



Managing the cost of care

Ensuring Packages Match Need



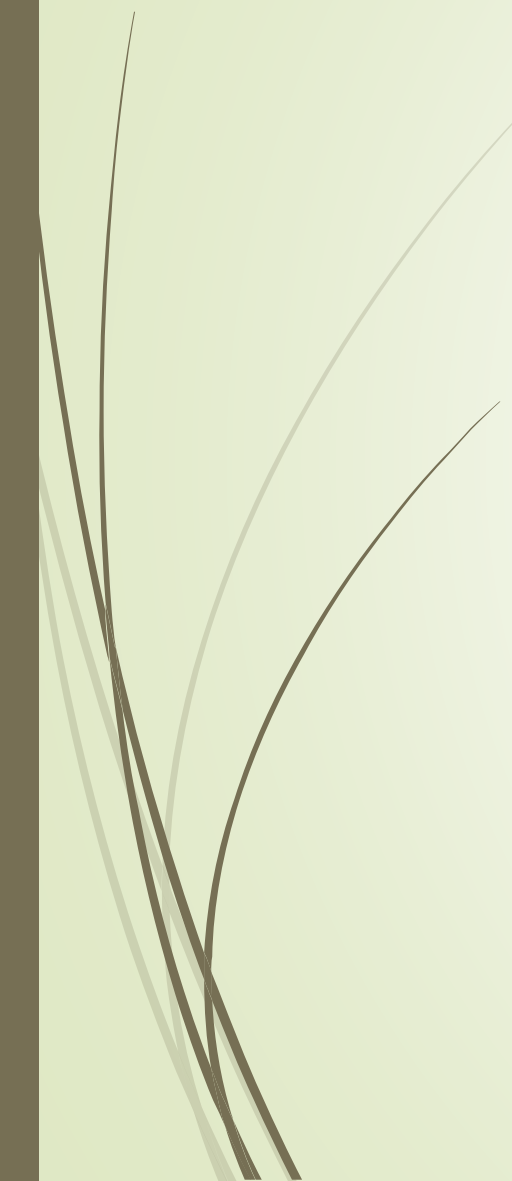
Legal Framework



- ▶ Care Act 2014 requires LA to ensure eligible needs are met:
 - ▶ Informal resources
 - ▶ Commissioned support
 - ▶ Direct Payment
- ▶ Also duty to address wellbeing
- ▶ Power to provide support before and beyond eligibility
- ▶ Care Act guidance expects regular reviews to ensure outcomes continue to be met



Decision making and oversight

- Presumption of professional responsibility lies with assessor
 - Clear framework for assessment and review
 - Supporting guidance
 - Use of supervision (Quality Conversations)
 - Front line practitioner and First Line supervisor forums (led by Principal SW)
 - Practice Oversight Board
 - Performance framework and metrics on activity / spend / outcomes
 - Audit programme
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How increases occur

Either needs have increased or other available support has reduced



- ▶ Planned review – needs or support has changed
- ▶ Unplanned review – requested to address a sudden change in need / support


Deep dives have shown factors to be:

- ▶ Substantial change in health condition (often 'catastrophic')
- ▶ Reduced mobility / double handed care
- ▶ Loss of main carer
- ▶ Overnight needs
- ▶ Dementia / impact on carers



Audit Framework

- ▶ Cases selected independently
- ▶ Increased cost is one of the inclusion criteria (50% of audited cases)
- ▶ 4 cases per service per month
- ▶ Team Leader audit 
- ▶ HOS re-audit
- ▶ Independent moderation on randomly selected audits 
- ▶ Actions identified and tracked
- ▶ Audit report to Practice Oversight Group



What we check (as well as quality of practice)

- ▶ Is eligibility clear, evidenced?
- ▶ Is support appropriate to meet eligible needs?
- ▶ Have other sources of support been considered?
- ▶ Has technology been considered?
- ▶ Were there missed opportunities for preventative action?
- ▶ Is a contingency plan in place?
- ▶ Have other sources of funding (e.g. CHC) been considered?



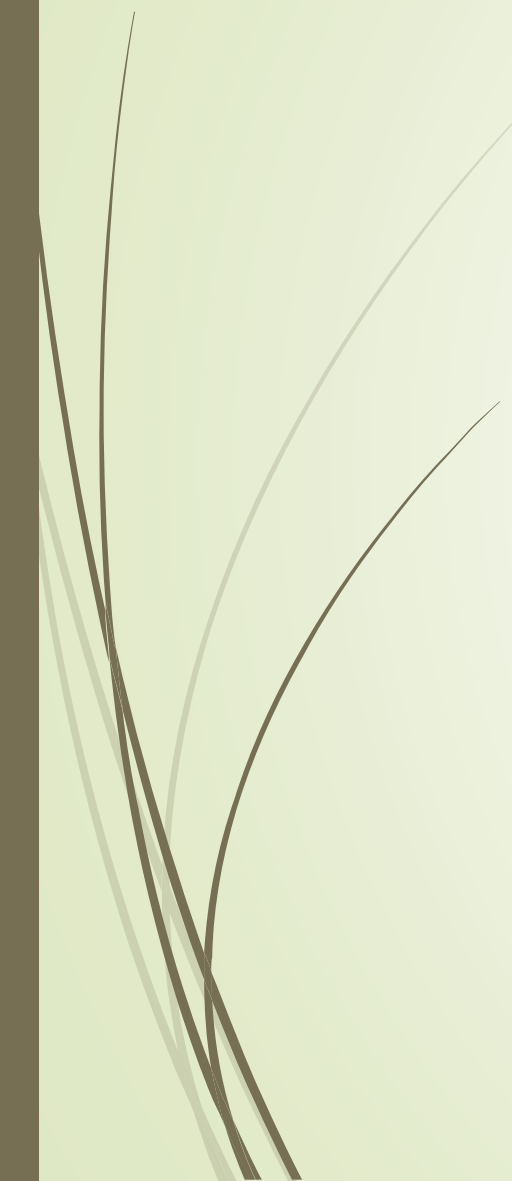
What we find



- ▶ Eligibility confidence is high (the most positive audit response)
- ▶ Packages are in line with need, alternatives are explored first
- ▶ Increasing use of technology
- ▶ Preventative services are used and have impact but in some cases we could have done more
- ▶ Health funding is sought where appropriate
- ▶ The reason for increases are clear and almost always unavoidable
- ▶ We could be better at helping people to contingency plan



Case Studies – Needs increased

- Mr P: dementia, mobility, carer strain and double handed care (joint funded)
 - Mr C: Wife's head injury, hospitalisation, reduced ability to offer care
 - Ms S: complex health / visual impairment and MH issues + safeguarding and allegations risks
 - Mr S: dementia + hard to manage behaviours, carer distress, risk of self harm / neglect
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What more we can do (Further action)

- Outcomes and support sequence training
- Audit driven individual / team development
- Practice, L&D support
- Targeted reviews (fundamental budget review)
- Technology Enabled Care – focus on reduced ‘double handed’ care
- Accommodation based solutions