AGENDA ITEM No. 5

NORTH LANARKSHIRE COUNCIL

REPORT

To: Social Work Committee	Subject: "NHS responsibility for Continuing Health Care"
From: David McKendrick, Director of Social Work	
Date: 9th October, 1995 Ref:	DMcK/HS

1. Purpose of Report

1.1 The purpose of this report is to propose the Council's response to a draft circular issued by the Scottish Office on the responsibility of the NHS for continuing health care.

2. Background

The issue of the draft circular in Scotland follows the publication of parallel guidance in England earlier this year. It should be seen in the context of growing public concern and in some instances legal challenge to decisions to discharge people from NHS continuing care to publicly funded care in residential or nursing homes.

3. Significance

3.1 The draft guidance is important for a number of reasons:

(a) it confirms national policy to restrict the use of NHS continuing care to patients who meet criteria which are now explicitly defined in guidance;

(b) it is directly relevant to the contentious issues around different funding systems for health and social care, with fewer people entitled to receive NHS continuing care, which is free at the point of delivery, and more people reliant on social care, which is means tested. This issue is most controversial in relation to the care of the elderly and people with dementia;

(c) it covers the duty of Health Boards to ensure that services and accommodation are in place and available in advance of patients being discharged.

4. Proposed Comments

4.1 Detailed comments are attached for the Committee's consideration. Attention is drawn to concerns about:

(a) the need for the guidance to make explicit the different funding systems applying to NHS continuing care and publicly funded nursing homes or residential care;

(b) the lack of consultation about the criteria to be adopted in future for NHS Continuing Care. A covering letter states that this part of the circular has ministerial approval and will not be changed;

(c) the effects of unplanned reductions in NHS continuing care, particularly for frail elderly people, since community services will not be able to provide the required support to people in other settings without additional resources;

(d) the suggestion that long stay patients might have to be moved from hospital to interim placements if the placement of their choice is not available; this paragraph causes particular concern since it might be interpreted as condoning interim moves, thereby diluting the strong guidance contained elsewhere in the circular that Health Boards must ensure appropriate care and accommodation is available before any long stay patient is discharged.

5. Recommendations

5.1 The committee is invited:

(a) to consider the attached comments as the basis of the Council's response to the circular; and

(b) to highlight particular concern about the points listed in paragraph 4 of this report.

David McKendrick,
Director of Social Work.
October, 1995.

Manage/RespforContinHealth

PROPOSED COMMENTS ON DRAFT SCOTTISH OFFICE CIRCULAR : "NHS RESPONSIBILITY FOR CONTINUING HEALTH CARE"

1. POLICY BACKGROUND

1.1. The Circular should be explicit about the different funding systems for health and social care. Whilst NHS care continues to be provided free of charge at the point of delivery, publicly funded care in residential or nursing homes is means tested. This is a matter of intense and continuing public debate which the guidance should not ignore.

2. CRITERIA FOR CONTINUING CARE

2.1. The issue of criteria for continuing care is central. As such the contents of paragraph 19 should be given greater prominence at the beginning of the Circular, with the criteria set out in the form of a list for ease of reference.

2.2. The covering letter states that this paragraph has already been accepted by Ministers, and will not alter in the light of the present consultations. This is unfortunate in view of the importance of the issue and the strength of professional and public concern.

3. DETAILED COMMENTS

Paragraph 6 (Replacement Of NHS Continuing Care With Care In The Community)

3.1. The penultimate sentence in this paragraph touches on a key issue, namely that Health Boards must ensure that community facilities and accommodation are in place and available before any transfers to the community are made from NHS continuing care. This issue merits more detailed coverage in the guidance, including:

[a] Unplanned as well as planned reductions in NHS continuing care. The greatest concern about inadequate community facilities may in fact relate to hospital bed reductions which have come about through prevention of admission, sometimes through the unilateral application of revised admission criteria. This places additional strain on community resources which are already stretched. It is of particular concern in the case of community services for people suffering from mental illness and frail elderly people

[b] /.....

[b] The guidance should address the difficulties inherent in the task of monitoring changes in the numbers and designation of in-patient beds. Re-designation of beds, e.g. from continuing care to rehabilitation, unplanned discharges from long-term care, discharges of patients receiving long-term care in acute beds, beds closing as a result of deaths (as opposed to discharges), and the increasing emphasis placed on shorter term admissions, all combine to make the accurate tracking of these changes extremely problematic. The NHS Management Executive should take a lead in ensuring that Health Boards have in place improved systems for monitoring in-patient changes and sharing information with local authorities at a much earlier stage

[c] The Circular should make reference to the potential for resource transfer and bridging finance to assist in developing community services to prevent admission as well as to support discharge

[d] Reference should be made to the lead in time and costs of housing required to support the replacement of long stay hospitals.

Paragraph 8 (Requirement For Health Boards And Local Authorities To Publish Estimates Of Numbers Requiring Continuing Health Or Social Care And Related Finance Commitments)

3.2. The guidance in draft form is not helpful for the following reasons:

[a] The phrase "continuing health or social care" is ambiguous

[b] The proposed requirement for local authorities to publish information regarding finance and activity related to 'continuing social care' urgently requires further discussion. If this refers solely to people requiring funded places in residential or nursing homes the information could be readily provided. However, increasing numbers of people are being supported by more flexible packages of home/day care packages as an alternative to NHS continuing care or other residential services. Issues of definition, client choice, intensity and frequency of services, service mix and flexibility would all have to be further discussed to ascertain what local authority information would be relevant and how it should be interpreted.

Paragraph 9 (Changes In Patterns Of Continuing Care)

3.3. Paragraph 3.1 above refers, in relation to the need to focus on the issues and problems around unplanned reductions in continuing care and the prevention of admission, and the need for joint early tracking systems.

3.4. It would be helpful if the Scottish Office in this Circular indicated a commitment to implementing the recommendations of the Scottish Affairs Committee report on Closure of Psychiatric Hospitals in Scotland. Although the report specifically concerned psychiatric hospitals, its recommendations that the Scottish Office should take a stronger role on shifts in the balance of care would be relevant more generally, including proposals that:

- the Scottish Office should clearly identify which long-stay beds are for continuing care
- the Scottish Office should ensure that health boards do not unilaterally withdraw from respite care without prior resource transfer to local authorities

Paragraph 12 (Range Of Services The NHS Is Required To Provide)

3.5. More detailed guidance is required on the responsibility of the NHS with regard to respite care which is not covered adequately in this paragraph or elsewhere in the draft guidance.

Paragraph 19 (Criteria For Continuing Care)

3.6. Paragraph 2.1 above refers.

Paragraph 20 - 21 (Use Of Nursing Homes For People Meeting Continuing Care)

3.7. The guidance should make clear that nursing home care for people who meet the NHS criteria for continuing care should be funded by the NHS.

3.8. With regard to resolution of disputes, it is important to stress that Health Boards must secure the commitment of NHS Trusts to any agreements reached between Health Boards and local authorities. It is essential that staff at all levels are fully conversant with agreements and compliance with procedures for resolving disputes has the full management support.

Paragraph 22 (Appropriateness Of Care Provided Young People)

3.9. The guidance in this paragraph could usefully be strengthened to make clear that joint care group strategies and bridging finance submissions should demonstrate sensitivity to the full range of individual needs and circumstances. Within this context, the draft guidance is helpful in stressing that Health Boards or local authorities should not place younger people inappropriately in in-patient, nursing or residential care intended for older people. Furthermore, it should be made clear that where this has occurred in the past, practice should be urgently reviewed to ensure that appropriate care is offered as a priority.

Paragraph 23 (Public Information)

3.10. Given the widespread concern and public anxiety on the issue of NHS continuing care, this paragraph should be framed more broadly. It should include an introduction which emphasises the importance of joint agreement regarding public information to be issued by Health Boards, NHS Trusts or local authorities. It is also important to emphasise that information for service users and their carers should be widely available, rather than confining the guidance to information provided by hospitals or information required at the point of assessment.

Paragraph 24 (Directions On Choice)

3.11. Paragraph 24 of the draft guidance in its present form is a cause for serious concern. It would be more relevant in relation to discharge from acute hospital settings.

3.12. It is strongly urged that the final Circular place much greater stress on the harmful effects of repeated moves on patients' health and general welfare, and the responsibilities of all agencies concerned to take into account individual needs and preferences from an early stage, ensuring that these are reflected in plans and in commissioning arrangements and timescales.

3.13. The guidance should be therefore be unequivocal in stating that temporary moves are likely to be distressing and disorientating, and likely to be contrary to the individual's needs. This applies to all care groups but particularly to groups such as very frail elderly people or dementia sufferers. Such short term moves should not be made other than in the most pressing circumstances, and even then only after fullest consideration has been given to the likely impact on the individual concerned.

Paragraphs 25 - 30 (Review Of Decisions)

3.14. It may be wise to defer implementation of a review process in Scotland pending some examination of the effectiveness of the English review system. In particular it can be anticipated that difficulties may arise in relation to patients who refuse admission to residential/nursing home; "organised" appeals relating to hospital closures or other particular interest groups; and conflicts between patients and relatives.

3.15. The clarification on the limit of responsibility of the second opinion doctor is welcomed.

Annex A :Paragraph 5 (Continuing In-Patient Care)

3.16. This list should be consistent with the list in paragraph 19 of the Circular.

Annex A: Paragraph 6 And 7 (Palliative Care)

3.17. Paragraph 6 should be included with paragraph 7 under the Palliative Health Care heading. The text should make clear that funding for hospice care rests with Health Boards.

Annex A: Paragraph 14 - 16 (Access To Specialist Or Intensive Medical And Nursing Support)

3.18. Basic equipment such as incontinence supplies are provided by the Health Service free of charge. This may require to be reflected in the contracts between Boards and Trusts who provide for nursing homes in their area. Such costs should not be included in the price charged to the local authority.

3.19. It would be useful to establish that the provision of such NHS services are not only free at the point of delivery, but are also the responsibility of the Board in which the nursing home is located, and should not be cross charged the board of origin.