

## **DERBY CITY COUNCIL: Peoples directorate**

### **Adult care process for authorising expenditure for community, residential and nursing care 2019/20**

#### **Background**

The Care Act 2014 requires Derby city council to provide advice, information, assessment and support to those people who are likely to have eligible needs under the act.

At a time of on- going budgetary constraint it is the responsibility of all managers and staff to ensure that the council is compliant with its statutory responsibilities and that the available council resources are used in a fair, responsible and legal manner.

To comply with the Council's statutory duties and financial regulations the SEAL framework (Safe, Effective, Affordable, and Legal) should be used for all authorised expenditure.

#### **Good practice principles and guidelines**

Putting the personalised customer journey into practice is intended to deliver better outcomes for the customer and manage the Council's resources more efficiently.

The practice of all staff should be guided by the following principles and guidelines:

- The potential for community support using the three conversation model should be adopted so that customers and carers fully consider the use of natural support and universal services before social care support is considered.
- Use of OT, equipment and the range of Telecare services should be considered
- There can be no commitment to long term support until all options for recovery and rehabilitation have been considered
- No customer should be admitted to long term residential/nursing care direct from hospital or in a crisis without the necessary assessments and rehabilitation support.
- Assessments and support plans should be based upon a positive approach to risk taking and should not be overly restrictive,
- Capacity should be assumed unless there is significant reason to suggest that they struggle to understand the decision specific issue being considered.
- Where people need long term support, practice must move away from residential/nursing care to providing people with a personal budget and the option to remain at home.
- The RAS must be used for all customers to establish what the Council reasonably expects to pay for each customer's long term support.

- Where it appears that a customer's needs cannot be safely met within the RAS a risk assessment should be completed to identify the essential support required to maintain the person's health and wellbeing.
- If a personal budget is to be taken as a direct payment it should not cost more than if the council directly sourcing the support.
- Staff should seek the appropriate authorisation dependent upon the cost of the support package.
- No financial commitment can be made without the agreement of the budget manager or Head of Service where the cost of the package exceeds the team manager's limit. .
- No services are to be arranged outside of this process – if operational difficulties arise advice from HOS should be sought

## **Prevention**

For customers and families contacting the dept advice and guidance should be provided at the earliest opportunity. Talking points should be used to provide early local conversations about the issues concerning the person and seek to find local solutions.

When customers live in LAC areas they should be invited to connect with their local area coordinator.

For these and all other customers, sign-posting to universally available services, preventative services and the voluntary sector should be considered.

## **Supporting crisis and emergencies/ facilitating hospital discharge**

In an emergency situation some short term support may need to be arranged. This support may need to be put in quickly to reduce the risk of harm to the individual or carer and should be time limited to 4 weeks. An assessment of need must be completed prior to the commencement of an emergency or short term service.

The weekly panel process does not accommodate the speed of decision making required for hospital discharge. In most situations, support to facilitate discharge will be arranged through the D2A pathways. Where longer term support is required following assessment through pathways 1 and 2, there should usually be sufficient time for normal financial authorisation processes to be followed.

For both crisis and emergencies in the community, and for urgent hospital discharges, team managers will be accountable for authorising packages of care up to and include the cost of standard nursing care for a maximum of four weeks.

Team managers must ensure the following before authorising support plans and budgets.

- For customers in the community this must be a genuinely **urgent** situation, that cannot wait for the next panel. Agreement for team manager authorisation cannot be used where the need for financial authorisation has become urgent due to lack of advanced planning and time management.
- The manager must satisfy themselves that mental capacity has been considered. This is particularly important where urgent respite/short term care is being considered.
- The manager should ensure that all appropriate alternatives have been considered including, but not limited to equipment, occupational therapy input and assistive technology.
- Where a request is for an urgent short term care placement, this should only be agreed following confirmation that pathway 2 'step up' beds are not appropriate or available. Shared Lives should also be considered.
- Increases to packages of care (community and hospital) should be prioritised for early initial review. Long term increases will need to follow usual financial authorisation process.
- Managers should ensure decisions are recorded in LAS using the authorisation comments box and clearly indicate rationale for authorisation out of panel. This cannot be delegated to senior practitioners.
- For customers with a direct payment, where an urgent increase is required that cannot be met within the existing DP funds, authorisation should only be granted for a one off payment,

## **Reablement, rehabilitation and recovery**

After an emergency, hospital admission or crisis, some people may require a period of independence training, rehabilitation or recovery. This should be arranged as the next step, where it is needed. Specific outcomes, targets and timescales must be set, in agreement with the customer. Again, the aim should be for the person to return to some stability and exit the service.

Where it is clear that the person needs longer term support after a period of 'reablement,' the Myself assessment should be completed to identify the indicative budget for the individual. Staff must use the RAS tool and discuss the outcome with

their team manager if they feel the person has complex needs which could not be safely met within the RAS figure. The aim is to establish what the Council should reasonably pay to meet the customers eligible support needs.

### **Preparing young people for adulthood.**

The RAS will not reflect the support that people within education are receiving as part of their EHCP or any health support. The indicative budget therefore needs to clearly meet social care needs and ensure that a personal budget is agreed that meets their essential needs while in education. Staff should consider the support that is required during holidays, evenings and weekends to meet identified outcomes and ensure that Carers assessments are completed where this is agreed with the parents.

### **People with complex needs**

A small proportion of the people we support have complex needs arising from complex and multiple disabilities. Where the RAS based indicative budget appears to be insufficient to meet their needs the continuing care framework should be considered.

For more advice around completion of checklists and the decision support tool please refer to the Continuing care practice guidance.

Until the CCG have made a decision regarding funding assessors should ensure that essential social care support is provided in conjunction with health care support provided by either specialist services, the GP or community nursing services. Assessment staff should not include the provision of health care tasks in a social care provision of service.

Staff will need to need to complete a risk assessment which identifies:

- the contribution of natural support, universal services, the voluntary sector and assistive technology
- the risks to the customer and others if support was only provided to the RAS level
- the reason why the RAS level cannot safely meet their needs

All requests to enhance the indicative budget should come to a panel meeting with a copy of the myself assessment, risk assessments and a clear rational to explain why it would be unsafe to limit the personal budget to the RAS figure. The request should be brought to the panel at the earliest opportunity to enable support planning with the customer and family to continue with minimal delay.

### **Authorisation process for all requests.**

All requests for support must be recorded in LAS using the authorisation and support planning episode.

All financial arrangements for an individual need to be authorised by a team manager, head of service or service director based upon the weekly amount being requested.

The support planning process will require any health funding to be identified and costed.

Panels across all teams will use the LAS process to consider all funding requests.

All funding requests will require a support plan to be completed in LAS Team Managers should scrutinise support plans before they are sent to panel. Business support will return incomplete support plans to the social care worker and they will not be considered at panel until all relevant details have been completed.

What needs to come to panel?

- New applications where costs is over £250 pw, including long term agreement for increases or changes agreed out of panel.
- Increases to an existing package that are over £250 pw
- Annual reviews of community packages where the weekly cost is over 1,000pw
- Requests to enhance the RAS

### **Financial authorisation levels**

When authorising packages of support and residential placements full consideration of the legal responsibilities of the council to manage the public purse within financial regulations and safely meet assessed needs by purchasing care and support that provides value for money has to be considered.

The financial scheme of delegation identifies the appropriate authorisation levels for the 4 tiers of management in the dept.

Team managers – This would be a weekly expenditure of up to £250 per week. Team managers can therefore authorise up to this level, with the exception of urgent and crisis situation in the community, or in order to facilitate hospital discharge, where then can authorise up to the cost of standard nursing care.

Head of Service – This means a weekly expenditure of £961 per week. Heads of Service will agree packages up to this level at panel. In an emergency, packages over £250 pw would require HoS authorisation.

Service Directors – This means at weekly expenditure between £ 962 and £4,806 per week. Heads of service will fully scrutinise requests at this level at panel and contact Service directors with a clear recommendation and rational.

Directors - This is equivalent to £4,807 plus per week. Heads of Service will fully scrutinise requests and prepare a clear recommendation and rational for Service directors to discuss with the Director.