



Item No: 13

Meeting Date: Wednesday 25th September 2024

Glasgow City Integration Joint Board

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Review of Access to Social Care Support

Purpose of Report:

This report sets out further information on 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. This is a follow up to the detailed report submitted to the IJB on 28 August 2024.

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 October 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:	Legal advice was sought and as there is no policy change an EQIA was not required. However, as part of the process equalities impacts across all protected characteristics were considered and there are some mitigations and considerations contained within the report in section 4.
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Fairer Scotland Compliance:	None.
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Financial:	An annual 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">- Increased inequality for the most vulnerable in our community.- 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) in 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 and provides an update to the IJB report presented on 28 August 2024.
- 1.2. The HSCP is reviewing its approach to achieve a fair, cost effective and easier way to access social work support in Glasgow for those who are eligible.
- 1.3. This review does not propose any changes to existing relevant policies. This development is to ensure that SDS resources are allocated to meet assessed need in a consistent way.

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- 1.4. The HSCP will update how we consistently apply our eligibility criteria; refresh our signposting to alternative supports within local communities; update our social work assessments to be strength-based and apply a more consistent allocation of resources where people's needs are equivalent.

2. What We Will Do

- 2.1 As an HSCP we will continue to focus our resources on the people with substantial and critical needs, as per the current eligibility criteria. Prevention and early intervention will continue to be a focus of our practice as people with substantial and critical need also benefit from preventative approaches. For example, medication assistance and personal care. The HSCP will refresh its approach to assess people's strength and support systems as well as where they need support. The focus has often been on the individual's issue or disability and we will now look at the whole person, seeing not only their assessed need but their strengths and aspirations.

3. Our Approach

- 3.1 This approach is a shift in practice and not policy as we will move from a needs led approach to a reablement, enablement and maximising independence approach. This will provide a more consistent application of equity/fair share according to need with proactive signposting for those not meeting statutory eligibility criteria ensuring that welfare is paramount.
- 3.2 The principal focus will be on self-directed support and care at home services with a phased approach focusing initially on older people and adult services.
- 3.3 Staff engagement, training and development will take place over the autumn months, and we will continue to test and finesse before implementing and reviewing this revised approach.
- 3.4 The existing support and IT processes will be revised in line with the above across our Carefirst and resource allocation systems.
- 3.5 We will implement robust governance and performance management of the higher packages of support.

4. Issues in relation to Equalities

- 4.1 There are a number of mitigations we have in place to ensure that this approach does not adversely affect disabled people including:
 - Allocation of resources policy
 - Co-produced assessment with the service user and their carer
 - Regular reviews to develop suitability and need.
 - Active advice, guidance and signposting for those with moderate or low risk categories
 - Exceptions approach for very complex, high cost packages of care
 - Disability related expenditure policy

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4.2 Issues in relation to female carer and young carers will be addressed by the use of:

- The HSCP's robust carers support process and standardised carers assessment
- The promotion of our carers support services and young carers statement
- Disability related expenditure policy, proactive approach to income maximisation
- Advocacy support

4.3 In relation to access to information issues for those who do not have English as their first languages we provide:

- in house interpreting support and access to a range of translation materials
- specialist advocacy services

4.4 In order to address issues in relation to Human Rights we will:

- continue to support people to remain at home.
- continue to meet our statutory duty of care by ensuring service users are safe from harm.
- encourage service users and their carer to shape their own care by providing a range of choices for how they are provided with support.

5. Response to Glasgow Disability Alliance (GDA) and Scottish Care

5.1 Both GDA and Scottish Care raised concerns in relation to the IJB Report presented to the meeting on 28 August 2024. Appendix 1 details the response to these concerns

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 from October 2024.

Response to Glasgow Disability Alliance

Article 19 of the UN Convention on the Rights of Disabled People (UNCRD):

- The legislation we will use to deliver on this agenda will be SDS legislation enshrines equality legislation and promotes choice, independence and participation.

GDA raised concerns about the Council's Eligibility Criteria:

- Glasgow City Council is not changing the eligibility criteria and will continue to take an early intervention and prevention approach as:
 - People with low or moderate need will continue to be supported in line with current practice.
 - People will continue to be able to exercise choice and participate in the development of their care plan.
 - If need increases then individuals will be reassessed
 - We will provide financial support to meet assessed need and service users will have the choice how to use this.

GDA raised concerns about the IJB decision in 2023 on the increased of Non-Residential care cost charges:

- Non-Residential Charging in Glasgow follows the national COLSA guidance in place. The Charging Policy includes a number of provisions which ensure that charges levied reflect individual circumstances.
- This guidance sets out the income below which no charges will be made. This is currently £167 per week for a single person below 60, £273 per week for a single person above 60, £254 per week for a couple below 60 and £417 for a couple above 60.
- Provisions also exist for the deduction of Disability Related Expenditure so that this is also disregarded in addition to these.
- The Council also applies a taper of 75% to further reduce the income which is taken into account when assessing charges.

GDA raised Concerns about the IJB passing on responsibilities:

- As an IJB we commission a range of voluntary and third sector support. We fund carers support services. This financial support will remain and will not change.
- We practice ethical commissioning and we have robust procurement governance arrangements in place including EQIAs as part of our tendering process.

GDA raised the issues about increased unmet need:

- Social Work Services have a robust information system that captures all referrals and can identify and monitor unmet need. This approach will ensure there is an equitable allocation of resources to meet unmet need.

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Training for IJB members:

- There is a programme of training and service awareness under development for IJB members in line with guidance from EHRC.

GDA raised issues about engagement:

- The Disability Strategic Planning Group is an integral structure to our Strategic Plan and GDA are active members of this group. GDA were also fully consulted about this approach.

GDA called for an Increase investment in social care for disabled people:

- We fully support any national increase in investment for disabled people.

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Response to Scottish Care

Scottish Care raised concerns regarding the application of the Council's Eligibility Criteria and Access to Social Care noting in broad terms:

- That the proposals are in breach of the Self-Directed (Social Care) Scotland Act, 2013
- That the policy potentially breach's aspects of the Human Rights Act, 1998.

Scottish Care articulated their concerns in these specific areas:

1. Emphasis on Choice and Control
2. Requirement for a Personalised Assessment
3. Promoting Independence and Community Living
4. Non-Discriminatory Decision-Making
5. Legal Obligations to Provide Self-directed Support Options
6. Transparency and independence of information in assessment
7. Duty to Meet Eligible Needs.
8. Article 8: Right to Respect for Private and Family Life
9. Article 3: Prohibition of Torture and Inhuman or Degrading Treatment
10. Article 5: Right to Liberty and Security
11. Article 14: Prohibition of Discrimination
12. Section 6: Acts of Public Authorities

Glasgow City HSCP will continue to carry out our duties in line with Article 19 of the UN Convention on the Rights of Disabled People (UNCRD).

Glasgow City HSCP are not proposing to change our eligibility criteria; we are looking at how we apply it to make sure it is applied fairly and equitably in line with people's needs. We have reviewed our approach to making access to social care fair, equitable, cost effective and easier to navigate for people who are eligible.

Glasgow City HSCP are committed to continue working closely with partners to make sure that people who are not eligible for statutory social care are signposted towards community organisations who can best support them.

The budget report and recommendations approved by the Integration Joint Board (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 together with materially increasing need for social work support.

The resources will not be available in coming years to scale up existing levels of social care to meet the increasing need and demand within our fixed resources. We have been reviewing options for managing the resulting misalignment between the resources we have available, and the increasing need for services, and our proposals are set out the [report](#) which was considered by the IJB at its meeting on 28th August 2024.

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Some of the key proposals include:

- Eligibility for access to social care support for adults in Glasgow will remain as substantial and critical in line with statutory guidance. Children and young people will not be in scope for the new approach until 2025/26 at the earliest.
- Eligibility will be determined through an initial assessment.
- Those initially assessed not to meet the HSCP's eligibility criteria will be assisted to other potential sources of support, including carer support and community resources, in line with the HSCP's Maximising Independence approach.
- People who are initially assessed to meet the eligibility criteria will proceed to a full social work assessment that will be co-produced, strengths-based and reflective of reablement principles.
- On completion of a full assessment, the person will be advised of the estimated budget required to meet their support needs.
- This budget will be a fair and proportionate amount of the resource based on their relative need within the context of overall need amongst the eligible population.
- Where the person's preference is to remain at home with appropriate support the HSCP will endeavour to facilitate this.
- However, where a care package to remain at home would substantially exceed the affordability of residential long-term care, under the equity principles of this policy the HSCP will be duty bound to consider other, more cost-effective alternatives. In implementing the policy, the HSCP will never place an individual into residential care against their wishes exclusively on cost grounds without consideration of alternatives that are informed by assessment and consideration of the individual's preferred outcomes.
- In such cases individuals may choose to top up the HSCP's allocated budget from their own resources.

We will address the previous problems that people have told us they experienced, of waiting on lists to get a support service from the HSCP when they could have got more appropriate support elsewhere. If people can be better supported by local community organisations, we will signpost them to more appropriate organisations in good time, rather than adding them to HSCP waiting lists. We are working with our third sector and community partners to help shape services in local communities to meet local needs.

The HSCP's priority is 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 the people who access our statutory social care services. Inevitably, this will result in a focus on core statutory services and a reduction in non-core services.

We will prioritise our resources on people who have substantial or critical need, using a systematic process designed to ensure that, all things being equal, two individuals with equivalent needs and circumstances will receive the same allocation of resources.

While this is not a policy change but a targeted approach on how the HSCP will continue to meet service user needs in a fair and equitable way, an EQIA has been complete to ensure that we truly understood the impact this approach would have if any to different groups of people within our communities. The purpose of the EQIA was to ensure that our continued practice promote equality of opportunity and good relations.

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