

REPORT

Item No: 12

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| SUBJECT: | Extending Free Personal Care to people under 65 |
| TO: | IJB Performance, Finance and Audit Sub-Committee |
| Lead Officer for Report: | Ross McGuffie, Interim Chief Officer |
| Author(s) of Report | Interim Head of Planning, Performance and Quality Assurance |
| DATE: | 19.02.19 |

1. PURPOSE OF REPORT

This paper is coming to the IJB Sub Committee

| | | | | | |
|--------------|--------------------------|-----------------|--------------------------|---------|-------------------------------------|
| For approval | <input type="checkbox"/> | For endorsement | <input type="checkbox"/> | To note | <input checked="" type="checkbox"/> |
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2. ROUTE TO THE IJB Sub Committee

This paper has been:

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| Prepared | <input checked="" type="checkbox"/> | Reviewed | <input checked="" type="checkbox"/> | Endorsed | <input type="checkbox"/> |
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2.1 The paper was prepared by the Interim Head of Planning, Performance and Quality Assurance.

3. RECOMMENDATIONS

3.1 The IJB Sub Committee is asked to;

- Note the content of the report
- Recognise that work is concluding to amend the Charging Policy to reflect the legislative changes which will be

4. BACKGROUND/SUMMARY OF KEY ISSUES

4.1 'Frank's Law', a campaign in memory of former Dundee United footballer Frank Kopel, resulted in cross part support for a member's bill by Miles Briggs MSP. The result of this campaign extends free personal care to people under 65 years of age in the same way that people over 65 currently receive.

4.2 The Community Care (Personal Care and Nursing Care)(Scotland) Amendment (No. 2) Regulations 2018 comes into force on 1 April 2019 and extends free personal care to those under the age of 65 years.

4.3 From 1 April 2019 free personal care will be available to all adults who are assessed as needing personal care regardless of age, condition, socio-economic status or marital status.

- 4.4 In addition to the extension of Free Personal Care The Carers (Scotland) Act 2016 took effect on April 1, 2018 to ensure better and more consistent support for carers so that they can continue to care, if they so wish, in better health and to have a life alongside caring. The Carers (Scotland) Act 2016 brought about changes to The Carers (Waive of Charges for Support)(Scotland) Regulation 2014 requiring local authorities to waive charges in relation to support to carers.
- 4.5 £638k is accounted for within the support at home and care home budgets, representing an income from “sales fees and charges” and our expenditure is currently suppressed by approx. £120k for contributions to respite. Work is currently underway with regard to chargeable services and non chargeable services.
- 4.6 It should be noted that the impact of introducing free personal care to under 65s was anticipated and substantial work has already been undertaken to mitigate the impact of the change. Individual budgets available to people through Self Directed Support are already predicated on the assumption that this resource adds to the person or the family resource rather than remains subject to a formal contribution.
- 4.7 Chargeable services remain some equipment and adaptations and housing support services such as managing a household budget, keeping safe and secure and getting help from other specialists. The complicated interplay between the two changes however, mean that in some circumstances, following completion of an Adult Carer Support Plan (ACSP) or Young Carer Statement (YCS), if the support directly benefits a carer, these charges too should be removed.
- 4.8 The interplay between the two legislative changes has resulted in work being done to ensure that there is not further inequity created as a by-product of interpretation, where two people receiving the same service will be treated differently in circumstances that there is no carer.

5. CONCLUSIONS

- 5.1 Extending free personal care to people under the age of 65 removes age discrimination and is welcomed by Health and Social Care North Lanarkshire.
- 5.2 Health and Social Care North Lanarkshire remains committed to income maximisation to ensure that people receive their fullest entitlement to resources.
- 5.3 Health and Social Care North Lanarkshire remains committed to prompting rehabilitation and recovery to ensure that people are able to live full and active lives in their local community, without formal supports for as long as possible
- 5.3 Changes to the Charging Policy for 2019/20 are being finalised.
- 5.4 Robust monitoring of demand will continue to review the potential impact of the changes to legislation and the financial risk resulting

6. IMPLICATIONS

6.1 NATIONAL OUTCOMES

By providing personal care free to people under 65 and waiving charges for people providing informal care the impact of disadvantage through disability is reduced. People with disability and carers through these measures will be able to look after their own health and wellbeing and live good healthy lives for longer, living independently at home.

6.2 ASSOCIATED MEASURE(S)

No further measures.

6.3 FINANCIAL

The risk management strategy in place to anticipate demand and monitor expenditure will specifically consider the impact on demand through the changes to charging which it is expected may increase requests for support.

6.4 PEOPLE

Briefings will be undertaken for staff directly involved in assessing and providing supports to ensure that the new arrangements are embedded prior to the 1 April start date.

6.5 INEQUALITIES

The changes to the charging arrangements for people under 65 and for carers reduces the inequity of different arrangements for those under and over 65 experiencing similar difficulties, often as a result of similar illnesses or disabilities.

7. BACKGROUND PAPERS

Nil

8. APPENDICES

Self Directed Support in North Lanarkshire

January 2019

1. Introduction

Self Directed Support in North Lanarkshire is a whole system approach. The National SDS Strategy 2010 – 2020 and the Social Care (Self Directed Support)(Scotland) Act 2013 sought to empower people with greater choice and control over their own support through the development of accessible and responsive services, supports and communities.

This report seeks to provide an update on the work done to promote choice and control in North Lanarkshire.

2. Whole System Approach

As a whole system approach, achieving positive health, wellbeing and inclusion is not just about services and supports. SDS adopts an assets based approach to people's own abilities, interests and strengths; it recognises the importance of people's own social capital with family, friends and relationships being one of the most important factors in people's lives; requires local communities to be welcoming and inclusive, recognising the important role of universal and 3rd sector services; as well as encourages openness and transparency in the allocation of individual resources available to organise more formal supports where people have priority 1 or 2 needs.

The whole system approach adopted in North Lanarkshire has resulted in the successful award of £441,776 over the next 2.5 years through the Support in the Right Direction Fund administered by Inspiring Scotland. Two bids from Voluntary Action North Lanarkshire and The North Lanarkshire Advocacy Project were successful. The focus of the bids was specifically designed to work hand in hand with the approach through statutory services, promoting community connection as the route to achieve empowerment, wellbeing and connection rather than through individual budgets. The increased capacity created through advocacy services again complements the contracts already in place to meet statutory and legislative advocacy provision, to increase support for people to be represented to empower choice, control and connection within families, neighbourhoods and communities.

3. Individual Budget Performance

For people eligible to receive ongoing support because they have Priority 1 or Priority 2 needs, a Guided Self Assessment is used alongside a formal outcomes based assessment to identify an indicative budget to inform planning. The Guided Self Assessment is designed to capture the impact of disability and identify a realistic indicative budget. The format of the Guided Self Assessment has sought to ensure that people with broadly similar needs get broadly similar allocations of resources in an open and transparent manner.

In light of the experience of using the Guided Self Assessment and following feedback from frontline practitioners, first line managers, provider organisations, people who lived experience of disabilities, family carers and interest groups, a major review of the design, content and funding structure was concluded in 2018.

A phased roll out of the revised Guided Self Assessment is currently underway but the main changes include:

- Simplifying the calculation of individual budgets remove methods of inflating and deflating budgets which existed in the previous version.
- Reducing the assessment domains from 8 to 4 main areas – personal care, eating and drinking, managing a home and risk.
- Making the indicative financial allocations clear on the GSA

The allocation of an indicative budget to plan remains the same whichever option the person chooses to adopt in organising their support.

The 4 Options available are:

Option 1 : Direct Payment – the person receives the payment directly

Option 2 : Individual Service Fund – the person chooses how to spend the budget but the local authority pays the individual budget directly to the provider

Option 3 : Managed Fund – the local authority decides on the support and manages the budget

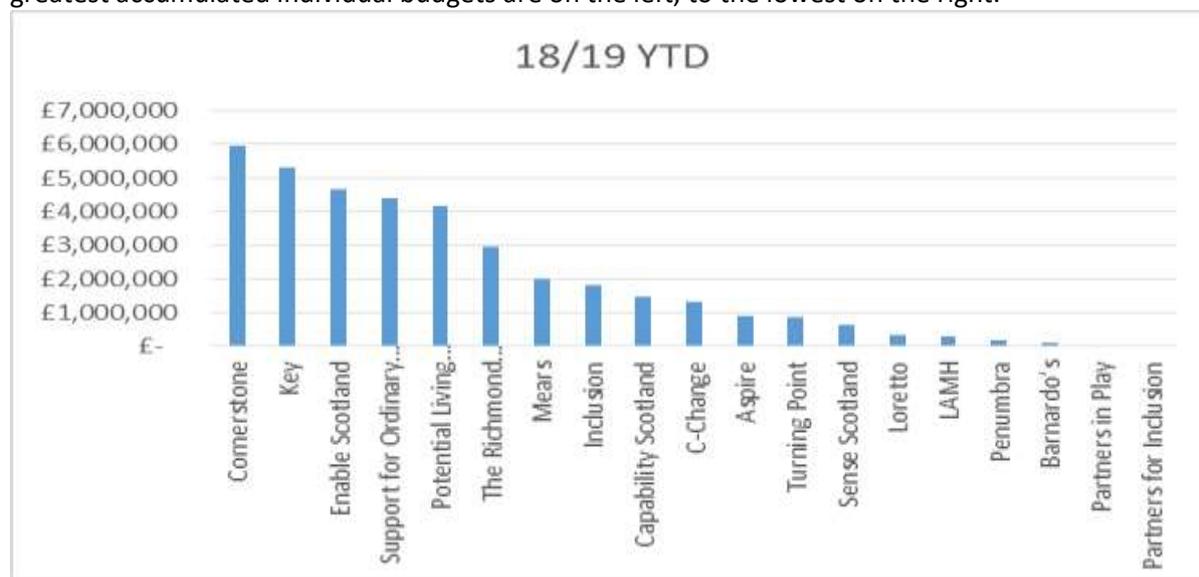
Option 4 : Combination of options 1,2 or 3

Work continues to shape the market of providers in North Lanarkshire. Knowing the financial resources available to organise support is not in itself empowering but requires providers who can demonstrate the ability to meet individual need flexibly and responsively. Quarterly development sessions continue to strengthen the partnership approach to supports involving the framework providers noted below;

| Framework providers - Adults | Framework providers – children and families |
|-------------------------------------|--|
| Aspire | Action for Children |
| Barnardo's | Aspire |
| Capability Scotland | Barnardo's |
| C-Change | Capability Scotland |
| Cornerstone | C-Change |
| Enable Scotland | Cornerstone |
| Inclusion | Enable Scotland |
| Key | Inclusion |
| LAMH | Key |
| Loretto | Partners in Play |
| Mears | Sense Scotland |
| Partners for Inclusion | |
| Partners in Play | |
| Penumbra | |
| Potential Living (VAMW) | |
| The Richmond Fellowship | |
| Sense Scotland | |
| Support for Ordinary Living | |
| Turning Point | |

A person can choose a provider which is not on the Framework through Option 1 or Option 2. The provider must however be appropriately registered with the Care Inspectorate and for Option 2, the local authority will agree an Individual Service Agreement with the provider.

The range of provision across the 19 adult framework providers is noted below. Providers with the greatest accumulated individual budgets are on the left, to the lowest on the right.



In the financial year April 2018 to date 1,416 people have received support through understanding their individual budget and making decisions about how it is used to achieve their outcomes. This number is already higher than last year. As noted in the table, over 83% of people understanding their individual budget choose to organise their support through a chosen provider rather than through a direct payment. Whilst direct payment numbers fluctuate and grow modestly year on year, there is not a wholesale shift to that method, which reflects the reliability and flexibility of the Framework providers.

| 2017/18 | Option 2 and 3 budgets | | Option 1 budgets | | Total | |
|-----------------------|------------------------|-------------------|------------------|------------------|--------------|-------------------|
| | People | Total value | People | Total value | People | Total value |
| Children and families | 98 | 713,801 | 58 | 325,184 | 156 | 1,038,985 |
| Adults | 1,020 | 38,862,365 | 137 | 3,809,319 | 1,157 | 42,671,684 |
| Older Adults | 63 | 750,218 | 34 | 578,617 | 97 | 1,132,835 |
| Total | 1,181 | 40,326,384 | 229 | 4,713,119 | 1,410 | 45,039,504 |

| 2018/19 (To Feb 2019) | Option 2 and 3 budgets | | Option 1 budgets | | Total | |
|--------------------------|------------------------|-------------------|------------------|------------------|--------------|-------------------|
| | People | Total value | People | Total value | People | Total value |
| Children and families | 82 | 891,966 | 56 | 337,819 | 138 | 1,229,785 |
| Adults | 1,008 | 42,896,484 | 144 | 4,518,581 | 1,152 | 47,415,065 |
| Older Adults | 98 | 1,557,409 | 28 | 606,004 | 126 | 2,163,413 |
| Total | 1,188 | 45,345,859 | 228 | 5,462,404 | 1,416 | 50,808,263 |

Average budgets for new adult recipients of support organised through Self Directed Support have grown slightly over the last three years, reflecting the increase in operating costs around staffing.

| | |
|---------|-----------------|
| 2016/17 | Average £21,734 |
|---------|-----------------|

| | |
|---------|-----------------|
| 2017/18 | Average £30,993 |
| 2018/19 | Average £31,273 |

Whilst the number of older adults in receipt of support organised knowing their individual budget is growing, there is work needed to ensure that people in receipt of local authority supports are reflected properly in the numbers reported. There is also development work with local authority and independent sector home support services needed to fully embed practices around individual budgets. This work is subject to a separate IJB report and will feature more significantly in future reports.

The Carer (Scotland) Act 2016 introduced individual budgets for carers where an Adult Carer Support Plan or a Young Carer Statement identify the need for this. In North Lanarkshire over 2018/19 only two such individual budgets were put in place. It is important to note however that the outcomes approach adopted in North Lanarkshire has seen carers and family members as an integral factor to the support of a person's own support arrangement. If for example, a family carer received driving lessons to maximise the opportunity of a mobility car which would offer the person with disability much more appropriate support with getting around than using taxis or public transport, then this could have been achieved through the person's individual budget rather than require a budget specifically for the carer.

The low uptake of care budgets therefore reflects the flexible approach already in place to support carers.

4. External Cost Pressures

The Self Directed Support budget is complex to manage as new demand is difficult to predict accurately and external cost pressures impact on the construction of individual support costs. The number of people living with particularly complex supports continues to increase year on year. Complexity can result from physical care needs including for example, invasive and life sustaining interventions such as PEG feeding, stoma care and ventilation; as well as through complex behaviours requiring very detailed risk management plans and 2:1 staffing to maintain the person's safety, the safety of staff and of the public.

The most complex 20 people require resourcing of £3,370,000 annually.

For provider of support the cost pressures of recent years include the changes to recognising night time hours as working hours, the continued rise in the Scottish Living Wage, changes to travel time and costs, annual leave entitlement and pension rights.

Using individual budgets to set costs over a 12 month period for a person allows provide organisations to anticipate increase and change to that rate for each person. The challenge increasingly being experienced by providers is in the reducing differentials within their organisations. As frontline staff incomes raise, the management structure becomes flatter.

Partnership working is exploring positive actions to ensure recruitment and retention of frontline staff, as well as consider the issues as they relate to succession planning for future effective management.

5. Examples of the positive impact of Self Directed Support

Mr C.

C is 70 year old man who lives alone in his council house in Motherwell. C experienced poor mental health that resulted in him having to stop work earlier than he had planned.

C. has HIV diagnosis which he has been living with for over 20 years. In addition, C has severe depression and can be described as extremely frail as a result of poor diet and reduced mobility. C has had two knee replacements but still experiences pain and discomfort and has been in hospital on a number of occasions over the last year. C receives high dosages of medication for depression, and can find it difficult to process information from conversations.

C's physical health continues to deteriorate and this has affected his ability for self-care especially around maintaining a stable diet, his personal hygiene, property and being safe and secure in his home. When his mental health deteriorates the risk becomes greater.

Recommendation from community care assessment is that C will require significant support to enable him to live independently in his home and local community. C would like to stay living in his home, where he has lived all his life and would like support to enable him to do so.

C needs support, prompting, supervision and encouragement from support providers with all aspects of personal care and needs someone to help him manage his personal care.

Following assessment, C was awarded an indicative budget of £37,860. C, his social worker and a provider worked together to design supports that worked for him.

Outcomes

- C now has support every day and is eating regular meals and taking prescribed medication. C is supported to attend hospital appointments on a regular basis.
- C is supported to maintain his home, improving his living environment and maintaining his tenancy agreement.
- C is now confident enough to get out and about in his local community safely, to go out shopping and take part in social activities and his physical health is improving.
- Without this sustained support C would be at high risk of losing his tenancy, be a frequent user of health services, particularly unplanned services, and there would be a strong possibility of entry to permanent care due to his long history of non-engagement with support and services.



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CHIEF ACCOUNTABLE OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Ross McGuffie on telephone number 01698 858 119.