Agenda Item: 18



Title/Subject: Eligibility Criteria and Resource Allocation Framework

Meeting: Integration Joint Board

Date: 06 April 2018

Submitted By: Head of Social Work Adult Services

Action: For Noting

1. INTRODUCTION

1.1 The purpose of this report is to provide an update on progress for the implementation of the revised Eligibility Criteria and Resource Allocation Framework within Social Work Adult Services.

2. RECOMMENDATION

The Integration Joint Board is asked to:

- 2.1 note the ongoing work to fully implement outcomes focussed assessment and eligibility criteria in line with the Framework launched on 30 October 2017
- 2.2 note that the improvement of outcomes made possible by the review of eligibility criteria is illustrated in a number of case examples (see Appendix 1)
- 2.3 note that the testing of the Individual Budget Calculator (IBC) is ongoing and the results will be reported to a future Board meeting.

3. BACKGROUND

- 3.1 The Falkirk Health and Social Care Partnership is committed to managing finite financial resources for social care at a time of significant budgetary pressures. The Partnership is also committed to supporting people to achieve better personal outcomes within the context of the self-directed support principles embodied in the Social Care (Self Directed Support) (Scotland) Act 2013. The achievement of both these strategic objectives is predicated upon an eligibility criteria framework which supports the achievement of better personal outcomes and a systematised approach to the allocation of financial resources based on transparency and equity.
- 3.2 In June 2017 the Integration Joint Board approved the revised Eligibility Criteria and agreed it should be implemented from October 2017. It also agreed to the continuing development and a points based resource allocations system to be aligned to the Eligibility Criteria to support a more personalised approach to allocating resource to individuals to meet their needs.



3.3 Staff briefings were held throughout October 2017 for staff across the Falkirk Health and Social Care partnership. The briefings outlined the revised Eligibility Criteria and guidance for staff on how this is being implemented. Information was also provided on the development of the Individual Budget Calculator (IBC) and proposed testing phase for this.

4. POSITION UPDATE

- 4.1 A Champions Group has been set up consisting of front line workers to support the implementation of the Eligibility Criteria and testing of the IBC across the teams. This work is being supported by a Team Manager seconded to the SDS team until June 2018 to support the teams to embed the outcomes approach to assessment and the revised Eligibility Criteria into front line practice.
- 4.2 Work has continued on developing the resource allocation system with the development of a questionnaire for staff that outlines the practical supports to meet the agreed outcomes. The allocation of points within the questionnaire and, ultimately, calculation of the relevant budget based on the value of the points is being tested and refined.
- 4.3 To facilitate recording of outcomes on the Social Work Information System (SWIS) changes have been made to recording screens and guidance produced for staff. The screen changes are minimal as work is underway to replace the SWIS system with a system that has the required functionality for recording outcomes and allocating resources in a more consistent and efficient manner.
- 4.4 Work is ongoing to evidence impact and ensure the framework and IBC achieves good outcomes for people within the available resources. Case studies are attached as Appendix 1 for information.
- 4.5 The current Finance System will be updated from July 2018 to enable allocated personal budgets to be managed and tracked to ensure expenditure is in line with agreed budget and auditing of the same is effective and transparent.
- 4.6 The shift from the previous Eligibility Criteria and Resource Allocation process means that previous financial thresholds (maximum) are no longer in use. To assess the potential impact on expenditure of the new Criteria and IBC, comparisons are being made through the IBC testing phase. The challenge is to promote independence and individual choice within available budgets. A further report will be submitted when this is completed.

5. CONCLUSIONS

5.1 Progress continues to be made in ensuring practice within social care teams is aligned to the strengths based, outcomes focussed approach.

- 5.2. The level of support needed to enable teams to implement these changes is recognised and is being delivered through the Champions Group and Team Manager support.
- 5.3 Further development of the IBC is underway, using evidence from the testing phase to ensure there is a positive impact on expenditure and outcomes achieved.

Resource Implications

The work outlined in this report will be carried out within current resources.

Impact on IJB Outcomes and Priorities

The proposals within this report are aligned to the vision of Falkirk Health and Social Care Partnership to enable people to lead full and positive lives within supportive communities. The approaches are underpinned by the principles of the Social Care (Self-Directed Support) (Scotland) Act 2013 and reflect the Strategic Plan vision and outcomes relating to Self-Management and Autonomy and Decision Making whilst contributing more widely to building capacity and social inclusion.

Legal & Risk Implications

The duties of the Council in relation to the assessment of need and provision of support to eligible people are determined by relevant legislation. This includes Section 12A-(1) of the Social Work (Scotland) Act 1968 and the Social Care (Self-directed Support) (Scotland) Act 2013. Risk will arise if the Council cannot evidence it is meeting the associated statutory duties.

Consultation

No further consultation is required at this stage. .

Equalities Assessment

No requirement for an equalities impact assessment arising from this report.

Approved for submission by: Patricia Cassidy, Chief Officer, Falkirk HSCP

Author: Kevin Hurst, Service Manager and Margaret Petherbridge, Project **Development Manager**

Date: 16 March 2018

List of Background Papers: Appendix 1 – Case examples of improved outcomes

Case Studies - Revised Eligibility Criteria and Individual Budget Calculator Report

CASE STUDY 1

M is young man in his thirties with a learning disability. He lives with his parents who care for him. He uses day support services and his parents have been assessed as requiring respite to have breaks from caring. M normally attends a residential resource for short breaks.

M's parents sometimes find it difficult to access the dates they would like as the respite resource is well used by a number of other families. They noted recently when they had a family holiday together with M in Europe that the good weather and activities they were able to access with M meant that he was much more settled and they were able to relax and enjoy time together as a family. This provided a much needed break from the daily routine of caring for M at home. M's parents asked if they could use some of the respite budget to combine the use of the residential resource with some breaks abroad that would benefit them as carers and also be of benefit to M. This is affordable within the respite budget and meets outcomes for both M and his parents and was therefore agreed.

CASE STUDY 2

L is a gentleman in his fifties with a long term condition which means he has to use a wheelchair to get around. He has a number of health conditions and while he can stand for short periods this can leave him breathless on days when his he is feeling unwell. He lives alone and sometimes struggles to answer the door quickly enough and visitors may leave thinking he is not at home.

L has a direct payment which he uses to purchase support from a small team of carers. He hasn't spent all of his budget this year because of time spent away from home when the carers were not needed.

L's community care worker has been asked if the direct payment funding can be used to install a door entry system that would mean that L does not have to try to struggle to answer the door on days when he is not feeling so good, reducing the impact on his health and reducing the risk of social isolation. There is sufficient funding in the budget and it is agreed that L can have the system installed.

CASE STUDY 3

Mr and Mrs R are an older couple in their late sixties. Mrs R has a long term, neurological condition which is getting progressively worse over time. They manage reasonable well at home with support from their children, who visit regularly. Mrs R has a package of support with carers visiting the house several times daily. The budget for this support is allocated to Mrs R. Mr R has some health problems of his own and staff try to discourage him from doing too much as this can have an impact on his own health and wellbeing. It is very important to Mr and Mrs R that they are supported to remain at home together.

Mrs R had a recent hospital stay and Mr R visited daily. When preparations were being made for Mrs R to return home staff noted that Mr R was very tired and had been having difficulty maintaining his home environment, as he was at the hospital every day. It had become apparent that Mr R copes better when Mrs R is at home and there is support going into the home on a daily basis. It has therefore been agreed that an assessment is required for Mr R to ensure his needs as a carer are being met and that he hasn't developed community care needs in his own right. Early indications are that when Mrs R is in hospital, a small amount of support may be required to enable Mr R to sustain his caring role through hospital visits and maintain the home environment. It is anticipated that this could potentially prevent a deterioration in Mr R's health and well-being, reducing the likelihood that Mr R will develop community care needs as a result of the pressure on him.