



CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

SOCIAL WORK POLICY

Report by Chief Officer

PURPOSE OF REPORT

1. To update members on our ongoing work to review our social work policies.

COMPETENCE

2. There are no legal, revenue or HR implications associated with the paper, which is simply for noting.

SUMMARY

3. It is a key strategic priority of the Health and Social Care Partnership to support more people in community settings. However, that task becomes more difficult every year as budgets tighten and need grows. To that end, we are proposing to embed three connected changes to social work practice that will contribute to a more sustainable and responsive care system.
4. First, we want to embed the learning and ideas that have developed as part of our participation in the national Community Led Support Programme. This work focuses on building connections to informal community support arrangements, and for social workers, OTs and other professionals to then make use of these in order to meet a person's needs. Historically, only those people who have fallen shy of eligibility criteria will have been diverted to alternative forms of support. Now we are asking the social workers to hard wire this into their thinking about how best to meet people's needs; we are seeking to challenge the reflex that equates need with service provision. The assessment process should focus on the natural capacities in people's lives, and only where there is residual unmet need should statutory resources be allocated. The role of the statutory sector will continue to be substantial, but this process will empower social workers to do the job they trained for, to scope out creative solutions and improve personal outcomes.
5. Second, we want to address the bottle neck of social work assessment. Just as in primary care, where we are seeking to divert activity from the GP's door in order that they can focus on the most complex care, so too in social work we want our most skilled assessors to be working directly with those with the most complicated lives. In practice, we don't need every request for marginal alterations to a care package to run through social work – care and support supervisors are sufficiently skilled and knowledgeable to make those decisions themselves (the duty is also already in job descriptions). That will also have the added benefit of making care packages more responsive to the needs of the primary care team, if the GPs can connect directly with care and support supervisors rather than processing all referrals through social work.
6. Third, in order to deliver more sustainable care packages, we will introduce an equivalence model, such that we can better manage requests for high cost placements at home. While our aspiration is always to support people at home, sometimes the complexity of care is such that this becomes difficult to deliver. To that end, we want to revise our policy framework to better acknowledge this reality. In November of 2014, Aberdeenshire Council sought legal Counsel on cost ceilings being applied to care packages. This opinion established the following;





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- A maximum threshold cannot be based on an “arbitrary amount”, e.g. it cannot be based only on what is affordable to the authority.
 - The amount of funding offered must be reasonable enough to meet the person’s assessed needs.
7. In practice, however, a threshold can be determined based on the cost of delivering an established service. Where someone chooses an alternative method of being supported, they would therefore be offered a budget based on the cost of delivering the established service. This is the application of equivalency. A number of partnerships are now successfully operating this policy. To that end, we will work up our own version of this policy and ask the IJB to agree it when it meets in September 2020, following a short consultation.

RECOMMENDATIONS

8. It is recommended that members of the IJB note the position outlined in this paper.

Ron Culley,
Chief Officer,
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