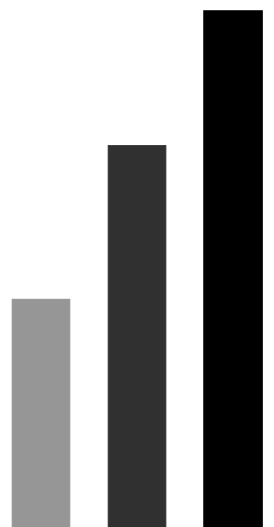


## Agenda 2016

# Health & Social Care Committee

For meeting on:

21	April	2016
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**A meeting of the Health & Social Care Committee will be held on Thursday 21 April 2016 at 3pm within the Municipal Buildings, Greenock.**

GERARD MALONE  
Head of Legal and Property Services

**BUSINESS**

**\*\* copy to follow**

1. <b>Apologies, Substitutions and Declarations of Interest</b>	<b>Page</b>
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**PERFORMANCE MANAGEMENT**

2. <b>Revenue and Capital Budget Report 2015/16 – Period 11 as at 29 February 2016</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and Chief Financial Officer	<b>p</b>
3. <b>Inverclyde Learning Disability Support and Care at Home/Supported Living Service: Care Inspection Report</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
4. <b>Delayed Discharge Performance</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
5. <b>Corporate Directorate Improvement Plan</b> ** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	

**NEW BUSINESS**

6. <b>Carers (Scotland) Act 2016</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
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7.	<b>Health &amp; Social Care Partnership Eligibility Criteria</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
8.	<b>HSCP Capital Developments</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
9. **	<b>Inverclyde Review of Day Services for Older People</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
<p>The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set opposite the heading to each item.</p>		

#### PERFORMANCE MANAGEMENT

10.	<b>Governance of HSCP Commissioned External Organisations</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services	<b>Para 6</b>	<b>p</b>
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#### NEW BUSINESS

11.	<b>Residential Children's Unit – Neil Street Replacement</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update in respect of the status of the project for the replacement of the Neil Street Children's Unit on the former King's Glen Primary School site	<b>Paras 6 &amp; 8</b>	<b>p</b>
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Enquiries to - **Sharon Lang** - Tel 01475 712112

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**Report To:** Health & Social Care Committee **Date:** 21 April 2016

**Report By:** Brian Moore  
Corporate Director (Chief  
Officer)  
Inverclyde Health & Social Care  
Partnership

Alan Puckrin  
Chief Financial Officer

**Contact Officer:** Fiona McLaren **Contact No:** 01475 712652

**Subject:** Revenue & Capital Budget Report 2015/16 - Period 11 as at 29  
February 2016

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health and Social Care Committee on the position of the Revenue and Capital Budgets for the current year as at Period 11 to 29 February 2016.

## 2.0 SUMMARY

- 2.1 The Social Work revised budget is £49,774,000 with a projected underspend of £145,000 (0.29%), which is a reduction in spend since the last report of £314,000. The main elements of this underspend are:

- Vacancies within internal homecare of £168,000.
- Turnover of £320,000 across the rest of the service.
- Learning Disability client costs underspend of £210,000 mostly due to pressure funding which was not required in year due to delays in moving clients from a hospital to a community care setting.
- An underspend of £140,000 on new funding provided under the Children and Young People Act, due to delays in establishing projects.

Offset in part by:

- External homecare £484,000 reflecting current package costs, including some vacancy cover, this continues the trend from 2014/15. This is an increase of £47,000 since period 9 and is due to changes in client packages.
- Homelessness £213,000 (an increase of £35,000) due to under occupancy of temporary furnished flats and the Inverclyde Centre which is in line with the 2014/15 out-turn.
- Residential and Nursing overspend of £50,000 per current client profile. This was previously reported as an underspend but changes in client numbers have increased the costs by £109,000.

- 2.2 It should be noted that the 2015/16 budget includes agreed savings for the year of £1,191,000 with a current projected under recovery of £29,000 due to delays against original plans. This shortfall is reflected in the projected outturn above.

- 2.3 The projected spend on capital in 2015/16 is £156,000, with spend to date of £114,000. This represents slippage of 77.9% against the original phasing for 2015/16 for Neil St Children's Home Replacement project which is scheduled to be complete by March 2017. There is a tender report for this project elsewhere on this agenda.

2.4 The Social Work Earmarked Reserves for 2015/16 total £2,966,000 with £1,821,000 projected to be spent in the current financial year. To date £1,537,000 spend has been incurred which is 84% of the projected 2015/16 spend, and £193,000 behind the phased budget.

2.5 It should be noted that the reserves reported exclude those earmarked reserves that relate to cash flow smoothing, namely:

- Children's Residential Care, Adoption & Fostering,
- Deferred Income.

Underspends on the above reserves can only be contributed to the Earmarked Reserve funding if overall Committee is not in an overspend position.

### **3.0 RECOMMENDATIONS**

3.1 That the Committee note the current year revenue budget and projected underspend of £145,000 for 2015/16 as at 29 February 2016.

3.2 That the Committee note the projected capital position, and that there is a report elsewhere on the agenda in respect of the replacement for Neil Street Children's Home.

3.3 That the Committee note the current earmarked reserves position.

**Brian Moore**  
**Corporate Director (Chief Officer)**  
**Inverclyde Health & Social Care**  
**Partnership**

**Alan Puckrin**  
**Chief Financial Officer**

## 4.0 BACKGROUND

4.1 The purpose of the report is to advise the Committee of the current position of the 2015/16 Social Work revenue and capital budgets and to highlight the main issues contributing to the 2015/16 £145,000 projected revenue underspend.

## 5.0 2015/16 CURRENT REVENUE POSITION: £145,000 PROJECTED UNDERSPEND (0.29%)

5.1 Appendix 1 provides details of the movement in the budget and Appendix 2 contains details of the projected outturn. The material projected variances are identified per service below and detailed in Appendix 3:

### a. Children & Families: Projected £312,000 (2.97%) underspend

The projected underspend is £192,000 more than projected at period 9. The underspend comprises:

- turnover of £92,000 (an increase of £6,000 due to delays in filling vacancies),
- a projected overspend of £20,000 for rents for care leavers (as previously reported),
- an overspend of £20,000 for dilapidation costs for previous premises,
- a projected underspend on kinship care of £54,000 due to additional funding being received for parity of payment with foster carers (as previously reported),
- a projected underspend of £140,000 on new funding for the Children and Young People Act due to delays in establishing projects,
- a projected underspend on respite of £44,000 due to reduced demand.

### b. Older People: Projected £390,000 (1.77%) overspend

The projected overspend is £383,000 which is an increase of £93,000 since period 9. The projected overspend comprises:

- additional external provider costs in Homecare of £484,000 (an increase of £47,000 due to changes in client packages),
- savings arising from vacancies within internal Homecare of £168,000 (a decrease of £3,000),
- a projected overspend of £50,000 within Residential and Nursing purchased places, per the current number of clients receiving care. This was previously reported as an underspend but changes in client numbers have increased the costs by £109,000,
- a projected overspend of £75,000 on respite within Residential and Nursing and domiciliary respite within Homecare (a decrease of £6,000),
- a projected over-recovery of charges within Residential and Nursing of £106,000 offsets a projected under-recovery of charges in Homecare of £53,000.

### c. Learning Disabilities: Projected £47,000 (0.71%) underspend

The projected underspend is £47,000 which is reduction in spend of £171,000 since reported at period 9. The projected underspend comprises:

- £210,000 underspend on payments to other bodies (an increase of £135,000 due to changes in care packages and the release of pressure funding),
- £55,000 overspend on transport costs due to external hires and non routine vehicle costs (a reduction of £2,000),
- £46,000 shortfall in income received from other local authorities (as previously reported),
- £23,000 shortfall in income from internal and external service users (as previously reported),
- £27,000 overspend in employee costs due to additional support costs (a reduction of £1,000),
- £15,000 overspend on catering in day centres (as previously reported),
- £27,000 overspend on property and administration costs.

The transport and employee costs relate to client packages and a review of budgets will be undertaken to align these to reflect current activity and package costs for 2016/17.

The current year budget includes £360,000 pressure funding (£200,000 from the 2013/15

budget and £160,000 2015/17 budget). The previous projection included an assumption that costs would be incurred for new clients and clients moving from a hospital to a community care setting, the timings of which were not known. These costs have not been incurred in 2015/16, therefore the full funding has been released.

In addition to the revenue budget a further £40,000 pressure funding was added to earmarked reserves for equipment.

d. **Physical & Sensory: Projected £71,000 (3.28%) underspend**

The projected underspend is £9,000 less than previously reported and is due to

- Turnover of £10,000,
- £12,000 overspend on transport costs,
- a projected underspend in client package costs of £43,000,
- additional income from service users of £32,000.

e. **Assessment & Care Management: Projected £61,000 (3.69%) underspend**

The projected underspend is £12,000 more than previously reported and is due to turnover from vacancies of £90,000 and a projected under recovery of income recharges of £21,000.

f. **Mental Health: Projected £80,000 (7.51%) underspend**

The projected underspend is £26,000 more than in period 9 and is primarily due to

- turnover of £24,000,
- client commitment underspend of £112,000 based on current vacancies and client package costs,
- overspend on property costs of £51,000.

g. **Addictions: Projected £40,000 (3.73%) underspend**

The projected underspend is £15,000 more than projected at period 9. The projected underspend mainly comprises:

- a projected £31,000 underspend on employee costs,
- a projected overspend of £13,000 on void costs for Auchendarroch Street,
- a projected underspend on payments to other bodies and supplies & services of £18,000.

h. **Homelessness: Projected £213,000 (31.52%) overspend**

The projected overspend of £213,000 is £34,000 more than previously projected. The projected overspend reflects the under occupancy of the Inverclyde Centre and the temporary furnished flats, which is a continuing trend from 2014/15. Work has been undertaken to realign the budget for Homelessness for 2016/17 to reflect actual spend. The budget adjustment to accommodate this was agreed as part of the 2016/17 budget setting process.

i. **Planning, Health Improvement & Commissioning: Projected £103,000 (5.48%) underspend**

The projected underspend £41,000 more than previously reported. It is mostly due to turnover from vacancies of £60,000. There are costs being incurred in this area for the Afghan Resettlement Scheme which are being fully funded by Central Government.

j. **Business Support: Projected £32,000 (1.55%) underspend**

The projected underspend is £8,000 less than previously reported due to further turnover. The underspend is due to turnover of £57,000 partially offset by a projected overspend on administration costs and payments to other bodies of £23,000.

## 6.0 2015/16 CURRENT CAPITAL POSITION

6.1 The Social Work capital budget is £3,627,000 over the life of the projects with £156,000 projected for 2015/16, comprising:

- £146,000 for the replacement of Neil Street Children's Home,
- £10,000 to finalise the expansion of the Hillend respite unit.

6.2 There is slippage in the 2015/16 budget of £515,000 (77.9%) against the original budget for the Neil St Children's Home Replacement project which is scheduled to be complete by March

2017. Tenders have been returned and are currently being evaluated with a report on this elsewhere on the agenda. Appendix 4 details capital budgets and progress by individual project.

## 7.0 EARMARKED RESERVES

7.1 The Social Work earmarked reserves for 2015/16 total £2,966,000 with £1,821,000 projected to be spent in the current financial year. To date £1,537,000 spend has been incurred which is 84% of the projected 2015/16 spend. Appendix 5 details the individual earmarked reserves.

7.2 Within the earmarked reserves for 2015/16 is £1,332,000 relating to the Integrated Care Fund. This is the Council's share of a total allocation to Inverclyde of £1,760,000 (£1,028,000) plus £304,000 funding to be carried forward. The balance of £428,000 is funding a number of NHS projects. The funding has been allocated as follows:

<b>Project</b>	<b>£000</b>
Strategic needs analysis admin support	12
Independent sector integration partner	26
Redholm	90
Telecare	100
Intermediate care & support	46
Housing	31
Reablement	700
Third sector integration	8
Carers	15
<b>Total funding</b>	<b>1,028</b>

7.3 It should be noted that the reserves reported exclude those earmarked reserves that relate to cash flow smoothing, namely:

- Children's Residential Care, Adoption & Fostering
- Deferred Income.

Underspends on the above reserves can only be contributed to the Earmarked Reserve funding if overall the Committee is not in an overspend position.

## 8.0 VIREMENT

8.1 Appendix 6 details the virements that the Committee is requested to approve. All virements are reflected within this report.

## 9.0 OTHER INFORMATION

9.1 Work is ongoing to assess the impact and any financial implications of the national minimum wage and those related to changes to sleepover shifts.

9.2 Appendix 7 contains details of the employee cost variances by service.

## 10.0 IMPLICATIONS

### Finance



10.1 Financial Implications:

All financial implications are discussed in detail within the report above.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

**Legal**

10.2 There are no specific legal implications arising from this report.

**Human Resources**

10.3 There are no specific human resources implications arising from this report

**Equalities**

10.4 Has an Equality Impact Assessment been carried out?

Yes See attached appendix

No This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

**Repopulation**

10.5 There are no repopulation issues within this report.

**11.0 CONSULTATIONS**

11.1 This report has been jointly prepared by the Corporate Director (Chief Officer), Inverclyde Community Health & Care Partnership and the Chief Financial Officer.

**12.0 BACKGROUND PAPERS**

12.1 There are no background papers for this report.

**Social Work Budget Movement - 2015/16****Period 11: 1st April - 29 February 2016**

Service	Approved Budget	Movements				Revised Budget
	2015/16 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers to/ (from) Earmarked Reserves £000	2015/16 £000
Children & Families	10,344	122	(46)	92	0	10,513
Criminal Justice	0	0	0	0	0	0
Older Persons	21,346	595	(29)	0	0	21,912
Learning Disabilities	6,413	38	187	0	0	6,638
Physical & Sensory	2,156	12	6	0	0	2,174
Assessment & Care Management	1,584	23	(46)	0	84	1,644
Mental Health	1,106	15	(50)	0	0	1,071
Addiction / Substance Misuse	1,039	18	24	0	0	1,081
Homelessness	732	12	(69)	0	0	675
Planning, HI & Commissioning	2,065	26	(119)	0	(84)	1,888
Business Support	1,980	27	170	0	0	2,178
<b>Totals</b>	<b>48,767</b>	<b>887</b>	<b>28</b>	<b>92</b>	<b>0</b>	<b>49,774</b>

**Supplementary Budget Detail**

£000

External Resources

Kinship care

92

Internal ResourcesSavings/Reductions

92

SOCIAL WORKREVENUE BUDGET PROJECTED POSITIONPeriod 11: 1st April - 29 February 2016

2014/15 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over/(Under) Spend £000	Percentage Variance
25,242	Employee Costs	25,236	25,794	25,267	(527)	(2.04%)
1,441	Property costs	1,361	1,394	1,282	(112)	(8.03%)
951	Supplies and Services	740	753	861	108	14.31%
479	Transport and Plant	371	380	470	90	23.62%
1,024	Administration Costs	735	765	879	113	14.83%
33,967	Payments to Other Bodies	34,613	35,078	35,070	(8)	(0.02%)
(14,349)	Income	(14,288)	(14,390)	(14,199)	190	(1.32%)
<b>48,755</b>	<b>TOTAL NET EXPENDITURE</b>	<b>48,767</b>	<b>49,774</b>	<b>49,629</b>	<b>(145)</b>	<b>(0.29%)</b>
	Contribution to Earmarked Reserves	0	0	0		
<b>48,755</b>	<b>TOTAL NET EXPENDITURE</b>	<b>48,767</b>	<b>49,774</b>	<b>49,629</b>	<b>(145)</b>	<b>(0.29%)</b>

2014/15 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over / (Under) Spend £000	Percentage Variance
9,793	Children & Families	10,344	10,513	10,201	(312)	(2.97%)
0	Criminal Justice	0	0	0	0	0.00%
21,716	Older Persons	21,346	21,996	22,386	390	1.77%
6,395	Learning Disabilities	6,413	6,638	6,591	(47)	(0.71%)
2,128	Physical & Sensory	2,156	2,174	2,103	(71)	(3.28%)
1,477	Assessment & Care Management	1,584	1,644	1,584	(61)	(3.69%)
1,020	Mental Health	1,106	1,071	991	(80)	(7.51%)
1,097	Addiction / Substance Misuse	1,039	1,081	1,040	(40)	(3.73%)
873	Homelessness	732	675	888	213	31.52%
2,037	Planning, Health Improvement & Commissioning	2,065	1,888	1,784	(103)	0.00%
2,219	Business Support	1,980	2,094	2,061	(32)	(1.54%)
<b>48,755</b>	<b>TOTAL NET EXPENDITURE</b>	<b>48,767</b>	<b>49,774</b>	<b>49,629</b>	<b>(145)</b>	<b>(0.29%)</b>
	Contribution to Earmarked Reserves	0	0	0		
<b>48,755</b>	<b>TOTAL NET EXPENDITURE excluding transfers to EMR</b>	<b>48,767</b>	<b>49,774</b>	<b>49,629</b>	<b>(145)</b>	<b>(0.29%)</b>

## Notes:

- 1 £1.6M Criminal Justice and £0.3M Greenock Prison fully funded from external income hence nil bottom line position.
- 2 £9M Resource Transfer/ Delayed Discharge expenditure & income included above.
- 3 There are currently 969 clients receiving Self Directed Support care packages.

**SOCIAL WORK****MATERIAL VARIANCES**

Period 11: 1st April - 29 February 2016

2014/15 Actual £000	Budget Heading	Revised Budget 2015/16 £000	Proportion of budget £000	Actual to 29/02/16 £000	Projected Out- turn 2015/16 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>Employee Costs</b>							
5,158	Children & Families	5,361	4,629	4,507	5,270	(91)	(1.70%)
6,653	Older People	7,692	6,641	6,236	7,540	(152)	(1.98%)
2,369	Learning Disabilities	2,550	2,202	2,217	2,577	27	1.06%
1,445	Assessment & Care Management	1,578	1,367	1,300	1,488	(90)	(5.70%)
1,445	Mental Health	1,008	873	850	984	(24)	(3.61%)
956	Addictions	1,218	1,055	1,024	1,187	(31)	(7.94%)
1,675	Planning, Health Improvement & Commissioning	1,577	1,362	1,369	1,517	(60)	(2.13%)
1,681	Business Support	1,609	1,361	1,298	1,552	(57)	(2.35%)
<b>21,382</b>		<b>22,593</b>	<b>19,490</b>	<b>18,801</b>	<b>22,115</b>	<b>(478)</b>	<b>(1.37%)</b>
<b>Older People</b>							
3,092	Homecare payments to other bodies	2,824	2,589	2,265	3,308	484	17.14%
11,660	Residential & Nursing purchased places	12,782	11,717	11,522	12,833	51	0.40%
180	Respite & domicilliary respite	151	138	154	226	75	49.67%
(172)	Residential & Nursing income	(109)	(100)	(215)	(215)	(106)	97.25%
<b>14,760</b>		<b>15,648</b>	<b>14,344</b>	<b>13,726</b>	<b>16,152</b>	<b>504</b>	<b>3.22%</b>
<b>Learning Disabilities</b>							
64	Catering at day centres	51	47	60	66	15	29.41%
179	Transport costs at day centres	111	98	148	166	55	49.55%
7,286	Client commitments on support packages	7,325	6,504	6,030	7,115	(210)	(2.87%)
(146)	Charges to other local authorities	(173)	(162)	(98)	(128)	45	(26.01%)
<b>7,383</b>		<b>7,314</b>	<b>6,487</b>	<b>6,140</b>	<b>7,219</b>	<b>(95)</b>	<b>(1.30%)</b>
<b>Homelessness</b>							
341	Rents on temporary furnished flats	460	413	224	245	(215)	(46.74%)
1	Payments for Bed & Breakfast	27	25	1	1	(26)	(96.30%)
(393)	Rental income from temporary furnished flats	(620)	(568)	(226)	(245)	375	(60.48%)
(298)	Rental income from Inverclyde Centre	(361)	(331)	(224)	(272)	89	(24.65%)
<b>(349)</b>		<b>(494)</b>	<b>(461)</b>	<b>(225)</b>	<b>(271)</b>	<b>223</b>	<b>(45.14%)</b>
<b>Other Variances</b>							
0	Children & Families - C&YPA	193	193	1	53	(140)	(72.54%)
32	Physical & Sensory - transport costs for day groups	17	9	24	29	12	70.59%
1,540	Physical & Sensory - client commitments on support pa	1,595	1,423	1,309	1,550	(45)	(2.82%)
2,054	Mental Health - client commitments on support packag	2,135	2,021	1,571	2,023	(112)	(5.25%)
29	Addictions - Void costs at Auchendarroch Street	0	0	0	14	14	100.00%
<b>3,655</b>		<b>3,940</b>	<b>3,646</b>	<b>2,905</b>	<b>3,669</b>	<b>(271)</b>	<b>(6.88%)</b>

**APPENDIX 4**

**SOCIAL WORK - CAPITAL BUDGET 2014/15**

**Period 11: 1st April - 29 February 2016**

<u>Project Name</u>	<u>Est Total Cost</u>	<u>Actual to 31/3/15</u>	<u>Approved Budget 2015/16</u>	<u>Revised Est 2015/16</u>	<u>Actual to 29/02/16</u>	<u>Est 2016/17</u>	<u>Est 2017/18</u>	<u>Future Years</u>
	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>
<b>SOCIAL WORK</b>								
Hillend Respite Unit	87	77	10	10	0	0	0	0
Neil Street Childrens Home Replacement	1,858	114	661	146	114	1,569	29	0
Crosshill Childrens Home Replacement	1,682	0	0	0	0	157	1,435	90
<b>Social Work Total</b>	<b>3,627</b>	<b>191</b>	<b>671</b>	<b>156</b>	<b>114</b>	<b>1,726</b>	<b>1,464</b>	<b>90</b>

**EARMARKED RESERVES POSITION STATEMENT  
HEALTH & SOCIAL CARE COMMITTEE**

**APPENDIX 5**

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>c/f Funding 2014/15</u>	<u>New Funding Reserves</u>	<u>New Funding Other 2015/16</u>	<u>Total Funding 2015/16</u>	<u>Phased Budget To Period 11 2015/16</u>	<u>Actual To Period 11 2015/16</u>	<u>Projected Spend 2015/16</u>	<u>Amount to be Earmarked for 2016/17 &amp; Beyond</u>	<u>Lead Officer Update</u>
		<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	
Self Directed Support / SWIFT Finance Module	Derrick Pearce / Alan Brown	132		0	132	121	76	90	42	SWIFT (£9k) & SDS (£123k). Work is continuing on the implementation of SDS & the SWIFT financial module.
Growth Fund - Loan Default Write Off	Helen Watson	27			27	2	0	1	26	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any bad debt. This requires to be kept until all loans are repaid and no debts exist.
Integrated Care Fund/ Delayed Discharge	Brian Moore	0		1,332	1,332	859	903	1,028	304	The Integrated Care Fund is new funding received. Funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. The total funding has increased as projects move between health & council.
Delayed Discharge	Brian Moore			478	478	308	239	258	220	Delayed Discharge funding has been received and has been allocated to specific projects, including overnight home support and out of hours support.
Support all Aspects of Independent Living	Brian Moore	231			231	192	60	170	61	This reserve includes the Dementia Strategy of £70k and a contribution of £150k from NHS for equipment which will be purchased in the latter part of 2015/16 & early 2016/17.
Support for Young Carers	Sharon McAlees	43	-7		36	30	32	36	0	This reserve is for an 18 month period to enable the implementation of a family pathway approach to young carers, which will aim to develop a sustainable service to young carers and their families.
Caladh House Renovations	Beth Culshaw	449			449	5	23	23	426	On 15/3/16 the Integrated Joint Board agreed to finance the shortfall to allow the John Street project to proceed.
Welfare Reform - CHCP	Andrina Hunter	44		114	158	151	147	153	5	This reserve is to fund Welfare Reform within the CHCP. New Funding of £118k was allocated from P&RCommittee. The funding is being used for staff costs and projects, including Grand Central Savings, Inverclyde Connexions, starter packs and financial fitness.
Funding for Equipment - Adults with Learning Disabilities		0	40		40	30	20	20	20	This reserve is for the purchase of disability aids within Learning Disabilities and it is estimated that £20k will be spent in 15/16 on the replacement of equipment that is no longer fit for purpose, with the remaining £20k spent at the start of 16/17.
Information Governance Policy Officer	Helen Watson	0	83		83	32	37	42	41	The spend relates to the Council's Information Governance Officer.
<b>Total</b>		<b>926</b>	<b>116</b>	<b>1,924</b>	<b>2,966</b>	<b>1,730</b>	<b>1,537</b>	<b>1,821</b>	<b>1,145</b>	

HEALTH & SOCIAL CARE COMMITTEEVIREMENT REQUESTS

Budget Heading	Increase Budget £'000	(Decrease) Budget £'000
Utility budgets - various services P&R committee	21	21
	21	21

## Notes

Corporate adjustments to utility budgets

**EMPLOYEE COST VARIANCES****Period 11: 1st April - 29 February 2016**

<b>ANALYSIS OF EMPLOYEE COST VARIANCES</b>		Early Achievement of Savings £000	Turnover from Vacancies £000	Total Over / (Under) Spend £000
<b>SOCIAL WORK</b>				
1	Children & Families	0	(92)	(92)
2	Criminal Justice	0	(38)	(38)
3	Older Persons	0	(151)	(151)
4	Learning Disabilities	0	27	27
5	Physical & Sensory	0	(10)	(10)
6	Assessment & Care Management	0	(90)	(90)
7	Mental Health	0	(24)	(24)
8	Addiction / Substance Misuse	0	(31)	(31)
9	Homelessness	0	0	0
10	Planning, Health Improvement & Commissioning	0	(60)	(60)
11	Business Support	0	(58)	(58)
<b>SOCIAL WORK EMPLOYEE UNDERSPEND</b>		<b>0</b>	<b>(527)</b>	<b>(527)</b>

- 1 Currently 14 vacancies along with maternity leave savings, with 4 of these posts potentially not filled this year.
- 2 Currently 3 vacancies which are in the process of being filled
- 3 Currently 31 vacancies along with maternity leave savings - NB offset by external costs due to recruitment issues
- 4 Currently 8 vacancies of which 6 are in the process of being filled, however turnover target & additional cover arrangements mean that there is currently an overspend predicted.
- 5 Currently 3 vacancies of which 2 are in the process of being filled
- 6 Currently 5 vacancies of which 3 are in the process of being filled
- 7 Currently 3 vacancies of which 2 are in the process of being filled
- 8 Currently 2 vacancies of which 1 is in the process of being filled
- 9 No variance
- 10 Currently 3 vacancies of which 1 is in the process of being filled
- 11 Currently 3 vacancies which are in the process of being filled



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<b>Report To:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date:</b>	<b>21 April 2016</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>SW/22/2016/BC</b>
<b>Contact Officer:</b>	<b>Beth Culshaw Head of Health &amp; Community Care</b>	<b>Contact No:</b>	<b>01475 715283</b>
<b>Subject:</b>	<b>Inverclyde Learning Disability Support and Care at Home/Supported Living Service: Care Inspection Report</b>		

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## 1.0 PURPOSE

- 1.1 To advise Members of the outcome of the Care Inspectorate inspection held on 13 January 2016 in relation to the Support and Care at Home James Watt Court/McGillvary Avenue and Supported Living Services.

## 2.0 SUMMARY

- 2.1 The Care Inspectorate carried out an unannounced inspection on 13 January 2016 to the Supported Living Service's 3 locations.

### 2.2 Summary of Grades

#### **Quality of Care and Support – Grade 5 – Very Good**

Statement 1 5 – Very Good  
Statement 5 5 - Very Good

#### **Quality of Staffing - Grade 5 – Very Good**

Statement 1 5 – Very Good  
Statement 4 5 - Very Good

#### **Quality of Management and Leadership - Grade 5 – Very Good**

Statement 1 5 - Very Good  
Statement 3 5 – Very Good

### 2.3 What the service has done to meet the recommendations made at the last inspection:

- The service has reviewed service users risk assessments.
- The service has reviewed service users support plans to ensure that they are more outcome focussed.

**2.4 The feedback received from the people who use the service, and their relatives, was very positive.**

- Several relatives commented that their thoughts and opinions are sought on the service, which makes them feel involved in the service.
- Others commented that they are always made to feel very welcome.
- All carers were happy with the care and support being delivered by the service.
- Service users were very positive about the service they receive.

**3.0 RECOMMENDATIONS**

3.1 To note the outcome of the inspection and to implement the area for improvement detailed within the report.

**Brian Moore**  
**Corporate Director (Chief Officer)**  
**Inverclyde HSCP**

## 4.0 BACKGROUND

- 4.1 The inspection was unannounced and carried out on a low intensity basis. These inspections are carried out when the Care Inspectorate is satisfied that the services are working hard to provide consistently high standards of care and support. This also reflects the grading history of the service.
- 4.2 Three Quality Themes were inspected. The grades in all three themes have improved from Good to Very Good.
- 4.3 There were no Requirements or Recommendation from this Inspection.
- 4.4 There were several areas for improvement which the service has already begun to work on.
- A new shorter satisfaction questionnaire will be sent to all stakeholders.
  - Support plans will be the same across the whole service.
  - Observational monitoring of support workers practice will be implemented.
  - There will be greater service user involvement in producing support plans.
  - Support plans will detail how the service user's finances are being managed and there will be evidence that this management is being reviewed regularly.

## 5.0 IMPLICATIONS

### FINANCE

#### 5.1 Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

### LEGAL

- 5.2 There are no legal issues within this report.

### HUMAN RESOURCES

- 5.3 There are no human resources issues within this report.

### EQUALITIES

- 5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

## **REPOPULATION**

5.5 There are no repopulation issues within this report.

## **6.0 CONSULTATION**

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with team leadership and staff at the Supported Living Service.

## **7.0 BACKGROUND PAPERS**

7.1 Care Inspectorate Report: Inverclyde Learning Disability Support and Care at Home Service/Housing Support Service – January 2016

# Care service inspection report

Full inspection

## Inverclyde Learning Disability Support & Care at Home Service Housing Support Service

CHCP  
Kirn House  
Ravenscraig Hospital  
Inverkip Road  
Greenock

Service provided by: Inverclyde Council

Service provider number: SP2003000212

Care service number: CS2004078035

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

## Contact Us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
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[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

[www.careinspectorate.com](http://www.careinspectorate.com)

 [@careinspect](https://twitter.com/careinspect)

## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of care and support	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

### What the service does well

The service demonstrated very good methods of involving a range of stakeholders in commenting on and developing the way support is delivered.

Care plans that we examined were focussed on outcomes for individual service users. We could see that each individual had been consulted in the make up and continual review of their care and support plans.

We noted through observations that relationships built between support staff and those using the service were very strong and built on mutual respect and trust.

The support team across all three locations demonstrated care values consistent with those of the service provider.

The management team have developed an ethos within the service which encourages all staff to be leaders on their own by utilising their skills developed through practical experience.

All staff we spoke with advised that they feel well supported within the team while also being confident in their ability to provide a high standard of care in a lone worker setting.

### **What the service could do better**

We have made suggestions with regards to providing a more uniform care and support plan across all areas of the service in order to promote consistency of support.

We also suggested that the service re-examine their support agreements in order to clearly detail the financial and medical arrangements in place for each individual service user.

The service should review the way questionnaires are used within the service and develop them in order to gain feedback from more stakeholders.

A system of observational monitoring introduced across the support team would enable the competencies of the team to be reviewed and developed throughout the year.

### **What the service has done since the last inspection**

As well as meeting the recommendations made from the previous inspection, the service has also been audited recently by the local authority with regards to its financial arrangements.

A number of remedial actions have been suggested however these have either been completed already or are on course to be completed within the allotted timescales.



## **Conclusion**

Inverclyde Learning Disability Support and Care at Home services provides very good support to a range of service users across a wide spread of locations. The support provided was noted as being consistently person centred and outcome focussed.

Service users reported feeling very happy about the support they receive from a committed staff team.

The service continues to develop itself by utilising the skills of all stakeholders and staff.

# 1 About the service we inspected

Inverclyde Learning Disability Support and Care at Home has been registered with the Care Commission since November 2004. The service provides a Housing Support and Care at Home service to people with a learning disability living in their own homes. There were 41 people using the service at the time of the inspection.

The service provides 24 hour support to people living in James Watt Court in Greenock and two houses within the east end of Greenock. The service also has a team of support workers who provide support to people living in their own homes throughout Greenock.

The service aims to "provide high quality person centred services that support and encourage people with a learning disability to live valued, fulfilling lifestyles in their own homes, as part of the community."

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people

using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 5 - Very Good**

**Quality of staffing - Grade 5 - Very Good**

**Quality of management and leadership - Grade 5 - Very Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

We wrote this report following an unannounced inspection of the service 7, 8 and 11 January between the hours of 9am and 4:30pm.

Feedback was given to the management team 13 January 2015 at 9:30am

During our inspection we spoke with:

- the resource officer
- two senior support workers
- four support workers
- eleven service users
- one carer.

Documents we examined included:

- service participation strategy
- quality assurance self-assessment and monitoring procedure
- service user survey questionnaires
- eight support plans
- daily recordings file
- medication records including MAR sheets
- staff meeting minutes
- service user's meeting minutes
- service user's review minutes
- supervision records
- staff training records
- accident/incident records.

### Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

Self-Assessment was well completed and submitted in good time.

## Taking the views of people using the care service into account

We met with eleven service users throughout this inspection, their views have been recorded throughout the body of this report.

## Taking carers' views into account

We spoke with one carer during the inspection.

Comments from this conversation included:

"The staff are amazing, very attentive to all my sons needs."

"We are always encouraged to come in to see our son and are always made to feel very welcome when we do. Our opinions on how to improve things are sought and encouraged."

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

#### Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

#### Service Strengths

During the inspection, we gathered evidence relating to participation; in particular, we examined support plans, minutes of reviews and participation meetings. We spoke with the people using the service, the management team and the support staff.

From the evidence we considered, we found the service was performing at a very good level in this area.

We noted that the service has a local participation policy in place, explaining the way in which the service involves all stakeholders in continually assessing and trying to develop the supports being delivered to the service users.

A number of ways in which the service users can be involved have been noted in this policy and have been identified as being very worthwhile during the course of the inspection.

A number of groups are organised locally with the intention to involve stakeholders in the continued development of the service.

This includes the Get up and Go forum as well as the Carers group.

These allow service users and their family members to remain actively involved and have their opinion heard by the team providing support on a regularly scheduled basis.

One carer that we spoke with commented "We are encouraged to give our opinions on the way we see things within the service, we feel very good about this, it has allowed us to develop very good relationships with the team."

Carers have also been asked for their opinions with regards to the six monthly reviews held within the service, advising that they felt welcomed and involved on each occasion.

Service users are fully involved in the review of their care and support packages, formally conducted every six months. These reviews have each individual service user at its centre with a multi-disciplinary team of professionals, involved in the care package, giving their opinion and contributing to action plans for the continued development of the support.

The service has continued to develop a strong partnership with local advocacy services who will work with service users and their families on a case-by-case basis, as and when necessary.

This benefits those using the service as it provides them with independent guidance on any area of concern they may have.

We saw good use of questionnaires within the service. At the moment these are sent to service users and their families annually requesting feedback on the performance of the staff and the quality of support delivered. Prior to the inspection we also sent out 30 Care Standards Questionnaires to those using the service, with 26 of the 27 returns agreeing with the statement:

"The service asks for my opinions about how it can improve."



Comments from respondents included:

"I am more than delighted with the care and support my brother receives."

"I am made to feel welcome at any time I visit and my thoughts and opinions are sought after."

Tenants meetings are organised monthly in order to provide another regular forum where those using the service can get together in one location to discuss their care packages with their peers and address any issues that they feel are worthy of wider discussion.

Service users have commented to us that they feel this is a valuable resource as it affords an additional group exercise where they can air their thoughts and suggest improvements if necessary.

### Areas for improvement

During feedback, we discussed amending the current service agreement document to include explicit information relating to the financial arrangements in place for each service user.

Through our discussions with those using the service we were satisfied that all arrangements in place had been organised with their involvement, however this was not stated anywhere within their care plans.

Therefore we have suggested that formal documentation be developed which allows for a description of these plans as well as a continuous review, with signatures from the service user, staff involved and care manager if appropriate.

As mentioned earlier, we noted that questionnaires are sent out to service users from the local authority to gauge feedback on the performance of the service in a number of areas.

We have suggested that the service could devise a shorter, more directed questionnaire which takes into account the views of not just service users, but of all stakeholders including care managers, medical staff involved in the care and support of each service user, local advocates and any other individual with

knowledge of the service. Information gathered within these questionnaires could be beneficial to the service in developing its annual development plan, which we will discuss at greater length, later in the report.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 5

“We respond to service users' care and support needs using person centered values.”

### Service Strengths

This year we are using an Inspection Focus Area (IFA) to identify excellence and to promote and support improvement in care homes and combined housing support and care at home services.

We have asked providers to complete a self assessment as well as answering a number of specific questions during the inspection which explore health outcomes for people with a learning disability.

The IFA also provides a focus on Human Rights, Safety, Supporting communication and the wider recommendations from the Keys to Life and Winterbourne View findings.

Information gathered from our inspection activity in 2015-2016 will provide valuable intelligence at all levels, including a national overview.

These are our findings:

During the inspection, we gathered evidence relating to person centred values; in particular, we examined outcomes based support plans, health and medical protocols and staff training plans.

We observed practice between service users and staff as well as speaking with the people using the service, the management team and the support staff. From the evidence we considered, we found the service was performing at a very good level in this area.

During our time spent in the service, we observed staff practice in a number of scenarios with those using the service. Our observations confirmed that a values based approach to care is promoted across all the service locations with the rights of service users being at the forefront of the support provided.

Inspection report

We could see that positive relationships have been built, based upon trust and continuing choice for the service users.

We examined six different care plans across the service during the inspection, finding them to contain person centred information such as support plans, risk assessments, hospital passports, daily/weekly routines and health care information for all service users.

The plans showed that individuals have been supported to attend a range of appointments with different medical professionals, according to their care needs over the past year.

We will make further comment on the make up of the support plans examined during the areas for improvement to follow this statement.

"Keys to Life" is the Learning Disability strategy launched by the Scottish Government in 2013.

This document plays a large part in the continuing development of the service.

Staff we spoke with are all aware of the recommendations of the guide and as a group during team meetings and development days, have spent time understanding the practicalities of this document and how it will affect the way in which support is to be delivered across the service.

The Get up and Go forum within the service provides regular opportunities for the service users to become active members of the community in a variety of ways.

During the inspection we sat in on the weekly group meeting where those in attendance were discussing how they wish to spend their time in the coming weeks and which new community resources they would like to utilise.

Those attending the group spoke of the improvements that have been made to their physical health by involving themselves in some of the activities organised by the group while also feeling the benefits to their mental health by spending time with people that they now consider to be friends, engaging in activities which they have helped to organise and that they are genuinely interested in.

Specific health related training courses have been offered to staff members in locations across the service, including information on bowel and breast cancer. Staff have commented that by undertaking such courses they can offer increased knowledge in certain areas to service users who have been affected personally or through family members by such illnesses.

### **Areas for improvement**

During discussions with the management team during the inspection and at feedback, we have advised that we would like to see a uniformity to the care and support plans across the services.

At present the plans examined within James Watt Court and MacGillvary Avenue services are similar in layout but differ significantly from those held within the Supported Living service.

As all three locations are part of the one registration, we would prefer to see a similar approach to the presentation and make up of the support plans across all locations. This will ensure consistency across all service locations and make for easier auditing and reviewing as and when appropriate.

We acknowledge that the types of support delivered across the services can differ according to the needs of each individual and the contracted support hours, however we would maintain that a uniform approach to care plans would ensure that support is delivered in a consistent fashion across the locations.

As mentioned previously within the report, we would advise clearer notification of each service user's involvement in the development of each plan as well as a signed acceptance of their understanding of the support being offered, particularly around financial matters.

### **Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

### Service Strengths

During the inspection, we found that the service was very good at encouraging the people using the service to have their say on the staffing in the service. We concluded this after we examined support plans, reviews, questionnaires and spoke with the staff and service users themselves.

The strengths identified within quality theme 1, statement 1 are also applicable here.

In addition:

We spoke with a number of service users and one carer who talked of how they have been asked to and have taken part in the recruitment of new staff to work in the service.

This has included sitting on interview panels, contributing to the questions to be asked at interview and meeting/greeting prospective candidates.

This ensures that stakeholders can be included in the continued development of the staff team who will be supporting them.

## Areas for improvement

The areas for improvement noted within quality theme 1, standard 1 are also applicable here.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**



## Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

### Service Strengths

During the inspection, we gathered evidence relating to professionalism, training and motivation of the staff; in particular, we examined staff training records/schedules, team meeting minutes and supervision records.

We observed practice and spoke with staff members and the management team. We concluded that the service is operating at a very good level in relation to this quality statement.

Service users we spoke with during the inspection commented on how they have developed trusting relationships with staff over a period of time.

They reported that they feel they are treated very well by a staff team who offer choice and provide support with professionalism and dignity.

Comments from family members during the inspection included:

"I am delighted with the level of care that my cousin receives....She is well supported not only in her home life but mentally, physically and socially."

"The service is excellent, and in addition to the direct support that my sister receives, I have people with whom I can discuss matters and gain piece of mind through this."

Our observations of the staff team at work with service users confirmed these comments. We were happy to see a very good level of support being provided in a number of different situations both within service users home and in the wider community.

The values of the team were consistent with that of the service provider.

Staff interviewed throughout the inspection spoke of a love for their job and in making a difference in the lives of vulnerable people.

Comments from the team included:

"I enjoy trying (each day) to make a difference in people's lives by encouraging them to be as independent as they can be at all times."

We spoke with a newer member of the team who spoke of her recent induction process within the service.

In her experience, the strong values base within the team went a long way to helping her settle within the service in a timely fashion, with each member of the team eager to assist individually or as part of the wider team, as and when required.

Morale throughout the team, across all locations was noted to be very good, with all staff happy to work together in order to provide better outcomes for each service user.

All staff were aware of how a positive ethos and atmosphere within the service will translate into better support for each service user.

We noted the training available to the staff within the service to be wide ranging, with all spoken to advising that the courses offered are appropriate to the continually changing needs of each service user.

The national care standards were developed by ministers to ensure that everyone using support service services receive the same high quality care regardless of their circumstance. These standards are currently under review.

The Scottish Social Services Council codes of practice are professional conduct guidelines for employers and workers within care services.

From our discussions with staff and through observations of support being provided we could see that staff work within these policies and other relevant

documents such as the Keys to Life to ensure better outcomes for all service users.

Supervisions are provided regularly to staff along with annual performance appraisals.

Staff commented that they feel 100% supported by the management within the service who they report as operating an "open door policy".

This encourages all to make their voices heard as and when necessary and not to always have to wait for scheduled meetings to raise any points.

Regular team meetings provides ample opportunities for peer to peer support within the team and to openly and honestly discuss any issues affecting anyone within the team or in general. These supports all contribute to the positive morale which exists within the team and which translates into a high standard of care for each service user.

### **Areas for improvement**

During the inspection and in the feedback session we discussed how the service as a whole could benefit from the introduction of a formal process of Observational Monitoring sessions.

Prior to every third supervision session conducted with members of the team, we have suggested that the manager or senior undertake a monitoring session in a different range of support areas to ensure that staff are receiving regular guidance and praise for the work done within their roles.

This system will also be beneficial in ensuring that staff competencies are kept up to date throughout their time working with service users.

The monitor should also speak directly with service users about their experience of working directly with particular staff and incorporate the evidence gathered here into the supervision session. Not only does this make the supervision more person centred and relevant to the role of each staff but further involves the service user in assessing the continuing development of staff team.

During feedback we also discussed the benefit from staff having access to specific training on issues such as Human Rights to further develop their knowledge and provide more effective support in this area to service users.

An example of this type of training is provided by the Scottish Human Rights Commission and can be found at [www.scottishhumanrights.com](http://www.scottishhumanrights.com)

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.”

### Service Strengths

During the inspection, we found that the service was very good at encouraging those being supported to assess the quality of management and leadership in the service.

We concluded this after we examined support plans, reviews, questionnaires and spoke with the staff and service users themselves.

The strengths covered in quality theme 1, statement 1 are also applicable here.

### Areas for improvement

The areas for improvement noted within quality theme 1, standard 1 are also applicable here.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

“To encourage good quality care, we promote leadership values throughout the workforce.”

#### Service Strengths

During the inspection we found that the service was performing to a very good standard under this quality statement. We came to this conclusion after we spoke with people who used the service and family carers, observed staff interacting with and supporting service users and examined records such as outcome support plans and minutes of meetings.

Through examination of staff files and our discussions with members of the team, we found that supervisions are provided regularly across the service along with annual performance appraisals.

Staff commented that they feel completely supported by the management team across the various locations within the service. An open door policy encourages all to make their voices heard as and when necessary and removes the need to wait for scheduled meetings to raise any points with their line manager.

Regular team meetings across the service also provide staff with added support, not just from the management team but also peer to peer support from colleagues. From our examination of the minutes of these meetings we have seen open and honest discussion of issues affecting individuals and the group in general.

By providing these opportunities for individual and collective discussion within the service, we have found that staff feel more empowered to execute the responsibilities of their individual roles and in turn work hard to ensure the service succeeds in providing a high level of support to the service users.

Development opportunities within the service have meant that senior support workers are undertaking more leadership courses in order to develop professionally and in turn be able to provide a better service to each staff and service user in turn.

All of the staff spoken with during the inspection advised us that they feel an ethos of collective responsibility is adhered to within the service.

Each member of the team is encouraged to make their own decisions with regard to the delivery of support and is accountable for their own actions.

All feel they have been trained sufficiently, are experienced in their roles and maintain high professional standards enabling them to discharge their duties at all times.

Staff spoke of a learning culture being fostered within the team. In the event of any mistakes being made, all are encouraged to learn from the situations by examining their role and ensuring that lessons are learned.

This culture has ensured that the morale within the team is consistently high and that the service users are the main beneficiaries of this.

A number of quality assurance procedures are adhered to within the service which ensure that the service users are being provided with not only the highest standards of care but that it is also being fully documented as such.

Financial systems within the service have changed dramatically over the past 18 months following a number of incidents.

A recent internal quality assurance check was performed by external management within the local authority. This provided the service with a number of areas in which improvement could still be achieved.

We are happy to see that these areas are on course for signing off as complete within the relevant timescale.

Communication between all stakeholders in the service is very good, leading to good standards across the service and an informed team.

We were happy to see that effective communication within the service

stemmed from the registered manager and was easily identified throughout the team.

### Areas for improvement

We have suggested a system of observational monitoring of staff practice and performance be examined and introduced within this service.

During feedback we discussed how this could be used to maintain high standard of staff competencies in a number of practice areas (medication administration, financial management, personal care etc). By observing the staff working directly with service users in scenarios such as this, line managers can be sure of the skills shown by the staff while also gathering feedback from service users being supported and gaining an idea of how they have felt during the delivery of this support.

We will examine this at the next inspection.

We have suggested improvements to the auditing of care plans, making this a more regularly scheduled quality check which can be stored within each plan and worked upon by the key worker in tandem with the line manager.

We do acknowledge that this is occurring in some areas at present where key workers will bring their folders into their supervision sessions, however we would like to see this across the entire service.

We have suggested that the management team within the service look into the SSSC 'Step into Leadership' programme which provides training materials for all levels of staff within the team. In doing this the entire team are encouraged to take more responsibility in their different roles. We have also suggested that the service make use of the Care Inspectorate's learning resources hub. This can be found at [www.hub.careinspectorate.com](http://www.hub.careinspectorate.com).

This is an online resource aimed at promoting best practice guidelines and providing up to date information regarding legislation and policy.



**Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## 4 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

There are no outstanding requirements.

## 5 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

#### 1. quality theme 1, statement 3.

The service should ensure that information held about service users and their support is current and accurate. In particular risk assessments should be reviewed and outcomes - focussed support plans should chart the progress and outcomes achieved.

**This recommendation was made on 26 January 2015**

We have made comment on the support plans examined in quality theme 1, statement 5.

While we have suggested a few areas for improvement, we found that the plans were focussed on outcomes for service users and that risk assessments were comprehensive, ensuring the service users themselves were aware of the risks they take in their lives and the work done by the service to reduce the risk to them.

This recommendation has been met.

## 6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings
26 Jan 2015	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 4 - Good
31 Jan 2014	Announced (Short Notice)	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 4 - Good
4 Feb 2013	Announced (Short Notice)	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership 5 - Very Good

28 Sep 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
27 Jan 2011	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed 5 - Very Good
26 Jan 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
19 Feb 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good 5 - Very Good

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ਬੈਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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<b>Report To:</b>	<b>Health and Social Care Committee</b>	<b>Date</b>	<b>21 April 2016</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>SW/24/2016/BC</b>
<b>Contact Officer:</b>	<b>Beth Culshaw Head of Health and Community Care</b>	<b>Contact No:</b>	<b>01475 715283</b>
<b>Subject:</b>	<b>Delayed Discharge Performance</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Health and Social Care Committee on performance towards achieving the national target for Delayed Discharge.

## **2.0 SUMMARY**

- 2.1 The Delayed Discharge target reduced from 4 weeks to 2 weeks on 1 April 2015, reflecting the ongoing strategic commitment to Shifting the Balance of Care.

## **3.0 RECOMMENDATIONS**

- 3.1 Members are asked to note the progress towards achieving the target and note the preparation for recording performance for the forthcoming year.

**Brian Moore**  
**Corporate Director, (Chief Officer)**  
**Inverclyde HSCP**

## **4.0 BACKGROUND**

- 4.1 From April 2015 the target for Delayed Discharge, which had been in place since 2013, decreased from 4 weeks to 2 weeks. NHS Greater Glasgow and Clyde has also reported on the number of bed days lost due to delayed discharges; this provides a more complete picture of the impact of hospital delays.
- 4.2 From April 2016 there is a new national target to discharge patients within 72 hours of being ready for discharge. We have therefore started to measure the number of patients discharged within 72 hours of being medically stable. This data will be reported on in future reports alongside the associated bed days lost.

## **5.0 PERFORMANCE**

- 5.1 We continue to maintain positive performance in relation to the 14 day Delayed Discharge target.

We have consistently achieved zero delays of more than 4 weeks since February 2015 and zero delays over 2 weeks since April 2015 (Appendix A). In March 2016 the census data showed that we again had zero service users staying longer than 14 days.

- 5.2 The whole social and health care system comes under increasing pressure during the winter months. Despite an increase in delays and bed days lost during the winter period we are achieving the GGC Health Board overall target of reducing bed days so far this financial year. The performance report projects that we will have reduced bed days lost by 50% over the previous financial year.
- 5.3 This performance is set against a background of increasing referrals for social care and community supports following discharge (Appendix B). During February 2016, 171 individuals were referred for social care support of which 57 people required a single shared assessment indicating complex support needs. A total of 13 individuals were identified as being delayed following the decision they were medically fit for discharge.
- 5.4 The overall performance indicates positive outcomes for service users who are returning home or moving on to appropriate care settings earlier and spending less time inappropriately in hospital.

## **6.0 PROPOSALS**

- 6.1 Work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of early commencement of assessments regarding future care needs in achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit for discharge, including those requiring a home care package and residential care placement.
- 6.2 There is a continued focus to develop integrated and joint improvements to continually improve the hospital journey and discharge processes.
- 6.3 We will continue to develop our performance monitoring with an emphasis on the hospital discharge pathway and in particular the outcomes for service users, their families and carers.

## 7.0 IMPLICATIONS

### Finance

- 7.1 There are no specific financial implications from this report. All activity will be contained within existing budgets.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

### Legal

- 7.2 None.

### Human Resources

- 7.3 There are no Human Resource implications at this time.

### Equalities

- 7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

### Repopulation

- 7.5 None.

## 8.0 CONSULTATION

- 8.1 None.

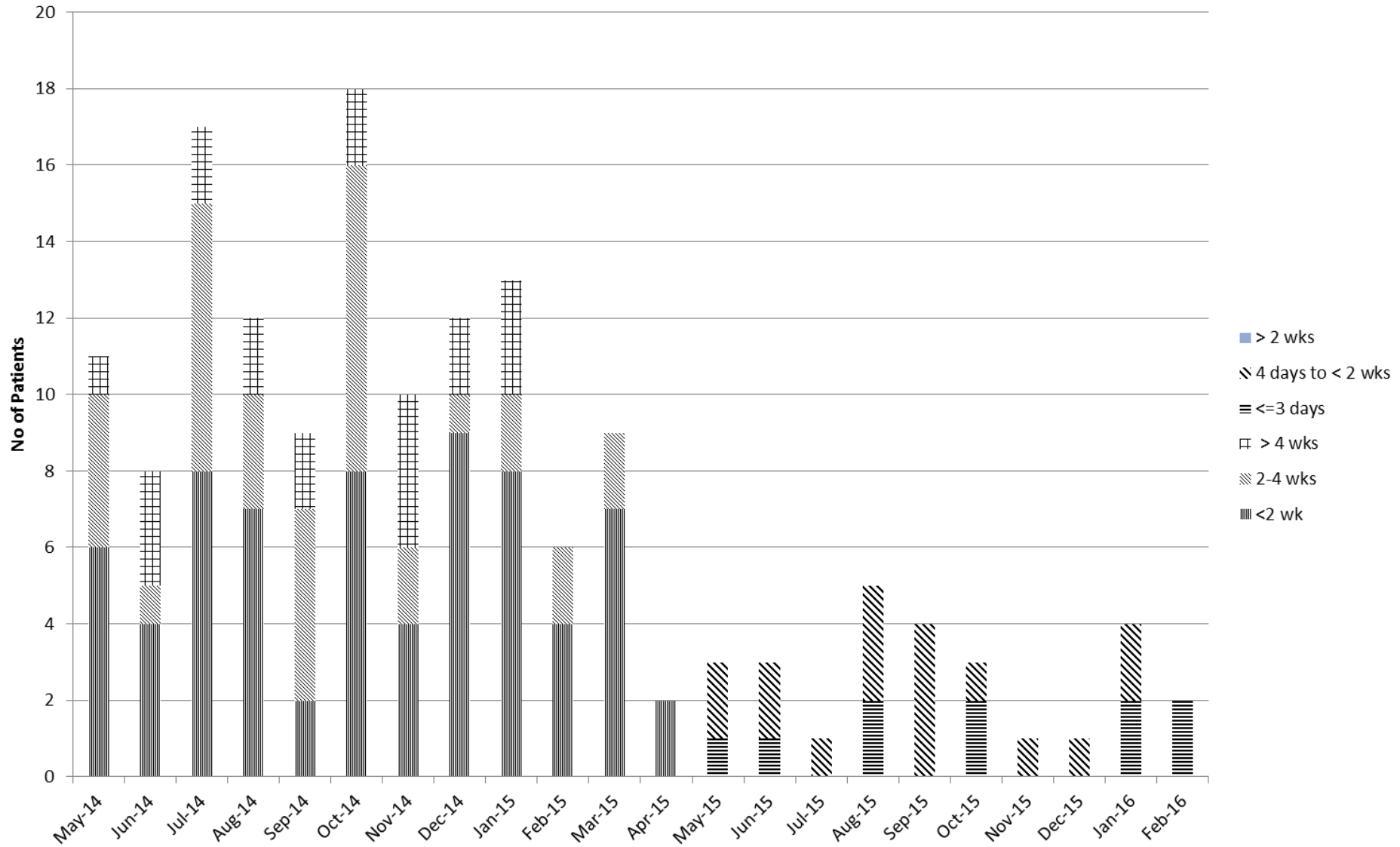
## 9.0 BACKGROUND PAPERS



9.1 None.

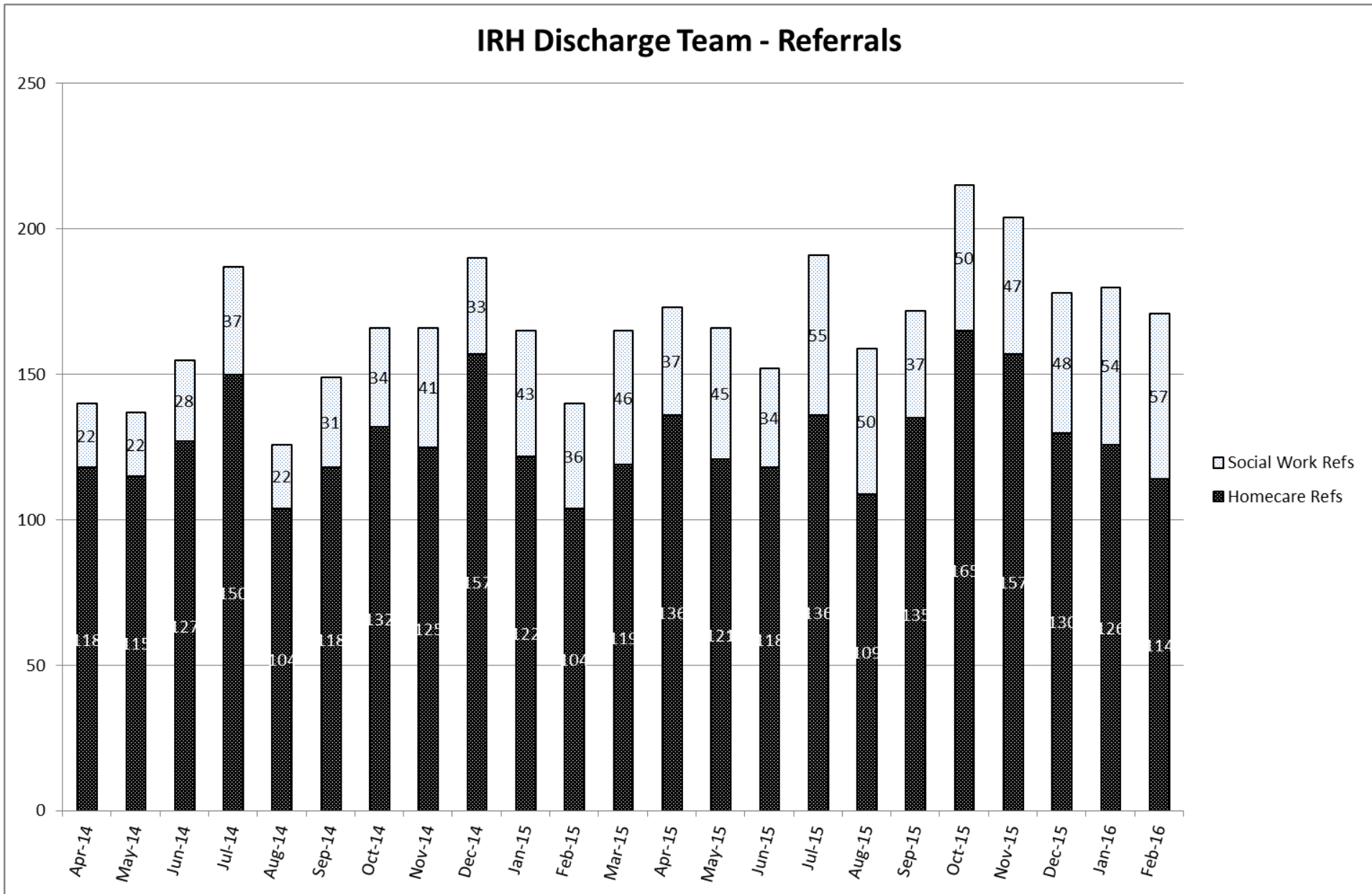
Appendix A

### Delayed Discharges at Census



Appendix B

### IRH Discharge Team - Referrals



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<b>Report To:</b>	<b>Health and Social Care Committee</b>	<b>Date:</b>	<b>21 April 2016</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>SW/25/2016/BC</b>
<b>Contact Officer:</b>	<b>Beth Culshaw Head of Health and Community Care</b>	<b>Contact No:</b>	<b>01475 715283</b>
<b>Subject:</b>	<b>CARERS (SCOTLAND) ACT 2016</b>		

---

## **1.0 PURPOSE**

- 1.1 To advise the Health and Social Care Committee on legislative developments relating to the Carers Scotland Act 2016 and the potential financial impact.
- 1.2 To advise of the progress with Inverclyde's Carers Strategy for 2016 – 2022.

## **2.0 SUMMARY**

- 2.1 The Carers (Scotland) Act was passed by the Scottish Parliament in February 2016. It details a range of powers and duties for local authorities and the HSCP in relation to Carers and Young Carers. Officers of the HSCP are currently working with Inverclyde Carers Centre and carers to develop a Carers Strategy for 2016-22 which will look at implementing the new Act within Inverclyde.

## **3.0 RECOMMENDATIONS**

- 3.1 That the Committee note the passing of the Carers (Scotland) Act 2016 and its new powers and duties placed on local authorities.
- 3.2 That the Committee request a further report that will identify the potential resource implications of implementation, and to continue to feedback on the negotiations regarding the financial memorandum between COSLA and the Scottish Government.
- 3.3 That the Committee note the progress made around the Inverclyde Carers Strategy and request a further report, including a final draft, following a public consultation exercise in June and July 2016.

**Brian Moore**  
**Corporate Director, (Chief Officer)**  
**Inverclyde HSCP**

## 4.0 BACKGROUND

- 4.1 The Carers (Scotland) Bill passed its third and final stage in the Scottish Parliament on 4 February 2016.
- 4.2 The Carers (Scotland) Bill is a key piece of new legislation that promises to 'promote, defend and extend the rights' of adult and young carers across Scotland. Further regulations and guidance will be drafted to support the implementation of the Act. The Carers (Scotland) Act will become law in April 2017.
- 4.3 The principle behind the Act is to enhance and extend the rights of carers and young carers to improve their individual outcomes whilst adopting a more consistent approach across Scotland. The Act requires to be taken account of when preparing health and social care services as well as within the context of other social care and health legislation such as the Social Carer (Self Directed Support) (Scotland) Act 2013.

## 5.0 PROPOSALS

### 5.1 Carers (Scotland) Act

The Act usefully offers a definition of the term 'Carer' taking account of both adults and young carers:-

- It excludes the parental role which would be expected and appropriate for any child to receive, emphasising the additional support needs of the child;
- It also explicitly excludes paid carers and volunteers;
- The definition removes the regular and substantial test; and
- The requirement that the cared-for person must access community care services in their own right.

These changes allow for a focus on the impact caring has on the individual and that their assessed needs are acknowledged as separate from the needs of the cared for person.

The Act also stipulates a range of new duties and powers; these include some that will be met by existing services and others that will require changes in how services are provided.

### 5.2 Information and Advice Service

There is now a duty on local authorities to establish and maintain information and advice service for carers in their area. This service would provide access to:-

- welfare rights advice
- income maximisation
- education and training
- advocacy
- advice around the provision of short breaks
- advice around health and wellbeing, including access to counselling

Inverclyde HSCP provides either directly or via a third party a range of advice and support services to carers. The principal organisation is Inverclyde Carers Centre who

link with statutory and third sector organisations to provide a range of advice and support including HSCP welfare rights service and financial fitness.

### 5.3 Involving Carers in Hospital Discharge

There is a duty on health boards to inform and involve carers in hospital discharge of the person they care for. Discharge planning is a joint responsibility between the HSCP and the Acute sector. Inverclyde has a good record in terms of performance around facilitating discharge from hospital and has in place guidance that ensures carers and family members are included in the discharge process. This area will be raised at the regular Inverclyde Strategic Discharge Meeting with colleagues from Acute to ensure this practice is further developed.

An issue where there are concerns is when the cared-for person denies their consent to share this information around discharge. This is not thought to be a frequent occurrence and current practice is to gain consent of the cared-for person.

### 5.4 Adult Carer Support Plans (ACSP) and Young Carers Statements (YCS)

The Act introduces Adult Carer Support Plans (ACSP) and Young Carers Statements (YCS) to replace carers' assessments.

The legislation directs that ACSP must consider a range of areas that impact upon the carers' wellbeing including personal outcomes, impact of caring on the carer, the requirement for contingency and future planning. There is also a requirement to set clear timescales for the completion of ACSP in particular for those people caring for someone with a terminal illness.

The requirements for a Young Carers Statement cover similar grounds as that for ACSP. The YCS also needs to cover consideration of the appropriateness of the service, any links to a child plan to cover wellbeing and the requirement for targeted intervention. The regulations when published will also cover the need to pass on information within a YCS to the child's named person.

There is likely to be an impact on local resources and budgets. In 2015 the HSCP carried out an exercise which highlighted a projected increase in potential demand. This is based on the existing known number of carers living within Inverclyde. We currently have 2142 informal carers for whom the cared-for person has an active social care involvement or is in receipt of a service. It is a fair assumption to make that this equates to the number of ACSP and YCS that will be required to be completed. This would require additional staff to implement and maintain a regular review of the carer support plans.

The 2011 census suggests the prevalence of informal carers living in Inverclyde could be closer to 8,000 though we are not able to determine what level of support this group would benefit from.

We are currently discussing with the Carers Centre how the extension of the current self-assessment process will alleviate these pressures as well as ensuring quicker access to advice and information for carers.

### 5.5 Eligibility Criteria

Local Authorities have a duty to publicise their eligibility criteria for access to social care services. The Act determines that there is now a responsibility to set local eligibility criteria in terms of carers' access to services and to consult with carers and carer organisations as preparation for this.

In relation to young carers, this links into Getting It Right For Every Child (GIRFEC), with its emphasis on early intervention and wellbeing. It would be proposed that any young carer eligibility criteria would be part of the GIRFEC strategy.

There is a requirement to consult with carers and young carers about any local eligibility criteria and it is proposed that this would form part of the consultation of the Inverclyde Carers Strategy.

## 5.6 Carer Involvement

Inverclyde HSCP recognises that carers and young carers' involvement can improve the quality of health and social care services. Carers often have insights about their role and the needs of the person they care for which providers and policymakers may lack, therefore it is important that they are included and involved in the future planning and shaping of services.

There is now a duty to involve carers in the development of carer services. The Public Bodies Act 2014 determines how carers require to be involved on a strategic level through strategic planning groups and representation on Integration Joint Boards. There is also the requirement to consult on an individual basis through preparation of ACSP and YCS, with a specific duty around planning of hospital discharge.

Inverclyde already has in place a structure that will fulfil this aspect of the Act, including work with individual carers at a care management level to involvement with the Carers Network, the HSCP Advisory Group (supported by Your Voice) and the IJB Carers sub group.

## 5.7 Carers Strategy

A further duty is on local authorities and health boards to publish a Carers Strategy in consultation with carers and carers' organisations in their area. Inverclyde has in line with other local authorities published a Carers Strategy for a number of years and this has assisted in shaping and developing services for carers in this area.

We are currently in the process of drafting the Inverclyde Carers Strategy for 2016-22. The Strategy will cover Adult and Young Carers and will set out how they will receive the appropriate level of advice and support to enable them to continue their caring role.

The Strategy development is led by an editorial group which is made up of a sample of carers from across Inverclyde. A survey of carers was carried out in the summer of 2015 and we received nearly 400 responses. The identified priorities will form the basis of Inverclyde's Carers Strategy.

The survey identified 8 key areas:-

What has helped in a caring role:

- Provision of Information and Advice
- Provision of short breaks from caring
- Provision of emotional support to carers
- Identification of Hidden Carers

What services could be improved:

- Access to services

- Information and Advice
- Stress management
- Overnight short breaks

Whilst carers reported an overall satisfaction with the service provided, there were still concerns about how easy it is for people to access services. A key aspect of the Strategy will be to work on this particular issue with carers and services. There is already a successful outreach programme which covers Inverclyde Royal Hospital and this will continue with additional resources to fund a similar project within the primary care setting. A transition worker post has been identified to work with young adult carers as they move from education into the workplace. The Young Carers Strategy will cover the identification of young carers whilst at school and will be linked to the GIRFEC strategy.

The Inverclyde Carers Strategy will also take into account the Carers (Scotland) Act and subsequent regulations when these are published. It is the intention to complete a draft of the Strategy by June 2016 and launch a final public consultation during Carers week. This would allow for completion of the Strategy by September 2016 and will be brought back to the IJB for approval.

#### 5.8 Financial Memorandum

Throughout the Act's progress through Parliament, COSLA has raised concerns around the impact of the provisions of the Act and resulting demand on resources. The Financial Memorandum which accompanied the Act significantly underestimated the unit costs of individual provision resulting in a substantial risk that the Act will be underfunded.

A Finance Group has been established to profile demand and unit costs of assessment and support for carers. Once this work is completed, it will inform discussions around the spending review and settlement covering the period when the Act will be enacted which will be 2017/18 onwards.

#### 5.9 Waiving of Charges to Carers

The Social Care (Self Directed Support) (Scotland) Act 2011 introduced regulations requiring councils to waive charges to carers for support provided directly to them, for example, assistance with housework.

During the consultation linked to the Social Care (Self Directed Support) (Scotland) Act 2011, councils were concerned that this waiving of charges should not be extended to replacement care, such as a short break in a residential home. This was primarily around the impact on loss of income from charges that could reduce the available provision of such respite.

When the regulations were published in 2014 the waiving of charges did extend to replacement care costs with no associated financial memorandum to provide extra funding to cover the costs of this new power. The Scottish Government view is that this regulation is a power and not a duty and so should be funded through existing budgets if the authority decides to implement the waiving of charges.

COSLA are continuing discussions with government in the following three areas:-

- The requirement for funding in 2016/17
- The amount of funding required for waiving of charges when the power to support carers becomes a duty
- The need for clarified guidance on the existing regulations in relation to how respite support is classified as to benefit the carer or the cared-for, and what



charging regime should therefore apply.

## 6.0 SUMMARY

6.1 The HSCP and their partners recognise the enormous value of the care provided by unpaid carers and the need to invest in more innovative forms of support.

The powers and duties outlined in the Act are welcomed and will help to consolidate the progress made in Inverclyde. There are concerns however that the Carers Act could be underfunded with a detrimental impact on the level of service that could be provided.

6.2 We aim to:-

- Continue, in consultation with carers and young carers, to produce the Inverclyde Carers Strategy 2016-2022 and to report back to the Health and Social Care Committee on progress and seek final approval of the completed Strategy.
- Calculate the resource implications of the Carers (Scotland) Act 2016 and the regulations relating to waiving of charges for carers based on the performance data from 2015-16.
- Continue to work with COSLA in its discussions with the Scottish Government around the implications of the Act.

## 7.0 IMPLICATIONS

### Finance

7.1 Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

### Legal

7.2 There are no legal issues within this report.

### **Human Resources**

7.3 There are no human resources issues within this report.

### **Equalities**

7.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

### **Repopulation**

7.5 There are no repopulation issues within this report.

## **8.0 CONSULTATION**

8.1 None.

## **9.0 BACKGROUND PAPERS**

9.1 None.

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<b>Report To:</b>	<b>Health and Social Care Committee</b>	<b>Date</b>	<b>21 April 2016</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>SW/23/2016/BC</b>
<b>Contact Officer:</b>	<b>Beth Culshaw Head of Health and Community Care</b>	<b>Contact No:</b>	<b>01475 715283</b>
<b>Subject:</b>	<b>Health and Social Care Partnership Eligibility Criteria</b>		

---

## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the eligibility criteria for social care provision.

## **2.0 SUMMARY**

- 2.1 There is a duty on the Local Authority and HSCP to have in a place local Eligibility Criteria for social care.

Eligibility Criteria clarify the link between needs and resources, urgency and risk.

Inverclyde has been operating one for a number of years, reflecting national guidance which has been revised to take account of recent legislation and regulations

Inverclyde's HSCP Eligibility Criteria focus on individual outcomes and promote wellbeing and independence.

## **3.0 RECOMMENDATIONS**

- 3.1 Members are asked to note the current Eligibility Criteria and to request a future report on their application.

**Brian Moore**  
**Corporate Director, (Chief Officer)**  
**Inverclyde HSCP**

## 4.0 BACKGROUND

- 4.1 The need for a national eligibility framework was originally identified in 2008 in reports on Free Personal Care published by Audit Scotland and subsequently in Lord Sutherland's Independent Review of Free Personal and Nursing Care in Scotland. Lord Sutherland's report acknowledged that it is an accepted principle of social care policy that local authorities will manage their resources to focus first on supporting those people who are in most urgent need. Lord Sutherland concluded that whilst the majority of councils were operating local arrangements in an appropriate way, it was crucial that the levers used by councils to manage access to finite care services – such as waiting lists and eligibility criteria – should be “transparent and should not inappropriately restrict legitimate access to care” to meet needs that call for the provision of a social care service.
- 4.2 The projected growth in the numbers and proportions of older people; the need to continually improve health and social care outcomes; and the increasing cost of formal care mean that our strategic objective is to shift the balance of care for our older people, and develop preventative strategies. This means optimising independence and wellbeing by enabling people to stay at home or in a homely setting, with maximum independence, for as long as possible – through access to universal services, through supporting unpaid carers and through a focus on reablement and rehabilitation. The Scottish Government and COSLA 2009 guidance is attached for information as a background paper. (A)
- 4.3 Inverclyde's Eligibility Criteria Procedure and Guidance are attached for information as a background paper (B) and are based on the Scottish Government and COSLA 2009 guidance for local authorities for national eligibility criteria and waiting times. They also take account of the powers and duties under the Self Directed Support (Scotland) Act and new requirements under Carers (Scotland) Act 2016.

The eligibility criteria set out the conditions and circumstances which determine access to community care services provided by or on behalf of Inverclyde HSCP.

- 4.4 There are four reasons why we have eligibility criteria:-
- i. Social care resources are finite and should be targeted fairly and on those with the greatest need, this is achieved by using the same criteria for prioritising the needs of everyone who requests or requires a service.
  - ii. The Social Work (Scotland) Act 1968 requires local authorities to assess need. Once needs have been identified there is an obligation to provide through a support plan appropriate services to meet needs or make alternative provision until these can be provided.
  - iii. The NHS and Community Care Act 1990 require local authorities to publish information about services, for whom they are intended and how to access them. Published eligibility criteria are a public statement of how social work will respond to needs by establishing different levels of priority for access to care.
  - iv. Eligibility criteria provide transparency about the basis on which decisions are made by practitioners around providing services.

## 5.0 PROPOSALS

### 5.1 Principles that Underpin Eligibility Criteria

The national guidance identifies key principles that are required to underpin effective

and fair eligibility criteria:-

- i. Eligibility criteria should be applied only after an appropriate assessment (or review) of an individual's needs has taken place and require to identify the urgency of their situation.
- ii. They should be applied fairly across all care groups and all existing, as well as new, service users. Application of these criteria should not discriminate between people's needs on any other basis except risk to independent living and wellbeing.
- iii. There should be one core question that informs the decision around eligibility for a service:  

"Should an individual receive support from social work services to meet a need or not?"
- iv. People who are not eligible for direct services under the criteria are eligible to receive advice and information and should be directed to alternative sources of assistance.

## 5.2 Eligibility Categories

Following completion of an individual assessment, the eligibility criteria prioritise needs into four categories:-

- **Low:** promoting a person's quality of life or low risk to independence
- **Moderate:** the risk of some impairment to the health and wellbeing of a person or some risk to independence
- **Substantial:** the risk of significant impairment to the health and wellbeing of a person or significant risk to independence
- **Critical:** the risk of major harm/danger to a person or a major risk to independence

The eligibility categories are identified by determining the person's ability to maintain their health, wellbeing, independence and social involvement in 4 key areas:-

- Physical and mental health and wellbeing
- Personal care and domestic environment
- Participation in community life
- Carers support

## 5.3 Determining Level of Response

As part of the assessment and care planning process, it is for relevant social work practitioners and team leaders to consider how each individual's needs match against eligibility criteria in terms of severity of risk and urgency for intervention.

Some levels of need will call for services or other resources to be provided as a high priority. These would fall under the Critical and Substantial category.

In other circumstances the assessment may indicate a potential requirement for service provision in the longer term which could be averted if preventative intervention takes place. These would fall under the Moderate category and may require a response to prevent greater reliance on services in the future.

Some level of need may not call for any social care intervention as engagement in local communities or universal services may be the most appropriate way of addressing the need. These would fall into the Low category.

In such cases consideration will be given to provision as a preventative measure or in anticipation of a need for increased support at a future date, rather than wait until the situation deteriorates. This approach ties into the ethos of optimising independence and promoting self-reliance.

It also applies to the self-selection of low cost but high impact supports including maximising income, community alarms, meals at home, minor adaptations and equipment that may reduce the need for a greater level of support in future.

The eligibility criteria require to be applied at the initial assessment and all subsequent assessments and reviews. It is likely that over a period of time the individual's eligibility for a service may change either moving up to a higher level or, after a period of support and service, moving to a lower level of risk and need. This may be for a number of diverse reasons, such as after a period of rehabilitation or a change in the social circumstances. This process is illustrated by the flow chart attached as appendix A.

The national guidance links eligibility criteria to waiting times. The agreed performance measure is services should be in place no longer than 6 weeks following receipt of referral. The HSCP record waiting times and will link them to the eligibility criteria to allow reporting on performance and ensure those at Critical and Substantial need are assessed and support is in place within the agreed timescales. The application of eligibility will allow for prioritisation of referrals and ensure those at Critical need are responded to first.

#### 5.4 Access Criteria

Eligibility criteria and access criteria are directly linked but have a distinct and separate purpose.

Once an individual's eligibility for a service has been identified then access to the appropriate level of support can be arranged. Each service requires to have access criteria which will ensure that the service is targeted appropriately.

An example may be services for adults with learning disability where it would not be appropriate to place an older person. Similarly a day care service which supports frail and dependant older people who require personal care support would be inappropriate for an active person who would benefit from social interaction. Appropriate targeting of services prevents individuals receiving a level of service that compromises their independence and, ultimately, wellbeing.

#### 5.5 Eligibility Criteria and Self-Directed Support

The Social Care (Self Directed Support) (Scotland) Act 2013 sets out new duties and responsibilities for local authorities. The local authority must collaborate with the person around assessment and the provision of support or services. This will be achieved by increasing the individual's choice and control over how services are provided, maximising the involvement of the person in the process (to a level that the individual wishes) and to provide reasonable assistance to enable the person to express their views and to make informed choices.

The Act also emphasises that eligibility criteria refer to the service user's assessed

level of need and not the type or level of service. This does not mean services cannot have access criteria. Once the individual budget is determined then the service user is able to spend this budget on any type of service or support that is agreed by the Council in the support or care plan to meet their needs.

The diagram (Appendix A) illustrates how the intensity of risk and access to care services is determined using the standard eligibility criteria.

## 6.0 SUMMARY

6.1 Our resources are targeted to those people described as being at Critical, Substantial or Moderate risk. People in these categories are in the greatest need of support to allow them to maintain their independence safely. People whose needs fall into the Low risk group may not automatically qualify for services, however, they will receive an assessment and receive advice on suitable alternatives.

## 7.0 IMPLICATIONS

### Finance

7.1 There are no specific financial implications from this report. All activity will be contained within existing budgets.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

### Legal

7.2 None.

### Human Resources

7.3 There are no Human Resource implications at this time.

### Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
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√	NO -
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### **Repopulation**

7.5 None.

### **8.0 CONSULTATIONS**

8.1 None.

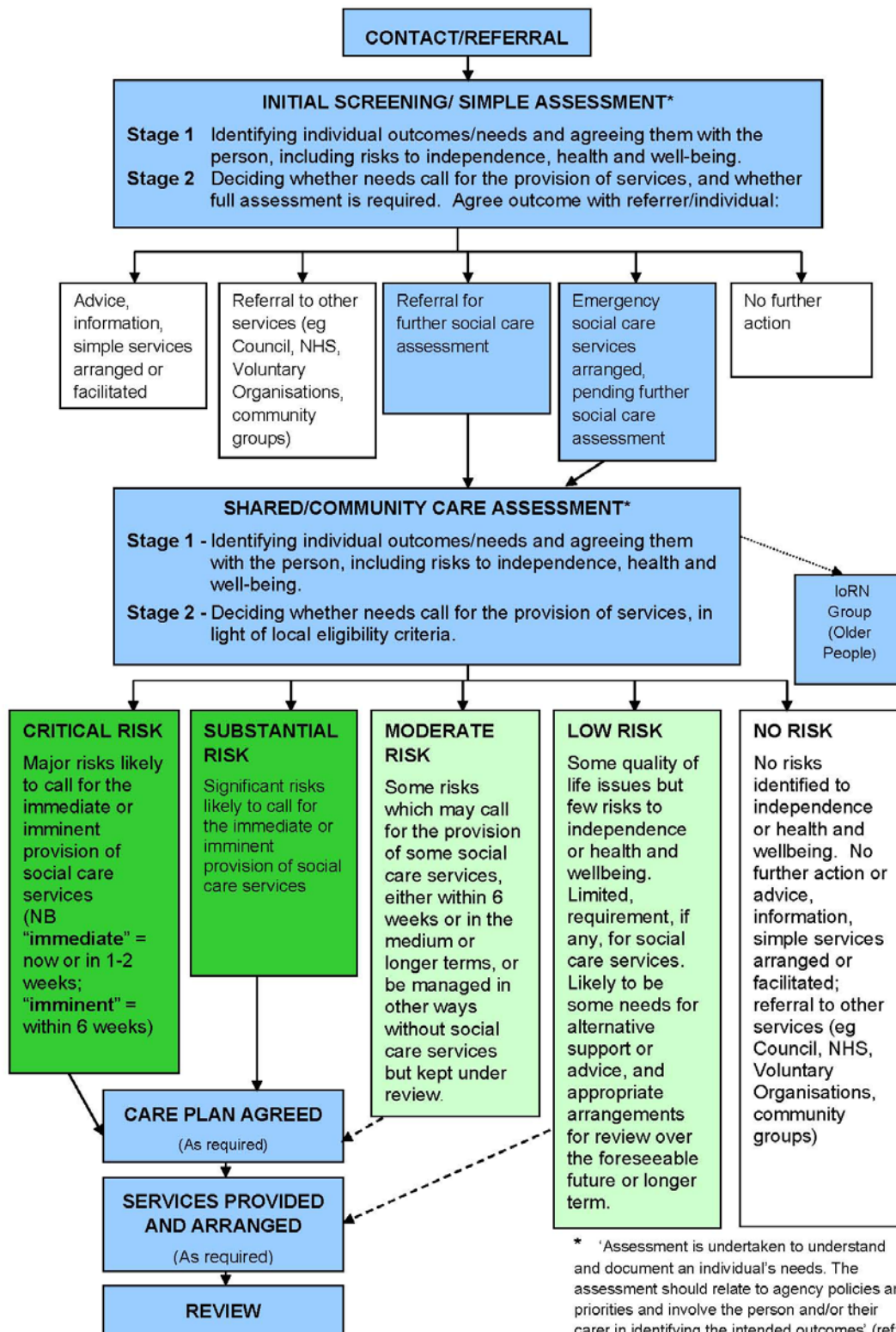
### **9.0 BACKGROUND PAPERS**

9.1 Outcome Focussed Eligibility Criteria: Procedure and Guidance Notes – September 2014.

9.2 National Standard Eligibility Criteria and Waiting Times for the Personal and Nursing Care of Older People – Guidance.



Appendix A



# NATIONAL STANDARD ELIGIBILITY CRITERIA AND WAITING TIMES FOR THE PERSONAL AND NURSING CARE OF OLDER PEOPLE - GUIDANCE

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6.	<b>Assessment process and Eligibility Criteria</b>
7.	<b>Eligibility Criteria – a National Framework</b> <ul style="list-style-type: none"><li>– Definition of Risk Factors</li></ul>
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9.	<b>Managing Waiting Times</b> <ul style="list-style-type: none"><li>– Standard 6 Week Waiting Time from Confirmation of Need to Delivery of Service for older people</li><li>– Assessment Timescales</li></ul>
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# **NATIONAL STANDARD ELIGIBILITY CRITERIA AND WAITING TIMES FOR THE PERSONAL AND NURSING CARE OF OLDER PEOPLE**

## **INTRODUCTION**

1.1 This document is issued by Ministers as guidance under section 5(1) of the Social Work (Scotland) Act 1968. Its terms have been agreed jointly by the Scottish Government and the Convention of Scottish Local Authorities (COSLA).

1.2 The aim of this document is to help achieve better outcomes for older people. It seeks to deliver the shared commitments agreed by Scottish Ministers and local authority elected members, following publication of Lord Sutherland's review of free personal and nursing care, to be introduced in 2009-10, including:

- a common standard eligibility framework for older people which categorises the needs of individuals and which is applied by all local authorities;
- a common commitment to deliver personal and nursing care services to older people within a maximum period of six weeks following the identification of need, identified as being at critical or substantial risk as regards their independent living or wellbeing;
- the application of the Single Shared Assessment model, and associated tools, by local authorities and their partners as a key element in ensuring consistent processes for individual needs assessment;
- appropriate management and review arrangements for responding to the needs of individuals assessed as having less intensive care needs, including preventative services; and
- the provision of £40m in additional funding from 2009-10 to respond to the impact of existing funding pressures, as identified by Lord Sutherland, and deliver measurable improvements in access to services for individuals.

1.3 Whilst promoting consistent and transparent national standards, the guidance also seeks to re-enforce the following key principles:

- the central role of assessment in determining access to social care services;
- the responsibility of local authorities to determine the provision of care services in their areas, taking account of their financial and other resources and the costs of service provision;
- that the prioritisation process should target resources towards responding to people at critical or substantial risk as regards independent living or wellbeing, whilst not excluding consideration of the benefits of preventative support and less intensive care services for people at less risk.

1.4 The implementation of this guidance will assist Councils and Partnerships to deliver improved outcomes for older people as set out in the National Framework for Community Care Outcomes.

1.5 It is also recognised that some councils might choose to apply the eligibility framework set out within this guidance to all community care groups – the framework is generic and need not be confined solely to the management of older people’s care. It has been written in such a way that it can be applied consistently across all adult care groups if individual councils choose to do so. However, this is a matter solely for individual councils and is not tied to the agreement between Scottish Government and council Leaders on Free Personal and Nursing Care.

## **TIMESCALES**

2.1 Councils are expected to ensure by **1 December 2009** that their local eligibility criteria and definitions for older people and the timescales for accessing personal and nursing care services are compatible with the national definitions and standards set out in this document.

## **FUNDING**

3.1 The costs of implementing this guidance, alongside councils’ existing expenditure on care services for older people, should be met from the £40 million in additional funding for 2009-10 allocated by Ministers.

## **BACKGROUND – SUTHERLAND REVIEW**

4.1 The need for a national eligibility framework was originally identified in 2008 in reports on Free Personal Care published by Audit Scotland and subsequently by Lord Sutherland’s Independent Review of Free Personal and Nursing Care in Scotland. Lord Sutherland’s report acknowledged that it is an accepted principle of social care policy that local authorities will manage their resources to focus first on supporting those people who are in most urgent need. Lord Sutherland concluded that whilst the majority of councils were operating local arrangements in an appropriate way, it was crucial that the levers used by councils to manage access to finite care services - such as waiting lists and eligibility criteria - should be “transparent and should not inappropriately restrict legitimate access to care” to meet needs that call for the provision of a social care service.

4.2 Lord Sutherland concluded that greater national consistency in standards and expectations could be achieved without compromising local decision making. He recommended that there should be:

- a clear entitlement for those assessed as needing personal and nursing care, analogous with the NHS;
- a standard eligibility framework ;
- common assessment processes; and
- clearly stated target waiting times.

4.3 Lord Sutherland recommended that the move to more consistent and transparent processes should be linked with improved public information and understanding of the policy and better monitoring of financial and other information at local and national levels.

4.4 To support this approach, Scottish Ministers agreed to provide £40 million in additional funding to local authorities from 2009-10 to help stabilise the FPNC policy and improve outcomes for older people and more widely for all community care client groups. The specific focus of the resources is:

- to address the Free Personal Care funding shortfall identified in Lord Sutherland's report;
- to assist councils that have ceased charging older people for meals preparation or will cease these charges by 1 April 2009; and
- to assist the development of more consistent and transparent arrangements for eligibility and access to community care services, including waiting list management.

4.5 This guidance is issued within the context of significant changes to policy, planning and delivery of services for older people. The Sutherland Review<sup>(a)</sup> recommended that, alongside immediate actions to stabilise and improve the delivery and clarity of free personal and nursing care, Government at all levels should undertake a much wider review of future funding and delivery of long-term care services and actions to prepare for demographic change. The Scottish Government, COSLA, NHS Scotland and stakeholders are in the process of taking forward this wider review.

## **WIDER POLICY CONTEXT**

5.1 The projected growth in the numbers and proportions of older people; the need to continually improve health and social care outcomes; and the increasing cost of formal care mean that our strategic objective is to shift the balance of care for our older people, and develop preventative strategies. This means optimising independence and well being by enabling people to stay at home or in a homely setting, with maximum independence, for as long as possible - through access to universal services, through supporting unpaid carers and through a focus on re-ablement and rehabilitation.

5.2 This guidance, therefore, should be considered within the overall context of improving and sustaining the well-being of older people. Well-being is a broad-ranging concept affected in a complex way by a person's physical health, psychological state, level of independence, social relationships, and their

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(a) Independent Review of Free Personal and Nursing Care in Scotland – A Report by Lord Sutherland – April 2008. <http://www.scotland.gov.uk/Publications/2008/04/25105036/0>

relationships to salient features of their environment.<sup>1</sup> The improvement of well-being is allied to a more general move towards the personalisation of services, whereby people are encouraged to become actively involved in selecting and shaping the services they receive. Personalisation, including a strategic shift towards early intervention and prevention, will be the cornerstone of public services into the future.

5.3 The personalisation agenda marks a step-change in the way care and support services for older people are commissioned. Rather than only addressing illness or crisis interventions, services will be commissioned to promote and prolong well-being. Thus the emphasis has shifted to prevention. Older people in particular should benefit from the new commissioning agenda, including potential improvements in access to crucial low-level services that prevent further, more serious ill-health. To that end, it is recognised that councils and their partners will want to consider whether the provision of services or other interventions might help prevent or reduce the risk of an individual's needs becoming more intensive.

5.4 Similarly, the principle of re-ablement is at the heart of assisting older people to recapture and sustain well-being and autonomy after an acute episode of ill-health, or in the management of a long-term condition, or in response to a general deterioration in ability. This will normally involve intensive work with service users to increase their skills, confidence, and ability to live independently. This approach could involve assistive technologies like telecare, and is focused on achieving positive outcomes for older people, as well as reducing the number of people requiring ongoing social care support.

5.5 It is recognised that the use of eligibility criteria to manage demand for social care services alongside personalisation, early intervention and prevention, presents challenges for local partnerships. The Scottish Government and COSLA will seek to make available examples of good practice from the experience of partnerships in implementing this guidance.

5.6 It is also important that we learn from the experience of local authorities elsewhere in the UK in applying a national eligibility framework. In particular, a National Eligibility Framework – set out in the '*Fair Access to Care Services*' guidance – for social care services has operated in England for a number of years. During 2008, the UK Government commissioned the Commission for Social Care Inspection in England to undertake a review of the operation of the eligibility system. The Commission published its report in November 2008 and set out a number of recommendations for the future operation of the national eligibility framework for social care services in England. Elements of the Scottish guidance in this document aim to address concerns raised in the Commission's report. The framework emphasises the importance of the Single Shared Assessment as key to ensuring consistent processes in determining individuals' needs. Urgency of response has been included in the definitions of the eligibility categories. The framework also considers risk factors relating to carers in determining eligibility.

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<sup>1</sup> World Health Organisation, 2003

5.7 Finally, the guidance and eligibility framework is designed to sit alongside other current relevant strands of work, including, for example, shifting the balance of care from hospital and residential care to home-based services; <http://www.shiftingthebalance.scot.nhs.uk/> action to enhance support for people with long-term conditions [www.scotland.gov.uk/Topics/Health/NHS-Scotland/Delivery-Improvement/1835/210369](http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/Delivery-Improvement/1835/210369); a new strategy for carers, to be published in 2010; further development of the personalisation agenda, building on the work that emerged from Changing Lives; and new approaches to the delivery of home care services. Further relevant policy documents are available on the Scottish Government web page: <http://www.scotland.gov.uk/Topics/Health>. These developments are particularly important in balancing the requirement to respond to immediate, high level care needs, with the aim of developing more personalised, self-managed and preventative care services described above.

## ASSESSMENT PROCESS AND ELIGIBILITY CRITERIA

6.1 Under section 12A of the Social Work (Scotland) Act 1968 (“the 1968 Act”), local authorities have a duty to assess any adult who appears to need community care services. Good quality assessment practice is vital to the provision of better outcomes for people with social care needs and to ensuring consistency and transparency in how decisions are reached:

- Circular CCD8/2001: *Guidance on Single Shared Assessment of Community Care Needs* confirmed that the adoption of Single Shared Assessment was integral to the delivery of community care services.
- Circular CCD3/2008: *National Minimum Information Standards for Assessment and Care Planning for Adults* provided an updated version of the National Minimum Information Standards (NMIS) for assessment and introduced new standards for shared care and support plans, and for reviews. All partnerships were asked to ensure that they were operating the updated guidance, at least within their paper systems, by March 2009.

6.2 Assessment of needs is, of course, not a static process. Individuals’ needs can change over time, even over relatively short timescales. For example, an individual’s assessed needs may call for the provision of a certain level of services following discharge from hospital, but a different level of service once they are re-established in their own home. The operation of eligibility criteria and timescales by local authorities should take account of the wider care management and review process.

6.3 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.

6.4 The 1968 Act recognises the central role of the local authority in determining where there is need that calls for the provision of community 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 community care client group.

Effective deployment of resources will include ensuring that they are applied in a fair, consistent and transparent manner. Eligibility criteria assist local authorities to achieve fairness, consistency and transparency in how decisions are taken. This guidance promotes a nationally consistent approach to the way in which local eligibility criteria are formulated whilst recognising that eligibility for community care services is fundamentally a matter for the local authority.

6.5 If someone appears to be in need of community care services they should receive a care needs assessment. Local authorities are encouraged to set a low threshold for access to a care needs assessment. Whether someone is eligible for a community care service is a matter that will be determined, having regard to eligibility criteria, by assessing the person's need for community care services and deciding whether there is need that calls for the provision of such a service. To support the policy direction on personalisation and self management, self assessment tools have a significant function in enabling the user or carer to consider the key outcomes they would like to achieve as part of their assessment of need.

6.6 Eligibility criteria recognise urgency and risk as factors in the determination of eligibility for community care services. Where an individual is eligible, the urgency of that individual's needs should be kept in focus in determining how to respond to the care needs assessment or on-going review. It is fundamental to the approach set out in this guidance that individuals who require services should not simply be placed in a date order queue. Response to need should be informed by the continuing systematic review of each individual's needs, including consideration of how urgently service provision is called for and what interim measures may be appropriate pending a more permanent response.

6.7 It is important to recognise that need, and the response to need, is often not a matter of simple assessment and response. For example, where there is a need for a range of services, the various needs and the various services that may be provided, or available, to meet those needs will be interdependent. This is where high quality professional judgement and the effective deployment of available services and resources to meet need is critical.

6.8 The following sections cover two separate elements:

- The first section (paragraphs 7.1 - 8.5) provides guidance on the application of a standard national framework for eligibility criteria for access to personal and nursing care services for older people.
- The second section (paragraphs 9.1-9.8) provides guidance on standard timescales for the delivery of personal and nursing care services.

## **ELIGIBILITY CRITERIA – A NATIONAL FRAMEWORK**

7.1 This section sets out a national framework for eligibility criteria that local authorities should use in setting local eligibility criteria for access to personal and nursing care services for older people. Local eligibility criteria indicate what level of need councils and their partners recognise as requiring services. In setting such



criteria, local authorities will have regard to a range of factors including the overall level of resources available to meet need, the cost of service provision and ensuring equity in their service decisions. Eligibility criteria are a method for deploying limited resources in a way that ensures that those resources are targeted to those in greatest need, while also recognising the types of low level intervention that can be made to halt the deterioration of people in less urgent need of services. Eligibility criteria are intended to apply fairly and not discriminate between people's needs on the basis of age, client-group, geographical location, gender, ethnicity, social class, sexuality, or any other basis apart from risk to independent living and well-being.

7.2 The framework set out below is based on eligibility frameworks already operated by a majority of councils in Scotland for social care services. The operation of the national framework should continue to be based on an assessment, through the Single Shared Assessment process, of the needs of service users and risks to each individual's independent living and well-being. The framework considers both (a) the severity of the risks and (b) the urgency for intervention to respond to the risks. Some levels of risk will call for the provision of services as a high priority whilst others may call for some service provision, not as a high priority but managed and prioritised on an ongoing basis. Some may not call for any social care service at all as engagement in local community activities may be the most appropriate way of addressing the need. In other circumstances the assessment may indicate a potential requirement for service provision in the longer term which requires to be kept under review. As part of the process for assessment and considering whether an individual's needs call for the provision of services, it is for relevant social work staff to consider how each individual's needs match against eligibility criteria in terms of severity of risk and urgency for intervention. The eligibility framework prioritises risks into 4 bands: critical, substantial, medium and low:

### **Intensity of Risk**

**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).

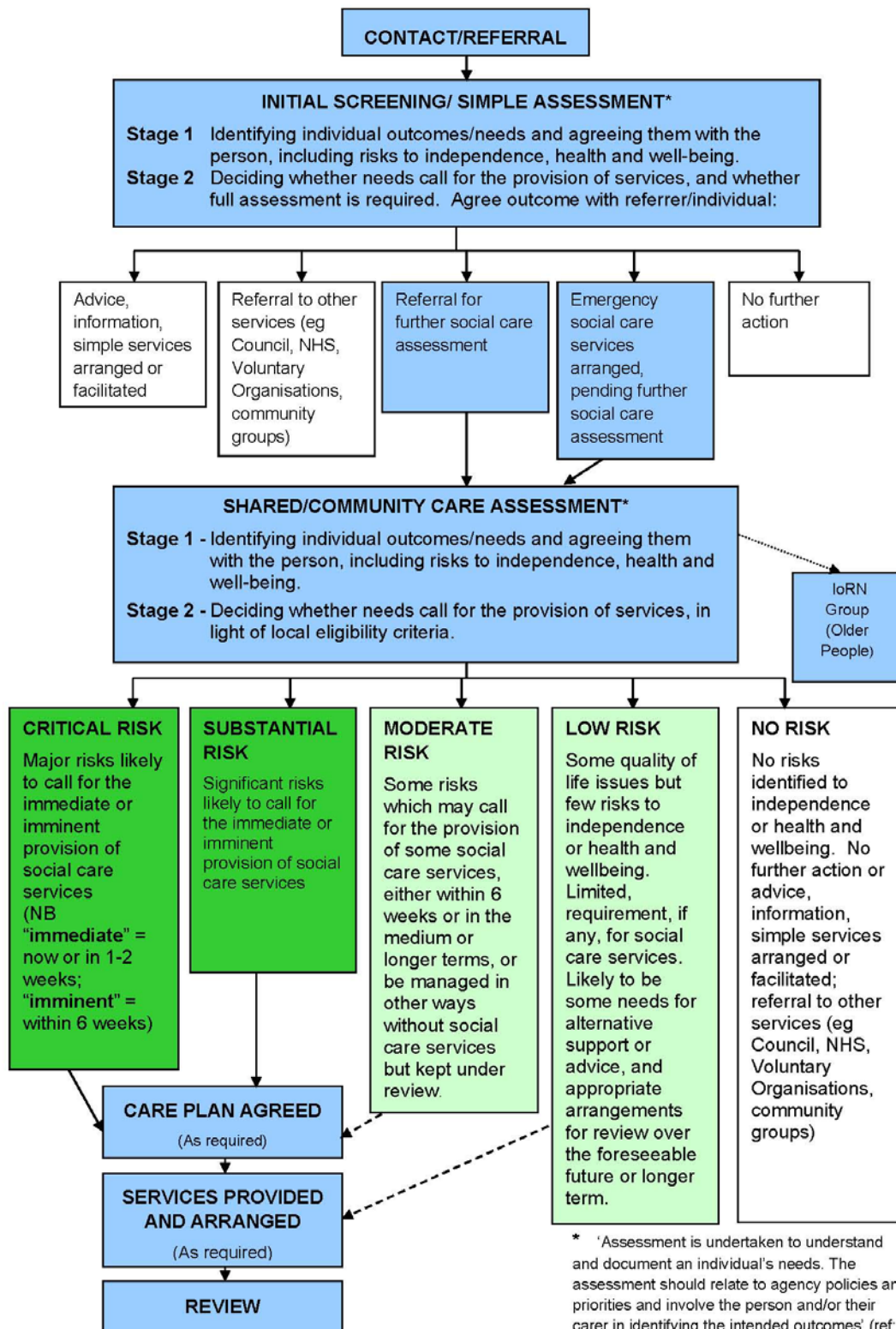
**Moderate Risk:** Indicates that there are some risks to an individual's independence or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an ongoing basis or they may simply be manageable over the foreseeable future\* without service provision,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

In these definitions, the timescale descriptions (marked \*) are used to indicate that services are likely to be required as follows:

- **Immediate** – required now or within approximately 1-2 weeks;
- **Imminent** – required within 6 weeks;
- **Foreseeable future** – required within next 6 months;
- **Longer term** – required within next 12 months or subsequently.

**7.3 The following diagram illustrates how the intensity of risk and access to care services is determined using the standard eligibility criteria:**



7.4 The above framework acknowledges that, in managing access to finite care resources, local authorities and their local partners focus first on those people assessed as having the most significant risks to their independent living or well-being. Where people are assessed as being in the ‘critical’ and ‘substantial’ risk categories their needs will generally call for the immediate or imminent provision of services. Those clients are entitled to receive such services and it is expected that they will receive them as soon as reasonably practicable and, in the case of older people in need of personal or nursing care services, not later than six weeks from the confirmation of need for the service. This is the minimum expectation on local partnerships. Both COSLA and the Scottish Government encourage partnerships to seek to provide support within their available resources, beyond this minimum level, and particularly to consider the benefits of preventative and lower intensity interventions. This is considered further in paragraph 8 below.

### Definition of Risk Factors

7.5 The following table provides definitions of risk factors for each of the bands in the national eligibility framework. These are based on definitions already operated by some Scottish councils. Inevitably, these are broad descriptions and call on the judgement of those applying the eligibility criteria in each case. The Scottish Government, COSLA and ADSW will prepare “pen pictures” for each criterion to assist councils and their partners in interpreting the necessarily broad descriptions for each of the criteria.

**Table 1: Definitions of Risk / Priority**

<b>CRITICAL</b>	<b>SUBSTANTIAL</b>	<b>MODERATE</b>	<b>LOW</b>
<b>(High)</b>		<b>(Medium / Preventative)</b>	<b>(Low/ Preventative)</b>
<b>Risks relating to neglect or physical or mental health</b>			
Major health problems which cause life threatening harm or danger to client or others.	Significant health problems which cause significant risks of harm or danger to client or others.	Some health problems indicating some risk to independence and/or intermittent distress, potential to maintain health with minimum interventions.	Few health problems indicating low risk to independence, potential to maintain health with minimum interventions
Serious abuse or neglect has occurred or is strongly suspected and client needs protective intervention by social care services (includes financial abuse and discrimination).	Abuse or neglect has occurred or is strongly suspected (includes financial abuse and discrimination).	Vulnerable person need to raise their awareness to potential risks of abuse	Preventive measures including reminders to minimise potential risk of abuse

<b>CRITICAL</b>	<b>SUBSTANTIAL</b>	<b>MODERATE</b>	<b>LOW</b>
<b>(High)</b>		<b>(Medium / Preventative)</b>	<b>(Low/ Preventative)</b>
<b>Risks relating to personal care /domestic routines /home environment</b>			
Unable to do vital or most aspects of personal care causing a major harm or danger to client or others or major risks to independence.	Unable to do many aspects of personal care causing significant risk of danger or harm to client or others or there are significant risks to independence.	Unable to do some aspects of personal care indicating some risk to independence.	Difficulty with one or two aspects of personal care, domestic routines and/or home environment indicating little risk to independence.
Unable to manage the most vital or most aspects of domestic routines causing major harm or danger to client or others or major risks to independence.	Unable to manage many aspects of domestic routines causing significant risk of harm or danger to client or others or significant risk to independence.	Able to manage some aspects of domestic activities indicating some risk to independence.	Able to manage most aspects of basic domestic activities
Extensive/complete loss of choice and control over vital aspects of home environment causing major harm or danger to client or others or there are major risks to independence.	Substantial loss of choice and control managing home environment causing a significant risk of harm or danger to client or others or a significant risk to independence.	Able to manage some aspects of home environment, leaving some risk to independence.	Able to manage most basic aspects of home environment
<b>Risks relating to participation in community life</b>			
Unable to sustain involvement in vital aspects of work/ education/ learning causing severe loss of independence.	Unable to sustain involvement in many aspects of work/ education/ learning causing a significant risk to losing independence.	Unable to manage several aspects of involvement in work/ learning /education and this will, in the foreseeable future, pose a risk to independence.	Has difficulty undertaking one or two aspects of work/learning / education / family and/or social networks indicating little risk to independence.
Unable to sustain involvement in vital or most aspects of family /social roles and responsibilities and social contact causing severe loss of	Unable to sustain involvement in many aspects of family /social roles and responsibilities and social contact causing significant distress and/or risk to	Able to manage some of the aspects of family / social roles and responsibilities and social contact, that pose some risk to independence.	Able to manage most of the aspects of family / social roles and responsibilities and social contact, that pose some risk to independence.

CRITICAL	SUBSTANTIAL	MODERATE	LOW
(High)		(Medium / Preventative)	(Low/ Preventative)
independence.	independence.		
<b>Risk relating to carers</b>			
Carer has major physical/mental health difficulties due to the impact of their role as a carer causing life threatening harm or danger to themselves or others.	Carer has significant physical / mental health difficulties due to the impact of their role as a carer causing significant risk of harm or danger to themselves or others.	Carer able to manage some aspects of the caring / family / domestic / social roles. Potential risk to breakdown of their own health identified.	Carer able to manage most aspects; has difficulty undertaking one or two aspects of their caring / domestic role but with low risk.
There is a complete breakdown in the relationship between client and carer and carer is unable to continue caring or has difficulty sustaining vital or most aspects of their caring role.	There is a significant risk of breakdown in the relationship between client and carer and carer is unable to sustain many aspects of their caring role.	Relationship maintained although at times under strain between client and carer/ limiting some aspects of the caring role.	Relationship maintained between client and carer by limiting aspects of the caring role.
Carer is unable to manage vital or most aspects of their caring / family / work / domestic / social roles and responsibilities.	Carer is unable to manage many aspects of their caring / family / work / domestic / social roles and responsibilities.	Carer is able to manage some aspects of their caring / family / work / domestic / social roles and responsibilities	Carer is able to manage most aspects of their caring / family / work / domestic / social roles and responsibilities

7.6 It is for the Chief Social Work Officer / Director of Social Work to consider the changes necessary to any existing eligibility criteria in order to meet the requirements of the standard national eligibility framework. Each local authority should ensure that their local eligibility criteria are compatible with the national eligibility framework and definitions set out above, as well as ensuring that their arrangements for accessing care services are lawful and have been the subject of an equality impact assessment.

7.7 A key aim is to ensure that eligibility criteria are operated as consistently as possible by staff and that there is transparent understanding amongst service users, their families and the wider public about how decisions about access to care services are reached. It will be necessary for councils to train staff and prepare relevant public information on revised local eligibility criteria.

## **MODERATE AND LOW RISKS**

8.1 The aim of the guidance set out above is to ensure greater consistency and transparency in standards for access to care services.

8.2 It remains the statutory responsibility of each local authority to assess the potential needs of each individual and consider whether those needs call for the provision of some social care service. An individual client may be assessed as having being at 'moderate' or 'low' risk, but this may still be considered by the council to require the provision of services. If so, the urgency for such intervention will require to be considered in determining how to respond to the care needs assessment or on-going review. As previously stated, it is not considered appropriate simply to place individuals who require services in a date order queue. Response to need should be informed by the continuing systematic review of each individual's needs, including consideration of how urgently service provision is called for and what interim measures may be appropriate pending a more permanent response.

8.3 It is also important that councils and their partners consider whether the provision of services or equipment or other interventions might help prevent or reduce the risk of an individual's needs becoming more intensive.

8.4 Councils should ensure that they have in place clear arrangements for meeting, managing or reviewing the needs of individuals who are not assessed as being at 'critical' or 'substantial' risk, including:

- adopting a strong preventative approach to help avoid rising levels of need;
- embedding preventative strategies at every level of the social care system, informed by assessment of local needs and created in partnership with relevant agencies;
- timely investment in re-ablement services, therapy, intermediate care and assistive technologies to reduce the number of people requiring ongoing social care support;
- an actively managed waiting list for those who are intended to receive service provision;
- a clear timescale for review of needs arising from the care needs assessment;
- provision of advice on alternative sources of support and request to contact relevant referring agent if needs change.

8.5 As set out in previous guidance, individual clients should receive clear information about the support they will receive based on the care needs assessment.

## **MANAGING WAITING TIMES**

9.1 This section sets out requirements for the operation of a standard national waiting time for the delivery of personal and nursing care services for older people.

As acknowledged in section 6, local authorities need to be able to manage their resources to effectively meet demand for care services.

9.2 As noted above, drawing on the national framework, local eligibility criteria should be based on an assessment of the severity of risks to independence and wellbeing and the urgency with which any social care intervention is called for.

9.3 Those people assessed as being at 'critical' or 'substantial' risk are likely to have an immediate or imminent requirement for care services. For people at 'critical' risk, local authorities will continue to arrange and deliver services as a matter of urgency, often within a matter of days.

9.4 For older people in need of personal and nursing care services assessed at 'critical' or 'substantial' risk, a maximum 6 week waiting time standard is defined in this guidance.

### **Personal and Nursing Care Services - Standard Waiting Time from Confirmation of Need to Delivery of Service**

9.5 For older people assessed as being at 'critical' or 'substantial' risk there should be a standard maximum waiting time for personal and nursing care services of **six weeks (42 calendar days)** from the 'confirmation of need' to the 'delivery of service':

- "Confirmation of need" means the point at which an individual's need for personal or nursing care services is identified against the eligibility criteria following the care needs assessment or review. The individual may already be in receipt of some existing or emergency service or services.
- "Delivery of service" means the point at which personal and nursing care services as set out in the agreed Care Plan are being delivered to the client. It is acknowledged that some elements of the full agreed Care Plan, e.g. complex equipment or adaptations may not fully be in place.
- "Personal and nursing care services" means social care within the meaning of section 1 of, and schedule 1 to, the Community Care and Health (Scotland) Act 2002 as read with any regulations made under section 1 or 2 of that Act.

9.6 The terms of the definitions will be given in more detail in the guidance on monitoring and reporting that will issue separately.

9.7 Chief Social Work Officers / Directors of Social Work should ensure that their local arrangements aim to deliver agreed personal and nursing care services for all older people within the 'critical' or 'substantial' bands, as defined in the national eligibility framework, within the standard 6 week timescale.

9.8 Local authorities should keep under review both the overall management of waiting times against the standard and particular circumstances where the standard is not met for whatever reason.



## Assessment Timescales

9.9 As noted above, local authorities have a clear statutory duty to assess the needs of any adult who appears to be in need of community care services. It would not be appropriate for delays with assessment processes to be used to manage access to or demand for social care services. It is not possible to determine fully the urgency with which an individual might require services before an assessment has commenced. However, COSLA and the Scottish Government have agreed that local partnerships should monitor the timescales from first referral to confirmation of need and summary information should be collected nationally.

- “First referral” means the point at which the potential need for an assessment is first notified to the council or a care needs review is initiated.
- “Confirmation of need” means the point at which an individual’s needs are identified against the eligibility criteria following the care needs assessment or review.

9.10 No firm standard or target has been set for this timescale. However, COSLA and the Scottish Government will keep under review the information collected from councils on the actual timescales between first referral and confirmation of need and consider what appropriate standard or standards might be applied in future. As with the “delivery of service” measurement, more detailed guidance on the national measurement of actual timescales experienced will be issued separately.

## NATIONAL MONITORING

10.1 The Scottish Government will continue to collect quarterly statistical information on the numbers of clients receiving Personal and Nursing Care services. It will also continue to collect specific information on local authority expenditure levels on personal and nursing care and other care services for older people through the annual Local Finance Returns.

10.2 In addition, the Scottish Government and COSLA will ask councils to compile, from **1 December 2009**:

- information on the numbers of individuals identified within the eligibility criteria;
- information on the timescales from initial referral to the confirmation of need, as described above and in the more detailed measurement guidance;
- information on timescales from the confirmation of need to the initial delivery of services, as described above and in the more detailed measurement guidance. This information will enable monitoring of the national standard.

## REVIEW

11.1 The Scottish Government and COSLA will continue to reflect on our work to stabilise the Free Personal and Nursing Care policy in general and the delivery of the eligibility framework in particular.

11.2 Local authorities and partners should keep under review the way that the eligibility criteria are applied locally in practice to ensure consistency, transparency, and fairness. A key aim is a transparent understanding amongst service users, their families and the wider public about how decisions about access to care services are reached.

11.3 Local profiling of the application of the eligibility criteria by age band, gender, relative need or dependency (Indicator of Relative Need group), and ethnic group will provide local authorities with the information they need to demonstrate over time, and, if they choose through 'benchmarking', the consistency with which they are applying the criteria. For many local authorities use of the IoRN will be new. Local authorities should ensure that they are able to collect and analyse IoRN information by the end of 2009/10.

11.4 Local authorities are asked to notify the Scottish Government and COSLA of any significant future changes to the operation of their eligibility criteria and waiting times.

## **CONTACTS**

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September 2009



**OUTCOME FOCUSSED ELIGIBILITY CRITERIA  
PROCEDURE AND GUIDANCE NOTES**

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## **PROCEDURE**

### **1. INTRODUCTION**

#### **1.1 What are Eligibility Criteria?**

Eligibility Criteria assist local authorities to achieve fairness, consistency and transparency in how decisions about resource allocation are taken. This eligibility criteria set out the conditions and circumstances which determine access to community care services provided by or on behalf of Inverclyde Community Health and Care Partnership Services in Inverclyde.

## **1.2 Risk and Urgency**

Eligibility criteria recognise urgency and risk as factors in the determination of eligibility for community care services. Where an individual is eligible, the urgency of that individual's needs should remain in focus when determining how to respond to the care needs assessment.

Individuals who meet the eligibility criteria may not simply be placed in a date order queue. The response to need should be informed by the continuing systematic review of each person's needs, including consideration of how urgently a service is required and what interim measures may be appropriate pending a longer term response.

Eligibility criteria should be applied fairly across all care groups and all existing as well as new service users. Application of these criteria should not discriminate between people's needs on any other basis except risk to independent living and wellbeing.

## **1.3 Early Intervention and Prevention**

There will be some people where the screening process or assessment places their needs in a category that would not warrant services being provided immediately.

In such cases consideration should be given to provision as a preventative measure or in anticipation of an imminent need for increased support, rather than wait until the situation deteriorates. This approach ties into the ethos of optimising independence and promoting self-reliance.

It also applies to the self-selection of low cost but high impact supports including community alarms, meals at home, minor adaptations and equipment that may reduce the need for greater level of support in future.

Service users who are discharged from hospital and may benefit from an enablement service or generic advice and guidance supports (including those provided by Money Matters and Housing Services) may be examples of early intervention that can reduce the requirement for greater levels of support.

## **1.4 Recording**

A person's eligibility category must be recorded on SWIFT for monitoring purposes; this will be captured through the SSAQ. Similarly, unmet need must be recorded for review and planning purposes.

## **1.5 Review**

All individuals with assessed needs should be subject to regular review to ensure that their changing need and eligibility for services are taken into account, recorded and support plans are adjusted accordingly.

# **2.0 APPLICATION OF THE ELIGIBILITY CRITERIA**

## **2.1 When to Apply**

Eligibility criteria should be applied only after an appropriate assessment of an individual's needs for community care services, taking account of the urgency of their situation. Good quality

collaborative assessment practice is vital to achieving better outcomes for people with social care needs.

## 2.2 Determining Timing of Response

Inverclyde Community Health and Care Partnership's eligibility criteria address both the severity of risks and the urgency of intervention to respond to risks. The department's allocation procedure allows for determination of the urgency of intervention when compared to the levels of risk and need.

## 2.3 Eligibility Criteria

Following completion of an individual assessment of need the eligibility criteria prioritises needs into four categories:

- **Low:** promoting a person's quality of life or low risk to independence
- **Moderate:** the risk of some impairment to the health and wellbeing of a person or some risk to independence
- **Substantial:** the risk of significant impairment to the health and wellbeing of a person or significant risk to independence
- **Critical:** the risk of major harm/danger to a person or a major risk to independence

The level of risk or need is characterised by four key aspects that affect an individual's ability to maintain their health, wellbeing, independence and social involvement:

- Physical and mental health and wellbeing
- Personal care and domestic environment
- Participation in community life
- Carers

### **Category 1 – LOW RISK: No foreseeable need for on-going social care and health services**

Low risk to individual's independence, health or wellbeing with very limited, if any, requirement for social work services within the next 12-months or could be met by universal services, advice and standard provision of self-selected services.

#### **Physical and mental health and wellbeing**

- Few health problems indicating low risk to independence
- Potential harm to maintain health with minimum intervention
- Preventative measures including reminders to minimise potential risk of harm

#### **Personal care and domestic environment**

- Difficulty with one or two aspects of personal care or domestic routines, indicating little risk to independence
- Able to manage most basic aspects of domestic activities and environment

#### **Participation in community life**

- Difficulty undertaking one or two aspects of work/education responsibilities, indicating low risk to independence

- Difficulty undertaking one or two aspects relating to family responsibilities or social support networks, indicating low risk to independence
- Able to manage most aspects of family responsibilities and social support networks, posing some risk to independence

### **Carers**

- Carer able to manage most aspects of their caring and domestic role and responsibilities, indicating low risk
- Carer is able to manage most aspects of their family and work responsibilities, indicating low risk
- Relationship is maintained between client and carer by limiting aspects of the caring role

## **Category 2 – MODERATE RISK: Foreseeable need for service without preventative intervention**

Moderate risk to individual's independence, health or wellbeing with limited requirement for on-going social work service though may benefit from assessment & enablement to prevent this. Services may be required within next 6-months.

### **Physical and mental health and wellbeing**

- Some health problems indicating some risk to independence and/or intermittent distress. Potential to maintain health and minimum interventions
- Need to raise awareness of vulnerable person to potential risk of harm

### **Personal care and domestic environment**

- Unable to undertake some aspects of personal care indicating some risk to independence
- Able to manage some aspects of domestic activities and/or home environment indicating some risk to independence

### **Participating in community life**

- Unable to manage several aspects relating to work/learning/education that, in the foreseeable future, will pose a risk to independence
- Able to manage some aspects of family roles and responsibilities , posing some risk to independence

### **Carers**

- Main carer able to manage some aspects of caring and family/domestic roles, posing some risk of breakdown in their own health
- Relationship between carer and service user under strain at times, limiting some aspects of the caring role or creating some risk of relationship breakdown

## **Category 3 – SUBSTANTIAL RISK: Imminent need for services**

Substantial risk to individual's independence, health or wellbeing with requirement for on-going social work services following a period of enablement or short term support. Services may be required within the next 6-weeks

### **Physical and mental health and wellbeing**



- Harm or neglect has occurred or is strongly suspected (including financial abuse and discrimination)
- Significant health problems which cause significant risk of harm or danger
- Palliative or end of life care needs

#### **Personal care and domestic environment**

- Unable to undertake many aspects of personal care causing significant risk of harm or significant risk to independence
- Unable to manage many aspects of domestic routines causing significant risk of harm or significant risk to independence
- Substantial loss of choice and control managing home environment causing a significant risk of harm or danger to self or others, or a significant risk to independence

#### **Participation in community life**

- Unable to sustain involvement in many aspects of work/education/learning causing significant risk to independence
- Unable to sustain involvement in many aspects of family/social roles, responsibilities and contact causing significant distress or risk to independence

#### **Carers**

- Significant health difficulties due to impact of their caring role causing significant harm or risk or danger
- Carer is unable to manage many aspects of their caring, family or employment responsibilities
- Significant risk of breakdown in the relationship between carer and service user and carer is unable to sustain many aspects of their caring role

#### **Category 4 – CRITICAL RISK: Immediate need for service**

The current situation poses a critical risk to individual's independence, health or wellbeing with a clear requirement for immediate on-going social work services. Services required now or within the next 1-week.

#### **Physical and mental health and wellbeing**

- Major health problems which present immediate threat of harm or major risk to independence
- Serious harm or neglect has occurred or is strongly suspected (including financial abuse and discrimination)
- End of life care needs

#### **Personal care and domestic environment**

- Unable to meet vital or most personal care needs causing major harm or major risk to independence
- Unable to meet vital or most aspects of domestic routines causing major harm or major risk to independence
- Homelessness of a vulnerable person
- Extensive/complete loss of choice and control over vital aspects of home environment causing major harm or major risk to independence

## **Participation in community life**

- Unable to sustain involvement in vital aspects of work/education/learning causing severe loss of independence
- Unable to sustain involvement in vital or most aspects of family/social roles
- Unable to sustain responsibilities and contact causing significant distress or risk to independence

## **Carers**

- Major health difficulties due to impact of their caring role causing life threatening harm or danger
- Complete breakdown in the relationship between service user and carer and the carer is unable to continue in their caring role
- Carer is unable to manage vital or most aspects of their caring roles and responsibilities

# **ELIGIBILITY CRITERIA – GUIDANCE FOR STAFF**

## **1.0 INTRODUCTION**

This guidance is intended to support staff to understand the context of how the Eligibility Criteria will be applied and provide case examples to inform practice.

### **1.1 What are Eligibility Criteria?**

This eligibility criteria set out the conditions and circumstances which determine access to community care services provided by or on behalf of Inverclyde CHCP in Inverclyde..

This is of interest to service users and the public to whom they might be applied and to staff who will make decisions about allocating resources based on the criteria.

Whether or not a service is provided will depend on an individual's assessed need, the availability of resources and the urgency of the response required to meet the assessed need.

Each of these elements is not static and will vary over time.

Eligibility Criteria also assist local authorities to demonstrate equity, consistency and transparency in how decisions about resource allocation are taken.

### **1.2 Why do we need an Eligibility Criteria?**

Eligibility criteria clarify the link between needs and resources, urgency and risk. There are four main reasons why we have eligibility criteria as part of the system for accessing social care.

- i. Social work resources are finite and variable and should be targeted fairly and on those with the greatest need, by using the same criteria for prioritising the needs of everyone who requests or requires a service.
- ii. The Social Work (Scotland) Act 1968 requires local authorities to assess need. Once needs have been identified there is an obligation to provide through a support plan or care plan, appropriate services to meet needs or make alternative provision until these can be provided.

Having regard to the 'greatest need' when allocating scarce resources (*McGregor v South Lanarkshire Council, 2000*).

- iii. The NHS and Community Care Act 1990 require local authorities to publish information about services, for whom they are intended and how to access them. Published eligibility criteria are a public statement of how social work will respond to needs by establishing different levels of priority for access to care.
- iv. Eligibility criteria create transparency about the basis on which decisions are made by practitioners about providing services.

### **1.3 Eligibility Criteria and Self-Directed Support**

This paper is based on the Scottish Government and COSLA 2009 guidance for local authorities on national eligibility criteria and waiting times.

The Social Care (Self Directed Support) (Scotland) Act 2013 sets out new duties and responsibilities for local authorities. The Act introduces two key principles underlying the provision of social care, the individual's right to dignity and to participate in the life of the community.

The local authority must collaborate with the person around assessment and the provision of support or services. This will be achieved by increasing the individual's choice and control over how services are provided, maximising the involvement of the person in the process (to a level that the individual wishes) and to provide reasonable assistance to enable the person to express their views and to make informed choices.

It also introduces a power for local authorities to provide services following assessment to informal carers; the Council has discretion to provide these services as a self-directed support option.

It details four options of self-directed support:

- Option 1 – The making of a direct payment
- Option 2 – The making of an individual service fund which means selection of support by the individual that is arranged by the local authority on behalf of the supported person
- Option 3 – The provision of support by or on behalf of the local authority
- Option 4 – The selection by the supported person of a combination of options 1, 2, or 3.

The Act also emphasises that eligibility criteria refers to the service users assessed level of need and not the type or level of service. This does not mean services cannot have access criteria. Once the individual budget is determined then the service user is able to spend this budget on any type of service or support that is agreed by the Council in the support or care plan to meet their needs.

### **1.4 Principles that Underpin Eligibility Criteria**

Eligibility criteria should be applied only after an **appropriate** assessment of individual's needs, taking account of the apparent urgency of their situation. Good quality collaborative assessment practice is vital to achieving better outcomes for people with social care needs.

They should be applied fairly across all care groups and all existing as well as new service users. Application of these criteria should not discriminate between people's needs on any other basis except risk to independent living and wellbeing.

There should be one eligibility decision, based on the criteria.

**“Should an individual, receive support from social work services to meet a need or not?”**

People who are not eligible for **direct services** under the criteria are eligible to receive **advice and information** and be directed to appropriate sources of assistance.

Individuals who meet the eligibility criteria may not simply be placed in a date order queue. The response to need should be informed by the continuing systematic review of each person’s needs, including consideration of how urgently a service is required and what interim measures may be appropriate pending a longer term response.

A person’s eligibility category must be recorded on SWIFT for monitoring purposes; this will be captured through the SSAQ. Similarly, unmet need must be recorded for review and planning purposes.

All individuals with assessed needs should be subject to regular review to ensure that their changing need and level of priority for services are taken into account and support plans or care plans are adjusted accordingly.

### **1.5 Outcomes**

Social Services and Health have adopted an outcome focussed approach to its intervention, including service access, assessment, enablement and self-directed support. The Supported Self-Assessment Toolkit reflects this approach.

The adoption of the Joint Improvement Team (JIT) – Talking Points not only directs our practice, it ensures collaboration with service users and identifies outcomes that can support the application of the eligibility criteria when it applies to early intervention and prevention.

‘Where needs are tied to eligibility criteria, preventative work with people with low level needs may be excluded. Outcomes allow preventative work to take place while services and resources are prioritised for those most in need’

*(Ailsa Cook and Emma Miller Personal Outcomes Approach Practical Guide)*

JIT Outcomes cover three categories:

- i. Quality of life including wellbeing and health
- ii. Change in terms of skills and abilities
- iii. Process in terms of service user involvement

Full detail of the JIT Outcomes can be found at the following link.

<http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement/>

### **1.6 Early Intervention and Prevention**

There will be some people where the screening process or assessment places their needs in a category that would not warrant services being provided immediately.

In such cases consideration should be given to provision as a preventative measure or in anticipation of an imminent need for increased support, rather than wait until the situation

deteriorates. This approach ties into the ethos of optimising independence and promoting self-reliance.

The Talking Points Change Outcomes relate to the improvements in physical, mental or emotional functioning that individuals are seeking from any particular service intervention or support. For some people it might be possible to identify a point where the change has been achieved and then the focus moves on to maintaining a good quality of life with or without support from social services and health.

It also applies to the self-selection of low cost but high impact supports including community alarms, meals at home, minor adaptations and equipment that may reduce the need for greater level of support in future.

Service users who are discharged from hospital and may benefit from an enablement service or generic advice and guidance supports (including those provided by Money Matters and Housing Services) may be examples of early intervention that can reduce the requirement for greater levels of support.

### **1.7 Maximising Income**

Ensuring that people are aware of their benefit entitlement and supporting people to take this up should be a feature of every social work intervention. It is especially important when eligibility criteria are applied to target those in greatest need.

People with lower level needs and those with needs that is not eligible for social work support may have to use alternative routes. As well as offering prompts and checks on benefit take-up, staff should direct people to the appropriate agency.

## **2.0 APPLICATION OF THE ELIGIBILITY CRITERIA**

### **2.1 Determining Timing of Response**

Inverclyde Community Health and Care Partnership eligibility criteria address both the severity of risks and the urgency of intervention to respond to risks. The department's allocation procedure allows for determination of the urgency of intervention when compared to the levels of risk and need.

### **2.2 Determining Level of Response**

Some levels of need will call for services or other resources to be provided as a high priority whilst others may call for some services or other resources as a lesser priority. (Critical or Substantial Risk)

In other circumstances the assessment may indicate a potential requirement for service provision in the longer term which could be averted if preventative intervention takes place. (Moderate Risk)

Some may not call for any social care intervention as engagement in local communities or universal services may be the most appropriate way of addressing the need. (Low Risk)

As part of the assessment and care planning process, it is for relevant social work practitioners and Team Leaders to consider how each individual's needs match against eligibility criteria in terms of severity or risk and urgency for intervention.

### **2.3 Eligibility Criteria**

Following completion of an individual assessment of need the eligibility criteria prioritises needs into four categories:

- **Low:** promoting a person's quality of life or low risk to independence
- **Moderate:** the risk of some impairment to the health and wellbeing of a person or some risk to independence
- **Substantial:** the risk of significant impairment to the health and wellbeing of a person or significant risk to independence
- **Critical:** the risk of major harm/danger to a person or a major risk to independence

The level of risk or need is characterised by four key aspects that affect an individual's ability to maintain their health, wellbeing, independence and social involvement:

- Physical and mental health and wellbeing
- Personal care and domestic environment
- Participation in community life
- Carers

### **Category 1 – LOW RISK: No foreseeable need for on-going social care and health services**

Low risk to individual's independence, health or wellbeing with very limited, if any, requirement for social work services within the next 12-months or could be met by universal services, advice and standard provision of self-selected services.

#### **Physical and mental health and wellbeing**

- Few health problems indicating low risk to independence
- Potential harm to maintain health with minimum intervention
- Preventative measures including reminders to minimise potential risk of harm

#### **Personal care and domestic environment**

- Difficulty with one or two aspects of personal care or domestic routines, indicating little risk to independence
- Able to manage most basic aspects of domestic activities and environment

#### **Participation in community life**

- Difficulty undertaking one or two aspects of work/education responsibilities, indicating low risk to independence
- Difficulty undertaking one or two aspects relating to family responsibilities or social support networks, indicating low risk to independence
- Able to manage most aspects of family responsibilities and social support networks, posing some risk to independence

#### **Carers**

- Carer able to manage most aspects of their caring and domestic role and responsibilities, indicating low risk
- Carer is able to manage most aspects of their family and work responsibilities, indicating low risk
- Relationship is maintained between client and carer by ,limiting aspects of the caring role

## **Category 2 – MODERATE RISK: Foreseeable need for service without preventative intervention**

Moderate risk to individual's independence, health or wellbeing with limited requirement for on-going social work service though may benefit from assessment & enablement to prevent this. Services may be required within next 6-months..

### **Physical and mental health and wellbeing**

- Some health problems indicating some risk to independence and/or intermittent distress. Potential to maintain health and minimum interventions
- Need to raise awareness of vulnerable person to potential risk of harm

### **Personal care and domestic environment**

- Unable to undertake some aspects of personal care indicating some risk to independence
- Able to manage some aspects of domestic activities and/or home environment indicating some risk to independence

### **Participating in community life**

- Unable to manage several aspects relating to work/learning/education that, in the foreseeable future, will pose a risk to independence
- Able to manage some aspects of family roles and responsibilities , posing some risk to independence

### **Carers**

- Main carer able to manage some aspects of caring and family/domestic roles, posing some risk of breakdown in their own health
- Relationship between carer and service user under strain at times, limiting some aspects of the caring role or creating some risk of relationship breakdown

## **Category 3 – SUBSTANTIAL RISK: Imminent need for services**

Substantial risk to individual's independence, health or wellbeing with requirement for on-going social work services following a period of enablement or short term support. Services may be required within the next 6-weeks

### **Physical and mental health and wellbeing**

- Harm or neglect has occurred or is strongly suspected (including financial abuse and discrimination)
- Significant health problems which cause significant risk of harm or danger
- Palliative or end of life care needs

### **Personal care and domestic environment**

- Unable to undertake many aspects of personal care causing significant risk of harm or significant risk to independence
- Unable to manage many aspects of domestic routines causing significant risk of harm or significant risk to independence
- Substantial loss of choice and control managing home environment causing a significant risk of harm or danger to self or others, or a significant risk to independence

### **Participation in community life**

- Unable to sustain involvement in many aspects of work/education/learning causing significant risk to independence
- Unable to sustain involvement in many aspects of family/social roles, responsibilities and contact causing significant distress or risk to independence

### **Carers**

- Significant health difficulties due to impact of their caring role causing significant harm or risk or danger
- Carer is unable to manage many aspects of their caring, family or employment responsibilities
- Significant risk of breakdown in the relationship between carer and service user and carer is unable to sustain many aspects of their caring role

### **Category 4 – CRITICAL RISK: Immediate need for service**

The current situation poses a critical risk to individual's independence, health or wellbeing with a clear requirement for immediate on-going social work services. Services required now or within the next 1-week.

### **Physical and mental health and wellbeing**

- Major health problems which present immediate threat of harm or major risk to independence
- Serious harm or neglect has occurred or is strongly suspected (including financial abuse and discrimination)
- End of life care needs

### **Personal care and domestic environment**

- Unable to meet vital or most personal care needs causing major harm or major risk to independence
- Unable to meet vital or most aspects of domestic routines causing major harm or major risk to independence
- Homelessness of a vulnerable person
- Extensive/complete loss of choice and control over vital aspects of home environment causing major harm or major risk to independence

### **Participation in community life**

- Unable to sustain involvement in vital aspects of work/education/learning causing severe loss of independence
- Unable to sustain involvement in vital or most aspects of family/social roles
- Eligibility Criteria 14 August 2013
- Unable to sustain responsibilities and contact causing significant distress or risk to independence

### **Carers**

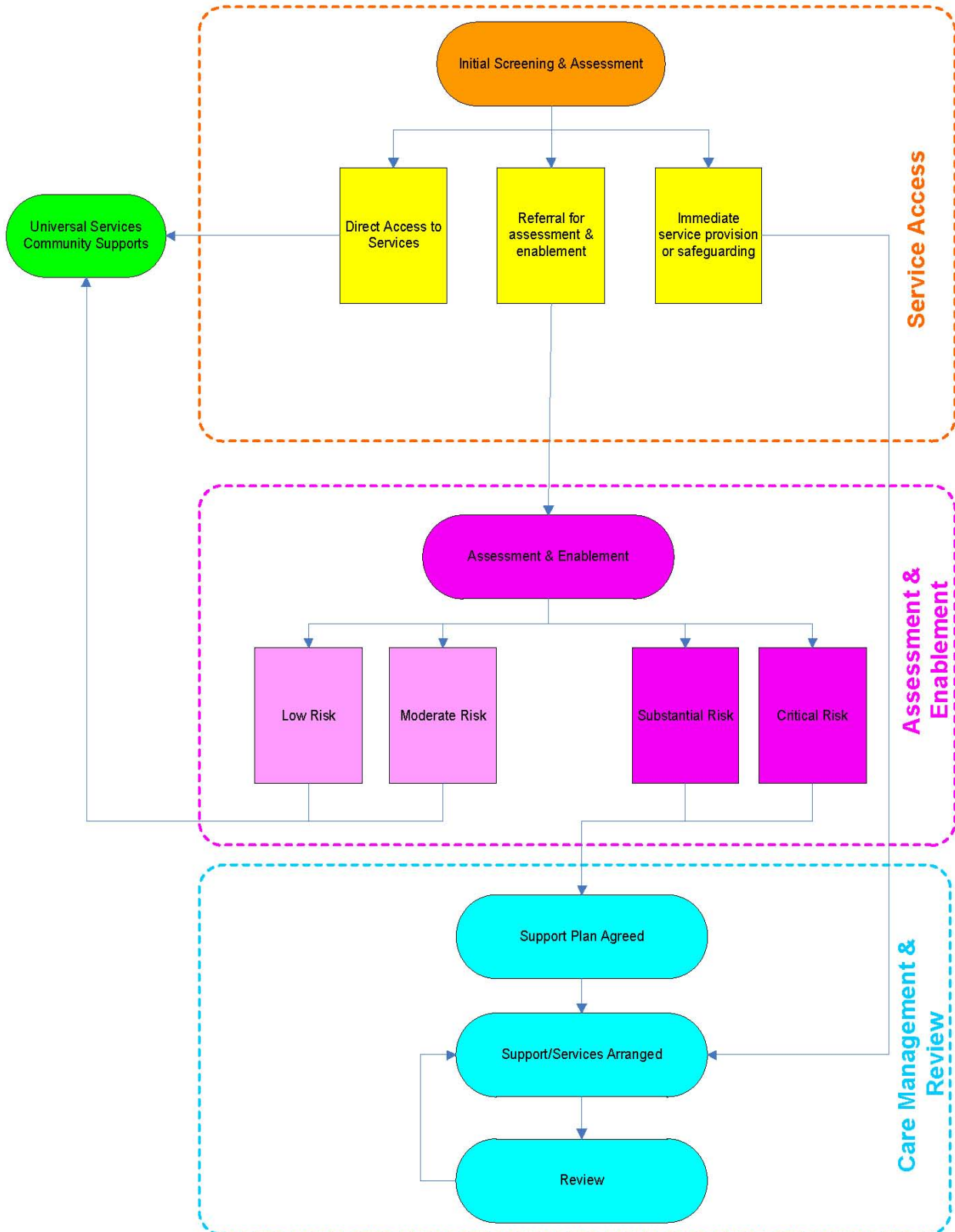
- Major health difficulties due to impact of their caring role causing life threatening harm or danger
- Complete breakdown in the relationship between service user and carer and the carer is unable to continue in their caring role



- Carer is unable to manage vital or most aspects of their caring roles and responsibilities

The diagram below illustrates the general process for the application of eligibility criteria.

# Eligibility Criteria



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<b>Report To:</b>	<b>Health and Social Care Committee</b>	<b>Date:</b>	<b>21<sup>st</sup> April 2016</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>SW/28/2016/HW</b>
<b>Contact Officer:</b>	<b>Helen Watson Head of Planning, Health Improvement &amp; Commissioning</b>	<b>Contact No:</b>	<b>01475 715285</b>
<b>Subject:</b>	<b>HSCP CAPITAL DEVELOPMENTS</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Health and Social Care Committee on the progress of the new Greenock Health and Care Centre and the Adult and Older People Continuing Care Beds for Health (Orchard Grove).

## **2.0 GREENOCK HEALTH AND CARE CENTRE**

- 2.1 Funding has been agreed by the Scottish Government to provide a new health and care centre in Greenock. The Initial Agreement has been approved by the NHSGGC Board and was approved at the Scottish Government Capital Investment Group meeting on 15<sup>th</sup> March 2016.
- 2.2 The site options process was concluded by the Greenock Health Centre Project Board on 26<sup>th</sup> February, where the options analyses were considered. The Project Board assessed that the option that met most of the core criteria was the Wellington Street site. That site is now established as the preferred site, so once the Initial Agreement has been approved by the Scottish Government, work can progress on developing the Outline Business Case (OBC) for the Wellington Street site. The OBC is due to be completed by October 2016.
- 2.3 Part of the OBC process will be to ensure stakeholder engagement. A series of sessions will be arranged by the Project Board and Delivery Group to allow staff and communities to be involved with the planning and design preferences. These sessions will also aim to showcase best practice from other parts of Scotland, including options for new ways of working that make the most of modern technology.
- 2.4 At an early point in the planning stage we will establish an Arts and Environment Group. The group will involve staff and community representatives to:
- Enhance the health centre environment
  - Involve the local community, staff, patients and their families
  - 'Green' the healthcare environment with inclusion of living plants and landscaping (where appropriate)
  - Provide a strategic direction in relation to arts and ongoing creative and performing arts activity that influences health and wellbeing.
- 2.5 The key project programme dates for the new health and care centre are detailed in the table below:

<b>Milestone</b>	<b>Planned Date</b>
Outline Business Case	October 2016
Full Business Case	October 2017
Financial Close	December 2017
Construction Begins	March 2018
Completion	July 2019

### **3.0 ADULT AND OLDER PEOPLE COMPLEX CARE BEDS - “ORCHARD GROVE”**

- 3.1 The development of a modern, fit-for-purpose facility to replace the old Ravenscraig Hospital provision has been agreed for some time now, and the Full Business Case (FBC) has already been approved by the Scottish Government. However the project was delayed due to a technical procurement issue that had to be resolved at national level. That issue has now been resolved and financial close was agreed by the Scottish Government on Friday 26<sup>th</sup> February 2016.
- 3.2 This means that construction can begin, scheduled to start on 16<sup>th</sup> May 2016 with completion due by 30<sup>th</sup> June 2017. Post completion there will be an 8 week commissioning period concluding with all patients from Ravenscraig hospital moving to Orchard Grove in August 2017. This will complete the redesign of in-patient services as proposed in The Clyde Modernising Mental Health Strategy.
- 3.3 In considering both the new Health & Care Centre and the Complex Care Beds development as part of a wider programme of capital improvements in Inverclyde, residents should see an improvement in the overall quality of their public sector estate. Orchard Grove aims to replace outdated and worn-out premises with a new, purpose-build facility fit for future needs in Inverclyde. Likewise, the new Health and Care Centre will allow us to close a number of old and unsuitable buildings and deliver services in a more joined-up way, from modern, purpose-built accommodation.

### **4.0 RECOMMENDATIONS**

- 4.1 The Health and Social Care Committee is asked to note the progress to date.

**Brian Moore**  
**Chief Officer**  
**Inverclyde HSCP**

## 5.0 IMPLICATIONS

### FINANCE

- 5.1 Financial Implications: NHSGGC is leading on this project and will hold the budget. The HSCP will work within the constraints of that budget.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

### LEGAL

- 5.2 There are no legal issues within this report.

### HUMAN RESOURCES

- 5.3 There are/are no human resources issues within this report.

### EQUALITIES

- 5.4 Tackling inequalities is one of the key drivers in our proposed operating model, so we anticipate a positive impact for those groups that experience a more negative experience of care and outcomes.

Has an Equality Impact Assessment been carried out?

<input type="checkbox"/>	YES (see attached appendix)
<input checked="" type="checkbox"/>	NO- This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

### REPOPULATION

- 5.5 There are no repopulation issues within this report.

## 6.0 CONSULTATION

- 6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social

Care Partnership (HSCP) after due consultation as noted within the body of the report.

## **7.0 BACKGROUND PAPERS**

7.1 None.

**INVERCLYDE COUNCIL  
HEALTH AND SOCIAL CARE COMMITTEE**

**AGENDA AND ALL PAPERS TO:**

Councillor McIlwee	1
Councillor Jones	1
Councillor Dorrian	1
Councillor McCabe	1
Councillor Brennan	1
Councillor McCormick	1
Councillor Ahlfeld	1
Councillor Rebecchi	1
Councillor MacLeod	1
Councillor Grieve	1
Councillor Campbell-Sturgess	1

All other Members (for information only) 9

**Officers:**

Chief Executive	1
Corporate Communications & Public Affairs	1
Chief Officer, Health & Social Care Partnership	1
Head of Children & Families & Criminal Justice	1
Head of Community Care & Health	1
Head of Planning, Health Improvement & Commissioning	1
Clinical Director	1
Head of Mental Health & Addictions	1
Corporate Director Education, Communities & Organisational Development	1
Chief Financial Officer	2
Corporate Director Environment, Regeneration & Resources	1
Head of Legal & Property Services	1
Vicky Pollock, Legal & Property Services	1
S Lang, Legal & Property Services	1
Chief Internal Auditor	1
File Copy	1
<b>TOTAL</b>	<b><u>37</u></b>

**AGENDA AND ALL NON-CONFIDENTIAL PAPERS TO:**

Community Councils 10

**TOTAL 47**