

NORTH LANARKSHIRE COUNCIL

SOCIAL WORK DEPARTMENT

To :- Social Work Committee :	Subject : Draft Scottish Office Guidance : Community Care Needs of Frail Older People : Integrating Professional Assessments
From : Jim Dickie, Director of Social Work Prepared by : Brian McGuire, Principal Officer, Community Care	
Date of Committee:- 7th October 1997	

1. PURPOSE OF REPORT

- 1.1 This report advises members of draft guidance by The Scottish Office on how social work, health and housing professionals can contribute more effectively to community care assessments of frail older people, and seeks approval for the submission of detailed comments by the Director of Social Work.

2. BACKGROUND

- 2.1 The N.H.S. and Community Care Act 1990 places a duty on local authorities to lead and coordinate arrangements between agencies for assessing community care needs. This requires consultation with health, housing and other partners whose complementary roles are important.
- 2.2 The guidance sets out to clarify the respective roles and responsibilities of the care manager and the medical practitioner in particular, in assessing an older person's needs for community care services, especially the need for nursing care.
- 2.3 The Scottish Office is in the process of establishing a working group with social work, nursing, medical and housing representation to consider the responses to this new draft guidance and how to take it forward.
- 2.4 Responses are requested by 20th October 1997.

3. CONTENT OF THE DRAFT GUIDANCE**The Development of Care Management**

- 3.1 The guidance notes that care management is a complex and demanding role that requires qualified and experienced practitioners from a mix of backgrounds in social work, nursing and occupational therapy.

- 3.2 Since not all older people who need services require care management, the guidance states that effective screening mechanisms need to be in place to ensure that only those people with more complex needs are referred for care management.
- 3.3 The guidance draws attention to the need for good quality information and financial systems to support care managers.
- 3.4 It states that research shows that where care managers have devolved budgets and access to the full range of resources, people who need services get better care. There has so far been little devolvement of budgets to care manager level in Scotland and the guidance suggests that local authorities should now develop systems to do this.

The Role of the Medical Practitioner in Assessing Nursing Care Needs

- 3.5 Where it appears that the older person may need nursing home care the local authority has a statutory obligation to consult a medical practitioner. Although the final decision as to whether nursing care is necessary is that of the local authority, the authority must take the medical practitioner's opinion into account when making this decision.
- 3.6 The draft guidance notes that some local authorities and health boards have agreed eligibility criteria for nursing home admission and it states that all local authorities and health boards should now agree such criteria (members may wish to note that such eligibility criteria have been agreed between Lanarkshire Health Board and North Lanarkshire Council Social Work Department).
- 3.7 The draft guidance states that medical practitioners need to know the range and intensity of community nursing care available to enable them to advise care managers about alternatives to nursing home care.
- 3.8 Where a medical practitioner recommends a publicly funded admission to a nursing or residential home in which he or she has a financial interest, the draft guidance states that the care manager should seek a second, independent medical opinion, rather than suggesting that the medical practitioner him/herself should declare an interest and make alternative arrangements.
- 3.9 The guidance also states that where in exceptional circumstances, such as when the older person or the person caring for them is resistant to the medical practitioner's recommendation for nursing home admission, the care manager may again seek a second medical opinion.
- 3.10 Where the older person or the person caring for them still refuses to accept the recommendation the care manager must explain carefully to both parties that the responsibilities for rejecting the medical assessment of the older person's needs is theirs.

Discharging Older People from Hospital

- 3.11 The guidance states that it is essential that health boards and local authorities agree local protocols that enable a discharge without delay from hospital when the person's treatment is concluded. Procedure's should be put in place to ensure early identification of potential discharge difficulties.
- 3.12 The guidance states that the consultant should make an early referral to the local authority for a community care assessment and should provide to the local authority medical information and

opinion about whether the older person can live independently with adequate community based support, or needs 24 hour residential or nursing care.

- 3.13 The guidance requires the social work department to acknowledge the referral promptly and to begin the assessment within 2 days of receipt of the referral. The period between assessment and return home or placement should be no more than 14 days.
- 3.14 The guidance then goes on to list what are considered to be the components of good discharge arrangements, including the devolvement to the care manager of authority to commit resources, the location in hospitals of home care discharge teams, the availability of intensive home support packages, and the establishment of discharge protocols.
- 3.15. Where the residential or nursing home of the older person's choice has no vacancies, the guidance states that they should nevertheless not have to wait in hospital longer than their physical or mental condition demands. Health and social work authorities should therefore jointly commission or otherwise fund intensive 24 hour discharge support schemes. The guidance states that such schemes will enable older people to move to the home of their choice from their own home rather than waiting in hospital.

Rapid Assessment Procedures and Emergency Action

- 3.16 The guidance notes that older people at home may sometimes need an urgent assessment to prevent unnecessary hospitalisation. To enable the G.P. to obtain Social Work help the guidance states that social work departments should appoint attached or liaison care managers to primary health care teams. They should be linked to existing 24 cover arrangements and have the authority to purchase or procure quickly services that meet the person's needs.
- 3.17 In order that G.P's can obtain services in an emergency the guidance states that social work departments must provide 24 hours cover arrangements. Standby arrangements should not be left as the only cover for community care services for prolonged periods (ie. more than 3 days).
- 3.18 The guidance notes that sometime an older person may need a rapid community care assessment to enable their discharge from hospital in order, for example, to resume caring for a spouse or other close relative. In such circumstances the guidance states that the hospital social work department should respond on the same working day, completing the community care assessment at home if necessary.

Funding The Cost of Care.

- 3.19 Local authorities have discretionary powers to charge for day and domiciliary services. The guidance states that no-one who has insufficient means to pay a charge should be denied a service. People should receive up-to-date information about charges when services are offered.
- 3.20 Irrespective of whether someone is in hospital or at home, the guidance states that people with the same needs should be accorded the same priority for service provision. However, it goes onto state that local authorities are entitled to take account of their own resources in considering the need of individuals for services.

Involvement Of Older People And Those Who Care For Them

- 3.21 Local Authorities are exhorted to involve people and carers in the assessment process as much as possible, providing clear information on benefits and entitlements , and taking account of preferences.
- 3.22 The guidance notes that patients may now appeal against the clinician's decisions that they can be discharged from hospital. However, it appears to suggest that where people are unhappy about the decision reached about their long-term support they should use the formal complaints procedure to appeal against the decision.

The Importance of Collaborative Working

- 3.23 The guidance notes that research has identified the stressful effect on people moving from one environment to another, and that good working relationships between hospital and primary care doctors and nurses, social work and housing providers can reduce the need for unnecessary moves or help people to adjust successfully to moves that are unavoidable.
- 3.24 According to the guidance disputes or uncertainties about eligibility for long-stay hospital care or for other kinds of community based care should be resolved by the agencies concerned on the basis of locally agreed policies.

Communication

- 3.25 The guidance encourages agencies to ensure that written and verbal communication is of a good standard in order to improve services and to foster a spirit of cooperation. It repeats the statement that care manager attachment to primary health care teams has been proved to be successful.
- 3.26 The guidance states that local authorities, health boards, trusts, housing agencies and others should develop joint training initiatives.

4 CONCLUSIONS

- 4.1 While the guidance underlines what in many areas is existing good practice it also makes a number of recommendations which will have implications for resources and organizational structures and practices within the social work department. These issues will require thorough examination in order to prepare a considered response to The Scottish Office.

5 RECOMMENDATIONS

- 5.1 The committee is asked to :
- (i) Note the publication of the draft guidance
 - (ii) Request the Director of Social Work to submit a detailed response on the draft guidance to a future committee.



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DIRECTOR OF SOCIAL WORK
SEPTEMBER 1997