

## NORTH LANARKSHIRE COUNCIL

## SOCIAL WORK DEPARTMENT

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| <b>Social Work Committee :</b>   | <b>Subject :Draft Scottish Office Guidance:<br/>Community Care Needs of Frail Older<br/>People: Integrating Professional<br/>Assessments</b> |
| <b>From :</b><br><b>Jim Dickie, Director of Social Work</b><br><b>Prepared by :</b><br><b>Brian McGuire, Principal Officer<br/>Community Care</b><br><br><b>Date Of Committee - 25th November,<br/>1997.</b> |  |

**1. PURPOSE OF REPORT**

- 1.1 A report was submitted to Committee on 7th October, 1997 advising members of the above draft guidance and seeking approval for the submission of detailed comments by the Director of Social Work. This present report provides details of the Council's response to the Scottish Office and attaches a copy of the response as an appendix.

**2. BACKGROUND**

- 2.1 The National Health Service and the Community Care Act, 1990 places a duty on local authorities to lead and co-ordinate 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a working group with social work, nursing, medical and housing representation to consider the responses to this new draft guidance and how to take it forward.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 were requested by 20th October, 1997. North Lanarkshire Council, having obtained an extension to this time scale, submitted comments on 29th October, 1997.

**3. SUMMARY OF THE COUNCIL'S RESPONSE****GENERAL COMMENTS**

- 3.1 While welcoming the draft guidance as an important step towards the delivery of accurate needs assessment and service delivery the Council's response notes a lack of balance in the emphasis given to the roles and responsibilities of health and social work staff. The draft

guidance focuses on the performance criteria for social work staff with much less consideration given to those of health staff.

- 3.2 It is implied throughout the guidance that health staff, and in particular G.Ps should have greater decision making power over nursing home placements.
- 3.3 The draft guidance fails to acknowledge the cost implications of some of its recommendations.
- 3.4 There is a fairly narrow focus on nursing home care with much less emphasis given to residential and home care.

### **SPECIFIC COMMENTS**

- 3.5 Paragraph 3 of the draft guidance states that local authorities should now develop systems to devolve decisions and budgets to care manager level. The Council's response indicates that such devolution is desirable but that systems need to be in place to ensure equitable access to resources across the Council's area. The response therefore recommends that authorities should be given the opportunity to prepare proposals on how this might best be achieved.
- 3.6 In Paragraph 5 the guidance appears to give undue weight to the recommendation of the medical practitioner in considering the need for nursing home placement. G.Ps in particular are still often unclear about the distinction between nursing homes and residential homes. On a significant number of occasions they also see themselves as speaking on behalf of the family and representing their views to the social work department. Whilst an advocacy role is important, there is the risk of confusion of roles and advice.
- 3.7 Paragraph 7 of the guidance states that where a medical practitioner has a financial interest in a particular home, the care manager should seek a second, independent opinion. The Council's response suggests that the responsibility for declaring a financial interest should rest with the medical practitioner.
- 3.8 Throughout the draft guidance (but especially in paragraphs 9 and 10) the emphasis is on the responsibility of the social work department to secure and arrange care. While the local authority has the lead responsibility in community care, the Council's response suggests that more emphasis needs to be given to the responsibility of the health service to provide care for people at home or in residential/nursing home care.
- 3.9 The Council's response to the Scottish Office welcomes the setting of performance targets for assessment and care management as outlined in paragraph 15. It is the view of the department, however, that before National Standards are set, the Scottish Office should seek the view of Health Boards and Councils on locally achievable time scales, since it is likely that many authorities would struggle at present to meet on a regular basis the time scales suggested.
- 3.10 Paragraph 16 provides a list of components of good hospital discharge arrangements. While this list is helpful, the Council's response draws attention to the importance to good discharge arrangements of convalescence and rehabilitation, two items ignored by the guidance.
- 3.11 Paragraph 17 underlines the right of an older person to choose a nursing home or residential home even where the home in question has no current vacancies. However, the guidance suggests that any period of waiting should not take place in hospital unless the person's

physical or mental condition demands this. Health and social work authorities should therefore jointly commission or otherwise fund intensive 24 hour discharge support schemes. These schemes would enable older people to move to the home of their choice from their own home rather than waiting in hospital.

The Council's response notes that North Lanarkshire is committed to the development of intensive home care services and is currently in discussion with Lanarkshire Health Board on the establishment of a joint scheme. However, it is suggested that before authorities as a whole develop intensive **24 hour** schemes which are likely to be very expensive, it would be helpful to have the benefit of pilot scheme evaluations and detailed costings.

More recognition needs to be given to the possible harmful effects of moving a person between three different settings in a short space of time.

- 3.12 The suggested role of intensive 24 hour discharge support schemes is expanded in paragraph 18 of the guidance, where it is suggested that older people should, if they so wish, be able to return home from hospital to consider their future before moving to residential or nursing home care. It is the Council's view that such arrangements would need to be time limited. There is also a serious risk that the person may decide to remain at home in the unrealistic expectation that the intensive home support can continue over a longer period.
- 3.13 Paragraph 21 proposes that link social workers should be located in primary health care teams. Where no such attachment or liaison arrangements currently exist, the guidance states that G.Ps should have access to named social workers.

In its response North Lanarkshire Council notes its commitment to the development of joint working between social work and primary care. A recent joint report makes a number of recommendations which the Council and Lanarkshire Health Board have under active consideration. However, there are considerable resource implications for the proposed location of social workers in primary care teams. Different models may be applicable to different areas and it is suggested in the Council's response that demonstration projects should be set up and evaluated in each Council's area before decisions are taken nationally.

The response, while welcoming proposals to improve communication between primary care and community care, also suggests that the final guidance should recognize that the need for urgent contact arises from social workers as well as from G.Ps and that access needs to be facilitated by both agencies.

#### **4. CONCLUSIONS**

- 4.1 The draft guidance addresses the need to clarify responsibility between health and social work in the area of joint needs assessment. It aims to ensure that decisions are made as close as possible to the older person concerned and their carers and begins to specify performance requirements.
- 4.2 The draft is very much written from a health perspective. It focuses on the responsibilities of social work staff but refers to medical practitioners in terms of authority and discretion. Not enough attention is paid to the role of the community nursing service in the provision of good community care. While the pressures facing the Health Service, for example, blocked beds are highlighted, there is little acknowledgment of the resource pressures facing local authorities.

- 4.3 The objectives which the circular seeks to achieve are broadly shared by the Council, it would be more helpful if the final guidance required local planning partners, within a set time scale, to reach local agreements on the operational issues addressed by the circular.

**5. RECOMMENDATIONS**

- 5.1 The Committee is asked to note the response of the Council to the draft guidance.



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DIRECTOR OF SOCIAL WORK  
NOVEMBER, 1997.**

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INTEGRATING PROFESSIONAL ASSESSMENTSDRAFT SCOTTISH OFFICE GUIDANCE - 3RD SEPTEMBER 1997COMMENTS FROM NORTH LANARKSHIRE COUNCIL SOCIAL WORK DEPARTMENTGENERAL COMMENTS

The draft guidance helpfully addresses a number of issues in the area of assessment and care management, with a focus on joint working and performance requirements. It is essential to the delivery of accurate needs assessment and service delivery that agency responsibilities are clarified and performance targets are agreed.

However, there is a lack of balance in the emphasis given to the roles and responsibilities of health and social work staff. The draft guidance appears to be written from a health perspective, focusing on the performance criteria for social work staff with less than adequate consideration given to the contribution required of health staff in ensuring genuine inter-agency working.

Although there are statements to the contrary, there is an implication throughout that G.Ps in particular have, or should have, decision making power over nursing home placements.

It would have been helpful if the draft guidance had made more acknowledgement of the cost implications of some of its recommendations, for example 24 hour home care, and given more consideration to residential care and home care rather than the narrower focus on nursing homes.

SPECIFIC COMMENTS (paragraph numbering refers to that of the draft guidance)

3. This authority has already devolved certain budgetary and resource allocation decisions, though not to care manager/social worker level. Locating such decision making as near as possible to care management is desirable and North Lanarkshire Council is committed to this process. In developing this it will be important to ensure that systems are in place to maintain equitable access to resources across the council's area. It is therefore proposed that authorities should be given the opportunity to prepare proposals on how this might best be achieved.
5. While very careful account should always be taken of medical advice, the statement "It would be unusual for the local authority not to follow the recommendation of the medical practitioner" gives undue weight to this source of opinion. G.Ps in particular are still often unclear about the distinction between nursing homes and residential homes. On a significant number of occasions they also see themselves as speaking on behalf of the family and representing their views to the social work department. Whilst an advocacy role may be important, there is the risk of confusion of roles and advice.
6. The word "deciding" in the first line should be replaced with "recommending".
7. The responsibility for declaring a financial interest should rest with the medical practitioner, and that for providing a second medical opinion with the health board. It would be unusual, in any case, for a medical practitioner to recommend a specific nursing home.

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10. While it is recognised that the social work department has the lead responsibility in care management, the draft guidance needs to place more emphasis on the responsibility of the health service to provide care for people at home or in residential/ nursing home care.

15. The setting of performance targets for assessment and care management is welcomed by North Lanarkshire Council. However, the period of 14 (presumably calendar) days, while desirable, seems arbitrary and no evidence is adduced in support of its feasibility. In practice it seems likely that many authorities would struggle at present to meet these timescales on a regular basis. It is therefore suggested that before national standards are set, the Scottish Office should seek the views of health boards and councils on locally achievable timescales.

In setting these timescales due weight needs to be given to factors such as a carer's readiness to resume caring, housing issues such as adaptations, and, where the recommendation is nursing or residential home admission, the time needed by the client and family to consider what is a very important decision, and the time required by them to choose a suitable home.

The second sentence should presumably read "2 working days".

5. More consideration should be given to the importance to good discharge arrangements of convalescence and rehabilitation.

17. North Lanarkshire Council is committed to the development of intensive home care services and is currently in discussion with Lanarkshire Health Board on the establishment of a joint scheme.

By definition the schemes proposed in the draft guidance require to replicate nursing home/residential care at home. Before authorities as a whole develop such 24 hour schemes, which are likely to be very expensive, it would be helpful to have the benefit of pilot scheme evaluations and detailed costings.

More recognition needs to be given to the possible harmful effects of moving a person between three different settings in a short space of time.

18. Intensive 24 hour support at home while the person considers their future would need to be time limited. There is a serious risk that the person may decide to remain at home in the unrealistic expectation that the intensive home support can continue over a longer period.

21. North Lanarkshire Council is very keen to see the development of joint working between social work and primary care. A recent joint report makes a number of recommendations which the Council and the Board have under active consideration.

There are, of course, considerable resource implications for the proposed location of social workers in primary care teams. Different models may be applicable to different areas and it is suggested that demonstration projects should be set up and evaluated in each council's area before decisions are taken nationally.

The draft guidance states that "Where no attachment or liaison arrangements currently exist, G.P.s should have access to named social workers or care managers .....". North Lanarkshire Council welcomes these proposals to improve communication between primary care and community care. The final guidance should recognise, however, that the need for urgent contact arises from social workers as well as from G.P.s and that access needs to be facilitated by both agencies.

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22. Such 24 hour cover would require that special arrangements be put in place over, for example, Friday to Monday holidays with further resource implications.
23. Clear criteria need to be agreed for rapid community care assessments.
24. It is not clear who determines whether an older person is physically or mentally unable to provide information about their financial position.
29. It should be recognised that the local authority has no obligation to meet any costs if the assessment is that residential/nursing home care is inappropriate.

28.10.97.