A&B HSCP | Transforming Together

Argyll & Bute Health & Social Care Partnership

Equality Impact Assessment

Section 1: About the proposal

Title of Proposal
Care at home – 24 hour care cap on financial support and reduction in high input packages including Direct Payment expenditure.

Intended outcome of proposal
There are two elements to this proposal: - Proposals for reducing the maximum level for care at home packages to that of the cost of a care home placement if the assessed need is for 24 hours care and to bring Direct Payment packages in line with the mainstream services.

Description of proposal
To develop an equitable allocation of resource to all services providing support to people who are in receipt of care at home services, and enabling a higher number of people to receive a care package at any one point in time. A resource allocation process is being developed to ensure care provision is standardised across Argyll and Bute and that cases are reviewed at the allotted time, giving accurate and up to date detail of need as a person progresses through the care services. Taking rurality costings into consideration and averaging costs across Argyll and Bute, the cost of care in a care home for a person 65+years is approximately £30k per annum. There are approximately 20 new requests per annum for packages of care at home for older people at a cost of over £30k. Of the current homecare packages currently on the system, the average cost of a typical homecare package is £12,715. The proposed cap of £30k is more than two times the current average standard cost of a care at home package. The proposal would be to fund a package of care at home up to the cap of £30k and allow the service user to fund the additional hours of care if they chose to remain at home when they have been assessed as requiring 24 hour care. The proposal would be to introduce this for new packages coming in to the system as opposed to starting to introduce it to existing packages. Reviews of existing packages will be undertaken as and when appropriate to identify required reductions/increases in current service provision. A similar process, whereby a care at home package cost limit is applied, is operated in other Local Authorities and a judicial review - PQ (as attorney of Mrs Q) v Glasgow City Council [2016] CSOH 137 supported the local authority decision regarding being unable to provide 24 hours care in the individual's own home when the assessed need was for 24 hour care. The Self-directed Support (Direct Payments) (Scotland) Regulations 2014 introduced a mechanism that an individual can use in order to have more choice and control over their care

and support.
There are 4 options available:
Option 1: Direct Payment
A cash payment paid directly to the supported person, or to a family member/carer/guardian, to be spent on fulfilling the outcomes from the person's assessment.
Option 2: Individual Service Fund
The person chooses what support they would like. The Local Authority (or an agency) holds their budget and makes the arrangements on the person's behalf.
Option 3: Direct Service
The Local Authority selects the support and arranges it.
Option 4: A Combination
The supported person can choose to mix the above options to suit them.

Currently there are 135 older people receiving Direct Payments Option 1 to fund their care package – some of these people are included in the above calculations.
The proposal would be to ensure Direct Payment funding is allocated under the same priority framework currently in place and used to allocate funding for other Self Directed Support options. This framework ensures that people with the highest needs receive a level of care that is equitable and fair, taking account of limited resources available.

The reductions would be achieved through a combination of attrition and reviews of existing care packages to bring the packages into line with other care packages.

If this proposal is supported a procedure would require to be created, approved and applied to support and aide staff in applying this threshold to new and, where appropriate, existing packages.

The new resource allocation process supports approval of care packages up to £30k through the local management structure.

There will be occasions where there are specific issues relating to the level of care required where professional judgement is applied and on a case by case basis this would be reviewed and approved by the Service Manager.

HSCP Strategic Priorities to which the proposal contributes

The Strategic priorities for the Health and Social Care Partnership are detailed in the Strategic Plan 2019-2022.
Priorities include the review and reduction of on-going care packages to allow for resources to be transferred to other users.

The Locality Health Need profile and Area Profile has led to the conclusion that doing the same things will not be sufficient to meet future need, therefore there is a need to transform services and support people to make changes to their life style. This will include the development of a service that supports and promotes independence rather than dependence on services. Reviews of care packages will ensure that the service is appropriate to the situation at the time.

A number of services have not had recent or regular reviews and an opportunity to redirect care to other service users in greater need have been missed. A number of people have been unable to access care at a point when they have most need of support whether this be to support hospital discharge, support carers at the point of breakdown or to prevent hospital admission.

Services have become static as opposed to being flexible and changing with service user's needs when service is assessed at a vulnerable point e.g. hospital discharge or carer breakdown. This sometimes leads to a high level of support being provided and instead of reducing as the situation changes, it remains at a high level and can lead to a dependency on the service as proposed to supporting the individual to work towards independence.

The Social Care (Self-directed Support) (Scotland) Act aims to give people full opportunity to

take control of their support and their lives. It is for people of all ages, who after assessment with the HSCP, are identified as eligible for social care and support.

In Argyll and Bute it is often a challenge to deliver the full range of choices for everyone. It is difficult to access or provide services in all communities. This means that Self Directed Support – Option 1 may be the best and sometimes only solution for people to meet their social care needs and outcomes.

The HSCP has worked closely with individuals, agencies, the third sector services to enable people to realise the full potential of SDS, however over time the criteria for funding of Option 1 has not been brought into line with other care at home provision and an inequity has become evident with Option 1 packages being higher generally than Option 3 packages.

As mentioned above, to continue as the current situation will result in having insufficient resource to meet future needs.

There is a need to further promote the use of reablement and other community preventative options at all stages in the care journey in order to allow for reinvestment of resource from within the system. To continue to do the same things will not allow for sufficient resource to meet future needs.

The changes will be monitored through the newly developed Resource Allocation process, allowing for standardised reporting for all areas, with robust monitoring of pressures on service, growth/reduction in demand, supported by a partnership approach with third sector providers and hospital discharge processes.

Lead officer details	
Name of lead officer	**Caroline Cherry**
Job title	**Head of Service –Older Adult Services and Community Hospitals**
Department	**HSCP**
Appropriate officer details	
Name of appropriate officer	**Donald Watt**
Job title	**Service Manager – Older Adults**
Department	**HSCP**

Sign-off of EIA	Caroline Cherry
Date of sign-off	3rd February 2021

Who will deliver the proposal?
Service Manager, Older Adults, Team Leads within Community Teams, Care at Home providers

Section 2: Evidence used in the course of carrying out EIA

Consultation / engagement
Senior Leadership Team Area Managers Operational Managers Care Providers

Data
HSCP Strategic Plan 2019-2022

Other information
Older People Planning, Redesign and Transformation baseline data. Financial trend activity information Delayed Discharge information

Waiting list information

Gaps in evidence
Impact of reablement on longer term service delivery.

Section 3: Impact of proposal

Impact on service users:

	Negative	**No impact**	**Positive**	**Don't know**
Protected characteristics:				
Age				X
Disability			x	
Ethnicity		X		
Sex		X		
Gender reassignment		X		
Marriage and Civil Partnership		X		
Pregnancy and Maternity		X		
Religion		X		
Sexual Orientation		X		
Fairer Scotland Duty:				
Mainland rural population				x
Island populations				x
Low income	x			
Low wealth	x			
Material deprivation		x		
Area deprivation	x			
Socio-economic background	x			
Communities of place		x		
Communities of interest		x		

If you have identified any negative impacts on service users, give more detail here:
If a service user has been assessed as requiring 24 hour care their care package will only be funded to the level equal to that cost. If that person is on low income, the choice of supplementing the cost of the care package could be removed, therefore reducing the options available to that person. We may need to define within the procedure where the choice of a care home would be extremely challenging and will consider if there are real geographical challenges.

If any 'don't knows' have been identified, when will impacts on these groups be clear?
Availability of preventative and early intervention supports may be more limited in rural and island communities, so effort would need to be made to ensure these community alternatives are made accessible to all communities across Argyll and Bute. Work to develop community supports will be driven by the Day Supports working group, feeding onto the Older Adult Strategic Group and transformation Board. This work will identify community alternatives that provide both preventative supports and community supports that will augment statutory services.

How has 'due regard' been given to any negative impacts that have been identified?
Any changes being made to existing packages will involve a full assessment of need, involving the service user and appropriate informal carers. The outcome of this assessment of need will identify appropriate action to be taken where a radical change has been identified, but all new service users will be assessed in a standard way.

Impact on service deliverers (including employees, volunteers etc.):

	Negative	**No impact**	**Positive**	**Don't know**

	Negative	No impact	Positive	Don't know
Protected characteristics:				
Age		x		
Disability		x		
Ethnicity		x		
Sex		x		
Gender reassignment		x		
Marriage and Civil Partnership		x		
Pregnancy and Maternity		x		
Religion		x		
Sexual Orientation		x		
Fairer Scotland Duty:				
Mainland rural population		x		
Island populations		x		
Low income		x		
Low wealth		x		
Material deprivation		x		
Area deprivation		x		
Socio-economic background		x		
Communities of place		x		
Communities of interest		x		

If you have identified any negative impacts on service deliverers, give more detail here:
None identified

If any 'don't knows' have been identified, when will impacts on these groups be clear?

How has 'due regard' been given to any negative impacts that have been identified?

Section 4: Interdependencies

Is this proposal likely to have any knock-on effects for any other activities carried out by or on behalf of the HSCP?	Yes

Details of knock-on effects identified
The need for development of a reablement approach to care is required to ensure people develop as much independence as possible. The impact of this will require the hospital discharge process and assessment process to change, with reablement becoming an integral part of preparation for discharge. Work is already underway to develop processes that ensure this approach is developed. Care at Home staff have been working towards this type of service delivery for a number of years, with more success in some areas than others. The learning from this is being shared across the service. The Resource Allocation process will begin to scrutinise all service costs, but it will also provide a forum for different disciplines to contribute to the care packages at appropriate points and also to ensure that all community resources are identified and known to all staff disciplines.

Section 5: Monitoring and review

Monitoring and review

A review of the new Resource Allocation process will be undertaken in March 2021. Changes to assessment and allocation of resources to ensure a reablement approach is implemented will be monitored and reviewed through the Care at Home, Reablement and District Nursing and the Community Teams sub groups of the Older Adult strategic group. This in turn will report to the Transformation Board.