-framework provider.

There was agreement that he needed to be accommodated but there were no suitable Children and Families placement options.

Adult Services agreed to become involved and it was assessed that he should move to supported accommodation.

Commissioning became involved and a service was identified.

Unfortunately, due to staffing pressures the service has not been able to commence so this young man continues to access high levels of support, which are managed through a direct payment.

It is anticipated that his support package costs will reduce upon full transition into adult services.

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