THIS PAPER RELATES TO ITEM 10 ON THE AGENDA

CLACKMANNANSHIRE COUNCIL

Report to Housing, Health & Care Committee

Date of Meeting: 21 August 2014

Subject: Implementation of the Social Care (Self-directed Support) (Scotland) Bill

Report by: Head of Social Services

1.0 Purpose

- 1.1. The purpose of this report is to update Committee about progress with the implementation of the Social Care (Self-directed Support) (Scotland) Act 2013 (the Act). This is the second of a series of reports will be presented to Committee throughout the course of 2014-2015, focusing on different aspects of implementation.
- 1.2. This report focuses on Self-Directed support (SDS) in adult social care services. The Act introduces a duty on the local authority to offer those with eligible needs greater choice and control and greater flexibility over the types of support that they receive. In this context it is essential that there is a clear and consistent framework to identify the needs that are eligible for local authority funding. This report sets out this framework.

2.0 Recommendations

- 2.1. It is recommended that Committee:
 - 2.1.1 Note progress on implementation of the Act (paragraphs 3.3-3.9).
 - 2.1.2 Recommends to Council to approve the revised eligibility framework, including the introduction of financial thresholds and appeals process, for operational implementation. The framework will apply to all adult care groups and carers, utilising any of the four SDS options. (paragraphs 3.10-3.16)
 - 2.1.3 Note that the service will continue to monitor and review the implementation of SDS.

3.0 Considerations

- 3.1 The Committee Report presented to Housing, Health and Care Committee in May 2014, set out the approach to SDS implementation. It outlined the development of outcomes based approaches, the method for allocating resources through SDS, adjustments to the charging policy and considerations around financial risks.
- 3.2 The challenges and issues associated with the implementation of SDS include the following:
 - A change in culture and practice
 - Traditional understanding and expectations of the public and stakeholders of local authority provision
 - The requirement to promote access to a wider range of natural and community-based supports and the development of more flexible models of support and care
 - Financial viability during transition. There are specific risks if individuals elect to use their budgets differently and move away from using service directly provided by the Council. This could entail double running costs until resources can be released from current service models.

The Service is addressing these challenges through a broad programme of redesign. We have reviewed and revised the assessment process and are actively working with partners to develop capacity in community-based services. These developments are reflected in sections 3.3-3.7 of the report.

- 3.3 Working with a range of partners, including our own staff, service users, carers, NHS Forth Valley, support providers and advocacy organisations, the Service continues to raise awareness of Self-Directed Support (SDS). The core message is focused on embedding outcomes based approaches that make imaginative use of all the resources available.
- 3.4 There is a clear emphasis on improving the ease of access to informal and community based supports with the aim of maximising a preventative approach to health and wellbeing and reducing dependency on formal services. This is a key component of the redesign work in adult social services (see Appendix One, Adult Care Pathway). The revised eligibility framework (see Appendix Two) has been developed in the context of promoting and improving access to local, community based supports.
- 3.5 The Service is working with the third and independent sectors to ensure an appropriate range of suppliers and providers, equipped to deliver flexible services that will meet the needs of service users and carers. We hosted two workshops in 2014 with care and support providers to assist with implementation. These events have provided information about the Service's approach to implementing the Act, sought feedback about what would be of assistance to provider organisations and facilitated learning and sharing across the sectors. The Service is now collating profiles from providers and suppliers of services and supports and planning for the information to be updated electronically. This will enable individuals and carers, as well as staff, to have ready access to current information about a diverse range of

community provision. This will also be instrumental in identifying strengths, weaknesses and any gaps within the local social care market and will inform our overarching approach to commissioning services for care groups.

- 3. 6 There are positive case examples that demonstrate how SDS has helped to introduce more flexible and innovative approaches to designing and delivering care and support services. For example, an older man with advanced dementia was resident in a nursing home. The admission to care took place at a time when his wife was finding the caring role particularly stressful. By using a personal budget and designing services at times that suit them and that support his wife to continue in her caring role, the individual has been able to return to live in the family home.
- 3.7 The Service proposes developing a framework for evaluation of the implementation of SDS. It is suggested that this will include assessment of the following:
 - The skills and competence of staff in applying SDS
 - The information available to assist and support individuals and the wider public about SDS
 - The promotion of choice and control
 - Impact and analysis of the outcomes for individuals and their carers
 - Financial impact of SDS

It is proposed that this will be conducted at the end of 2014/2015 and will incorporate feedback from service users across all client groups, their carers and families and staff members. It will also include an audit of documentation and case file records.

Eligibility for Social Services

- 3.8 SDS can consist of a range of innovative arrangements that meet the agreed eligible outcomes, provided that their needs are met and risks are addressed within legal requirements. To address the increasing demands on social care services and the significant budgetary pressures, it is proposed that the Service adopt a revised eligibility framework.
- 3.9 The eligibility framework currently used by Clackmannanshire Council Social Services is based on the National Eligibility Criteria. The National Eligibility Criteria for free personal care was introduced by Scottish Government in 2009 as a policy requirement for all Local Authorities to implement locally. Central to the National Eligibility Criteria is the requirement for those staff conducting assessments to consider how each individual's needs match against eligibility criteria in terms of severity of risk and urgency of intervention. The eligibility framework prioritises risks into five distinct bands: critical risk, substantial risk, moderate risk, low risk and no risk. It is proposed that service delivery will be prioritised critical and substantial risk. It is the responsibility of the local authority to ensure that local eligibility criteria are compatible with the national definitions set out above. The introduction of SDS legislation means there is a requirement for the Council to review the application of the National Eligibility Criteria to ensure it is compatible and consistent with the implementation of SDS locally.

- 3. 10 The revised eligibility framework will apply to all adult social care services and will include adult carers and to where service users elect to use any one of the SDS options. The framework will provide for one mechanism for consistent resource allocation. The framework is an integral element of the model for adult care redesign. The introduction of the framework will be underpinned by improving access to community based services and supports, prevention and early intervention strategies to ensure that individuals receive the services and supports they need at an early stage.
- 3.11 The starting position will mean that all new referrals to social services will be assessed under an eligibility framework for adult social work services based on risk. This process is based on the principles of transparency and equity. Staff and the public will be clear about how their support will be assessed and how resources are allocated to meet agreed outcomes. Eligibility will be linked to managing levels of risk. Under the revised framework, some needs currently assessed as eligible for social services funding may not be assessed as eligible for funding to be allocated. Where service users are subject to review, there will be consideration of alternative options to meet care needs through use of community based resources to maximise independence.
- 3.12 It is proposed that through the assessment or review process, the worker will explore all potential assets available to the individual. Wherever appropriate, the individual will be offered an assessment that will now include advice and support about how to enhance their own skills and increase their independence e.g. reablement, rehabilitation or self-help/recovery type services and supports. This will be completed prior to the identification of the outcomes that are eligible for funding by the local authority.
- 3.13 Eligible outcomes for local authority funding will be those that are assessed as **critical** or **high.** Eligibility is therefore clearly linked to managing levels of risk within a framework that supports individuals to be as independent as possible.
- 3.14 In recognition of the pressures on the local authority budget, a threshold for funding for non -residential services will be set at the same level as the National Care Home rate, where this applies. From June 2014, the National Care Home rates are:
 - £587.00 per week with nursing care
 - £499.38 per week without nursing care

At present this only applies to adults over the age of 65. For all other care groups the threshold will be set at the average cost of equivalent residential provision for that care group in the previous year. This will vary according to care group.

- 3.15 In exceptional circumstances, consideration will be given to allocating resources outwith and above this threshold through the Resource Panel chaired by the Adult Care Service Manager. Any decisions made will be in accordance with financial regulations. An appeals process will be available.
- 3.16 It will be clear to individuals, their families and other stakeholders including the wider public how resources are allocated to meet agreed outcomes.

Public information including factsheets will be updated to incorporate information about the eligibility framework.

4.0 Sustainability Implications

4.1 SDS requires a significant shift in approach to ensure that services and supports commissioned and provided are significantly flexible and diverse to meet evolving needs and requirements within available resources. It should be noted that no additional resources were allocated to Local Authorities for the implementation of this legislation. As set out in the Committee Report presented to Housing, Health and Care Committee in May 2013 there are potential financial risks associated with implementation of the legislation, specifically in relation to waiving charges for carers as set out in the Carers (Waiving of Charges for Support) (Scotland) Regulations 2014. additional cost implications of increased demand for assessment and a wider range of types of support being made available cannot be quantified at this stage. There is an ongoing requirement for comprehensive financial analysis, monitoring and review, the development and review of financial and business processes to support the implementation of Self-directed support, the continued scrutiny of care packages and the review and redesign of internal services. The implementation of the eligibility criteria and associated financial thresholds are fundamental to achieving this. It is not possible at this stage to identify the impact of the eligibility framework on service spend. This will require to be robustly monitored.

The likely impacts of this report's recommendations on the Council's sustainability objectives have been identified. Through the focus on early intervention and prevention and the introduction of greater flexibility and enhanced choice and control for individuals with social care needs, it is assessed that there will be a positive impact in respect of the following:

Improve quality of life in Clackmannanshire

Reduce social exclusion

Reduce health inequalities

Encourage community participation in decision making

5.0 Resource Implications

- 5.1. Financial Details
- 5.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate.
 Yes
- 5.3. Finance have been consulted and have agreed the financial implications as set out in the report.

Yes 🗸

5.4.	Staffing				
	No staffing implications				
6.0	Exempt Reports				
6.1.	Is this report exempt? Yes \square (please detail the reasons for exemption below) No				
7.0	Declarations				
	The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.				
(1)	Our Priorities (Please double click on the check box ☑)				
	People are better skilled, trained and ready for learning and employment Our communities are safer Vulnerable people and families are supported Substance misuse and its effects are reduced Health is improving and health inequalities are reducing The environment is protected and enhanced for all				
(2)	Council Policies (Please detail)				
8.0	Equalities Impact				
8.1	Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations? Yes ☑ No □				
9.0	Legality				
9.1	It has been confirmed that in adopting the recommendations contained in the report, the Council is acting within its legal powers. Yes	his			
10.0	Appendices				
10.1	Please list any appendices attached to this report. If there are no appendic please state "none".	es,			
	Appendix One: Adult Care Pathway				
	Appendix Two: Eligibility Framework				

11.0 Background Papers

11.1	Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)				
	Yes 🗹	(please list the documents below)	No 🗆		
	Social Care (Self-directed Support) (Scotland) Act 2013				

Author(s)

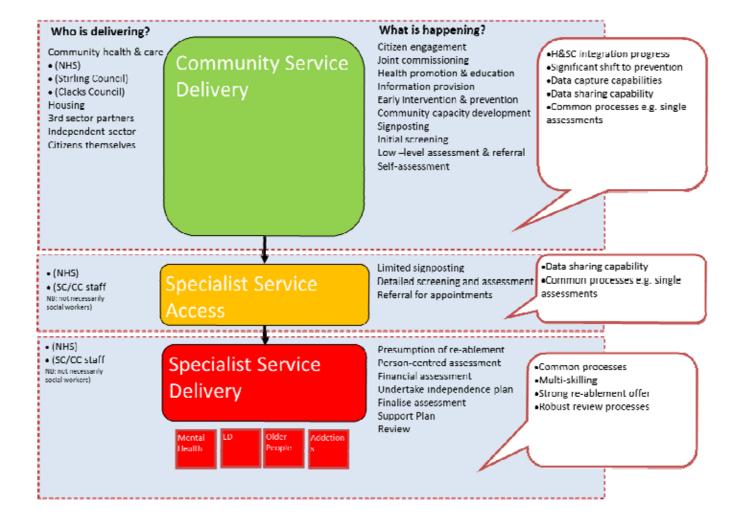
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NAME	DESIGNATION	SIGNATURE
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Elaine McPherson	Chief Executive	Signed: E McPherson

Appendix One

Adult Care Pathway



DRAFT ELIGIBILITY FRAMEWORK

107

Have the agreed outcomes been met?

Underpinned by Risk Assessment

REVIEW

Initial assessment determines whether further assessment is required or whether to offer advice and signposting.

SCREENING

SUPPORT PLAN

- Elements and shape of the Support plan agreed
- Funding to support these outcomes is authorised
- · Individual budget is set
- •Identify and agree SDS Option
- •Finalise Assessment
- •Complete equivalency model.
- •Team Manager authorises

ESTABLISH INDICATIVE BUDGET AND SDS OPTION

ASSESSMENT

Identify <u>all</u> resources available to the individual at a personal, family and community level. What can the person do for themselves?

Provide Re-ablement / Recovery / Self Help to maximise independence.

Underpinned by Risk Assessment – identifying areas of risk.

DETERMINE ELIGIBLE SUPPORT

Eligibility Criteria for remaining outcomes- FUNDED or NOT FUNDED

1.Review evidence presented to ensure outcomes are:

 PROPORTIONATE – the relative importance of the outcomes to the client's assessed need and related to Council's legal responsibilities

2.Apply 'Risk Enablement criteria – risk of harm' to the outcomes in the plan 'Funded Outcome' is justified on being:

- CRITICAL in relation to the client being SAFE / HEALTHY / INCLUDED
- HIGH in relation to the client being SAFE / HEALTHY / INCLUDED Funded outcome is not justified on being:
- MODERATE in relation to the client being SAFE / HEALTHY / INCLUDED
- LOW in relation to the client being SAFE / HEALTHY / INCLUDED UNLESS it is preventative measure / spending to save

OUTCOMES

Evidence how each outcome is:

- •Asset driven what family resources and universal supports are available
- •Reasonable is it justifiable and logical based on your professional judgement?
- •Achievable do you think it has scope to succeed.
- •Of most benefit and least restrictive?
- •Principle of minimum intervention, taking account of risk and the client's relative vulnerability.
- Risk enabling
- •An opportunity to prevent escalation in need using evidence and professional experience to informing your judgement.
- •Minimises dependency and maximises independence?