AGENDA ITEM No. ....7....

NORTH LANARKSHIRE COUNCIL

REPORT

TO: Social Work Committee	Subject:
FROM: Jim Dickie Director of Social Work	The Development of a Strategy for Older People
DATE OF COMMITTEE: 3rd March 1998	
REPORT AUTHOR: Duncan Mackay	
REF: JD/DM/SR	

1 PURPOSE OF REPORT

1.1 This report:

(i) advises Committee of work towards the development of a strategy for older people in North Lanarkshire;
(ii) advises on agreements reached with Lanarkshire Health Board on eligibility criteria for care in a range of settings;
(iii) seeks approval for the implementation of a proposal for the establishment of an intensive home care scheme.

2 BACKGROUND

2.1 A joint working group with representation from North and South Lanarkshire Councils, Lanarkshire Health Board, Lanarkshire Healthcare NHS Trust and Scottish Homes have been meeting to prepare a strategy document on services for older people in a Lanarkshire wide basis. Implementation will be delivered separately within each authority.

2.2 The group is mainly concerned with the future pattern of long term hospital care and alternative community care services for older people who live in the Lanarkshire Health Board area and whose main health problem is likely to be physical frailty or disability. The pattern of services for older people with dementia or other mental health problems is the subject of a separate strategy.

3 KEY PRINCIPLES OF THE STRATEGY

3.1 There are important key principles and assumptions which underpin the approach to the development of a strategy:

- As a general rule older people wish to remain in their own homes and they should have care and support provided for them at home as and when required.

- People with high levels of need currently live in all settings, whether at home, in residential or nursing home care, or elsewhere.
- The strategy must recognise that carers continue to bear the main responsibilities for meeting the care needs of people who remain in their own home.
- Vital community services such as primary care and appropriate housing and support require to be further developed to help more people stay at home.
- The ability of many frail older people to return home after a hospital admission depends on the provision of effective rehabilitation services and improved discharge planning arrangements.
- Any reduction of NHS continuing care should be based on an objective assessment of need and result in resource transfer for community based health and social care services.
- No single form of care provision will replace a reduction in continuing care hospital beds, and an appropriate range of services should be developed.

4 CONTENT OF THE STRATEGY

4.1 The strategy requires to address:

- The roles and responsibilities of all participating agencies.
- The health, housing and social care needs of older people.
- Type and location of existing service provision.
- The need to shift the balance of care away from institutions towards more care at home.
- The development of community based services as alternatives to institutional care.
- The criteria to be applied for access to different forms of care, such long-stay hospitals, nursing homes and residential care.

5 THE CURRENT POSITION

5.1 Much of the background work on need and resources is now complete and there is also agreement on eligibility criteria to NHS continuing care, nursing home and residential care. These draft criteria are attached as Appendix 1. The development of these joint criteria represents a significant step forward in shared understanding of the function and purpose of different services for older people. A 'focus group' of older people was consulted during the process of developing these criteria

5.2 There is broad agreement amongst agencies about what should constitute an appropriate level of continuing care hospital bed provision and of the need to develop high quality community based alternatives. Lanarkshire Health Board intend to bring forward specific proposals as to how this might be achieved later in the year.

5.3 Discussions with Lanarkshire Health Board about the development of an intensive home care service are at an advanced stage. This would offer 40 people levels of support that would enable them to remain within their own homes instead of an admission to institutional care. Funding for these services will be transferred from Lanarkshire Health Board. Details of this project are given below at Section 6.

5.4 There is further work to be undertaken with the Board to agree the levels of reinvestment in hospital based rehabilitation and assessment services and the subsequent resource release to fund additional community based health and social care services.

6 INTENSIVE HOME CARE PROJECT

6.1 This project will provide a high-intensity community based service for vulnerable older people who are at risk of having to move into some form of institutional care. The project will be based in Merrystone House, Coatbridge and will serve the whole of the North Lanarkshire area.

It is likely that those using the project will receive an average of thirty hours home care per week, plus a number of other services such as day care, residential respite, laundry services, community alarm support and access to equipment and adaptations, if required. Where carers are present, they will also be offered a range of supports.

Services will be available on a flexible basis, and overnight care will be provided if required.

6.2 Lanarkshire Healthcare NHS Trust have been closely involved in the development of this project, and it has been agreed that a nurse will be seconded to contribute to the assessment and care management of the older people who are eligible for the project's services.

7 PERSONNEL IMPLICATIONS

7.1 The following staffing is proposed

1 Project Leader / Care Manager (Full-time)	Grade: QSW
1 Home Care Manager (Part-time)	Grade: APIV
1 Clerical Assistant (Full-time)	Grade: GS2
	£44,100

In addition, home care services will be provided by a combination of in-house and independent providers.

8 FINANCIAL IMPLICATIONS

8.1 The full funding for this project - approximately £430,000 - has been resource transferred from Lanarkshire Health Board who have agreed the structure and functioning of the project. This sum will cover all costs, including respite, day care, laundry, training costs and administrative support costs. It is essential that spending should begin as soon as possible to ensure the maximum level of service is available to the people of North Lanarkshire in the coming year. The geriatric long-stay hospital beds, from which the total amount of funding for this project and other replacement provision has been transferred, have already closed.

9 RECOMMENDATIONS

9.1 Committee is asked to:

(i) note the progress made to date in discussions with Lanarkshire Health Board and South Lanarkshire Council to develop a framework for a joint care strategy for older people in Lanarkshire;

(ii) endorse the principles and approach set out in paragraph 3.1 of this report;

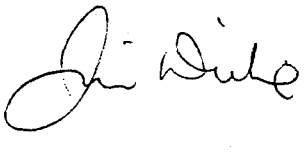
(iii) endorse the eligibility criteria set out in Appendix 1;

(iv) approve the staffing proposals for the Intensive Home Care Project;

(v) remit to the Personnel Services Committee for their attention;

(vi) ask the Director of Social Work to continue discussions with Lanarkshire Health Board to conclude a care strategy for older people in North Lanarkshire; and

(vii) otherwise note the contents of this report;



Jim Dickie
Director of Social Work
February 1998

For further information on this report please contact Duncan Mackay Principal Officer (Planning & Development) (TEL: 01698 332067)

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Appendix 1

Extract from the Draft Joint Community Care Strategy For Older People.

Section on Draft Eligibility Criteria

14.4. Criteria for NHS Continuing Care

NHS continuing in-patient care is dependent upon factors which include:

complexity, nature or intensity of an individual's health needs (i.e., medical, nursing, and other clinical needs taken together);

frequency and predictability of the need for clinical interventions;

need for regular specialist clinical supervision (in the majority of cases this might be weekly or more frequent) of a Consultant, General Practitioner with specialist geriatric training and/or diploma in geriatric medicine, specialist Nurse or other member of the multi-disciplinary team.

Conditions requiring such care **may** include:

feeding by nasogastric tube or gastrostomy;

regular suction;

tracheostomy care;

swallowing problems requiring speech therapy supervision;

pressure sores with overt ulceration requiring more than routine attention, such as frequent debridement, dressing or application of skin preparation;

diuretics in combined cardiac and renal failure.

Characteristics of those with mental illness who **may** need admission to NHS psychogeriatric continuing care include:

sustained or frequently recurrent difficult behaviour, such as aggression and violence, sexual disinhibition, intractable noisiness, interfering with other residents, persistent absconding, violent resistance to necessary care arising from dementia or other serious psychiatric disorder which cannot be managed appropriately elsewhere.

physical or sensory problems if they are associated with problems listed above and the needs of the patient cannot be met in another setting (e.g., NHS acute ward, hospice or terminal care).

Individuals who require routinely the use of **specialist** health care equipment or treatments which require the supervision of specialist NHS staff. These **may** include complex care involving:

chest physiotherapy, continuous or intermittent oxygen;

transfusion (blood products);

subcutaneous infusion, e.g., by syringe driver.

14.5. Criteria for Nursing Home Care

As stated in 13.1.1, it is important to remember that the criteria indicated below are seen as those representing appropriate care need at the time of admission. Any change in an individual's needs following admission would require review and re-assessment.

It is important to state also that the undernoted criteria are for nursing home places which are to be funded by local authorities. An individual choosing to enter a nursing home which they will be funding themselves is a private matter for that person or family.

The essential difference between NHS continuing care and nursing home care, as described in the General Principles section above, is the complexity, nature and intensity of the individual's assessed needs. Generally, a person will require NHS care if their needs require continuous specialist medical and nursing support. Nursing home care will be considered when a person's nursing care needs (a) cannot be met in other settings with the full range of social and health support or (b) are not sufficiently complex or intense as to require NHS continuing care.

General factors which may be used to indicate nursing home placement include:

- The combination of nursing and social care needs which require appropriately skilled input.
- A person's nursing needs requiring qualified nursing supervision over a 24 hour period.
- A person's needs requiring regular/unpredictable nursing and medical (General Practitioner) review/supervision.
- a person having considerable care needs which are unlikely to improve (and more likely to deteriorate) over time.
- Skilled nursing/psychiatric nursing care is required beyond that which can be sustained by a community based service.

Specific Conditions/Factors Influencing Admission

There are two broad categories of factors - Physical and Challenging Behaviour/Mental Health.

Physical

- People who are unable to support themselves or be supported by their carers, in their own homes even with social and community health input.

- People who are unable to perform daily living tasks, e.g., toileting, bathing, without skilled nursing assistance/oversight.

- People who require specialist equipment or appliances which they cannot manage themselves and require skilled nursing assistance in their use.

- People who are totally immobile and require skilled nursing care to avoid pressure sores and other skin/circulation problems.

- People who require administration on a regular ~~and predictable~~ basis of specialist medication, e.g., inhalation, injection, infusion.

- People who require regular ~~and predictable~~ supervision and monitoring by skilled qualified nursing staff for:

  skin care;

  nutritional needs;

  continence issues;

  mobility issues;

  etc.

Challenging Behaviour/Mental Health

Careful consideration is required in relation to placement of people with challenging behaviour and/or mental health problems in nursing homes. First, the nursing home must be appropriately registered for such care. Thereafter, individual decisions about placement will be linked to the capacity of the home to cope with the individual's particular needs and the potential impact upon the quality of life of other residents.

Nursing home care, as opposed to residential home care, will also be indicated particularly where a person lacks insight into their problem(s), has inability to communicate (relying on nursing ability to detect problems), or is particularly physically fit making management more problematic.

Where any such behavioural problems cannot be managed in a nursing home setting, and require more specialist medical care on a regular and/or unpredictable basis, NHS in-patient care will be required.

14.6. Criteria for Residential Care

As stated previously, it is important to remember that the criteria indicated below are seen as those representing appropriate care need at the time of admission. Any change in an individual's needs following admission would require review and re-assessment.

It should also be noted that an individual choosing to enter residential care which they will be funding themselves is a private matter between the care home and the individual.

In broad terms, the purpose of residential care for older people is to provide comfort, security, physical care and to alleviate social isolation. In keeping with other institutional options, its major disadvantages lie in the lack of independence and privacy and the need to mix with what may be experienced by some as uncongenial company. The efforts of social care providers in this sector should be directed towards maximising the quality of life for older people in residential homes and minimising the possible negative effects as described above.

As has been stated in the above sections, the criteria for such care are related to the individual's assessed needs for support. In general, people who are unable to be maintained in their own homes, but whose nursing needs can be met from community services, will be appropriate for residential care.

Older people admitted to continuing residential care must have previously consented to accept this form of placement. This may be waived in exceptional circumstances should the person's mental capacity prevent, but efforts should be made to gain consent and evidence of this should be documented at the care planning stage.

Contributory factors influencing admission to continuing residential care fall broadly into three categories: Physical; Social; Emotional and Behavioural.

Physical

People who are unable to support themselves in their daily living, or be supported by carers in their own homes even with assistance from health and social care services, but whose needs are not of a complexity or severity to require continuing or specialist nursing care.

People who are unable to dress, bath and attend to their toilet needs without routine assistance.

The extent to which it is possible to manage continence problems in residential care is dependent upon the level at which the person is able to

engage with staff in a personal continence management programme. The frequency of assistance/intervention in continence control would also be a significant factor.

People using aids or appliances which they can manage themselves only with constant assistance.

People who are unsteady on their feet and sometimes fall, but who are mobile with or without a walking aid or by wheelchair.

People who are too frail to perform routine daily tasks in relation to the provision of heat, personal comfort and the preparation of food.

Social

People who are vulnerable within their present social and domestic situations because of severe family stress, excessive overcrowding or those at risk of physical or mental abuse.

People who are a risk to themselves or others, or are a risk to property

The assessed needs of carers are such that they can no longer support the individual to remain at home.

Emotional and Behavioural

Although a person may be capable of being sustained in their own homes with a high input of social or health care, if they have little or no opportunity to engage with the external world or show little motivation or commitment to remain in their own home, then they may be appropriate for admission to residential care.

People who are suffering from a mental disorder, e.g., mild dementia or depression, and who require regular supervision, but do not require continuous psychiatric oversight, may also be appropriate for residential care. An important consideration in the placement of such a person in a residential home will be the likely impact upon the quality of life of the total residential population.

Where a person's aggression is marked, or where wandering is serious, and is combined with physical fitness, care management would not normally be appropriate in a residential home.

People with persistent florid delusions or hallucinations will not be seen as appropriate for continuing residential care.

14.7. Criteria for Respite Care in All Settings

Introduction

Circular NHS MEL (1996) 22 (NHS Responsibility for Continuing Healthcare) suggests that social work authorities will in many cases have the lead responsibility for arranging and funding respite care.

Further guidance from the Scottish Office Social Work Services Group, Circular No SWSG 10/96 (Guidance on Respite Care), recognises that while social work authorities will in many cases have the lead responsibility for arranging and funding respite care, health purchasers will continue to fund short-term health care where the patient's health requires it.

The Circular defines respite care as *"any service of limited duration which benefits a dependent person. The distinctive feature of respite care is that the break should be a positive experience for the cared for person and the carer (where there is one) in order to enhance the quality of their lives and to support their relationship. Respite care can be provided within or outwith an individual's home and may extend from a few hours to a few weeks"*

Guidance on the provisions of the Carers (Recognition and Services) Act 1995, Circular No SWSG 11/96, sets out the Government's views on the implementation of the Act, which from 1 April 1996 gives carers who are providing a substantial amount of care the right to an assessment of their needs as carers.

General Principles

- Local authority housing and social work departments, health boards and housing authorities should develop a range of respite care services provided by themselves and by other agencies, based on need, responsiveness to clients' and carers' choices, quality, affordability, accessibility and flexibility.

- People should, wherever possible be looked after in their own home, or in homely settings. Therefore, key objectives in providing respite care should be the development of domiciliary, day and respite services to enable people to live in their own homes wherever possible and to ensure that provision of practical support for carers is a high priority.

- Relevant purchasers should arrange and fund short term respite care where the individual's needs require it, usually in a planned way but flexible enough to meet unforeseen circumstances.

- Short term NHS care should, in most cases, relate to the health needs of the individual, although relief for the carer(s) will be an important aspect in considering a person's overall need for health care. The carer's health and social needs should be considered in the wider context of provision of respite care.

- In making arrangements for respite care, relevant purchasers should pay careful attention to the wishes of patients and their carers.

- Purchasers should identify the most cost-effective ways of deploying existing or additional resources to provide respite care.

Eligibility Criteria for Respite Care

NHS (hospital) Respite Care

This is for older people who have medical or nursing needs which cannot be met in a nursing home; or who present complex problems which cannot be managed in any other setting; or who require regular planned clinical intervention of a rehabilitative nature. Respite care will be provided in an appropriate hospital or NHS contracted setting. In general, the criteria for admission should be based on the criteria for NHS continuing care outlined in section 13.1.4 above.

Nursing Home Respite Care

This is for older people with a significant degree of disability or mental frailty. Their care needs are too great or too complex to be managed in a residential home , but their medical and nursing needs can be safely and appropriately managed in a nursing home. In general, the criteria for admission should be based on the criteria for nursing home care outlined in section 13.1.5 above.

Residential Respite Care

This is for people with a degree of disability or frailty whose needs cannot be met by additional home care services. Their medical and nursing needs can be safely and appropriately managed by the community health services and the staff in the residential home have the necessary skills to provide the personal and practical care they need. In general, the criteria for admission should be based on the criteria for social work residential care outlined in section 13.1.6 above.

Community Based Respite Care

The criteria for community based respite care should be the same as for residential care. Flexible community based services will be encouraged and developed to allow the person to have their respite in their own home, or in the

home of a paid carer, or in day care. The person's needs would be such that otherwise they would require residential care, if their carer was not there to care for them. The emphasis on this type of respite would be to support the carer in their task of caring for the individual.

14.8. Summary Table

	NHS CONTINUING CARE	NURSING HOME CARE	RESIDENTIAL HOME CARE
General Indicators of Need	Complexity, frequency or intensity of health need; frequency and predictability of need for clinical intervention; need for regular specialist clinical supervision.	Combination of nursing and social care needs which require 24 hour qualified nursing supervision and GP oversight. Nursing care beyond that which can be sustained by the community nursing service.	Requirement for social care and support beyond that which can be provided in a person's home, but whose nursing needs can be met from community nursing services.
Physical Factors Influencing Admission/Placement	Nasogastric feeding or gastrostomy; regular suction; tracheostomy care; swallowing problems requiring speech therapy supervision; complex skin care needs requiring frequent attention; diuretics in combined cardiac and renal failure.	Administration of mediction, e.g., inhalation, injection, infusion. Nursing assessment and monitoring of skin care; nutrition; continence; mobility etc.	Continuous or frequent personal care requirements; mobility; continence; too frail to perform routine daily tasks
Behavioural/Emotional Factors Influencing Admission/Placement	Sustained or frequently recurrent difficult behaviours which cannot be appropriately managed elsewhere. Physical and /or sensory problems which, associated with other factors, cannot be managed in other settings.	Challenging behaviour requiring continuous nursing assessment, supervision and monitoring, particularly where person has lack of insight and/or inability to communicate problems.	Behaviour not requiring contiuous nursing oversight; poor quality of life; lack of motivtion; depression or dementia not requiring specialist input.
Social Factors Influencing Admission/Placement			Vulnerable in community; family stress; risk of abuse; careres no longer able to support.

14.9. Rights of Appeal/Disagreements

NHS Appeals procedure

Lanarkshire Health Board has adopted procedures in line with Circular NHS MEL (1996) 22:

- information on criteria, the right to appeal, and how to appeal against a clinicians decision regarding discharge from NHS continuing care will be available to all patients admitted to geriatric continuing care;
- appeals will be dealt with by the Director of Public Health in accordance with the terms and timescales laid down in the Circular.

Local Authority Complaints

South Lanarkshire

Social Work Services has clients rights information available to the public which advises people of their right to make comment, suggestion or complaint about the service they receive.

Complaints can take various forms from talking to a member of staff who will attempt to resolve the matter, to sending a letter to the Head of Service.

Where a formal complaint is received in writing, Social Work Services will acknowledge within 5 working days. The complaint will be investigated and a response sent to the complainant within 28 days of the complaint being received.

It is hoped that most complaints can be resolved following investigation, but should the complainant still be dissatisfied they can request a review of the response. If at the end of this they are still not satisfied, the complainant can ask for their complaint to be heard by the Complaints Review Committee.

North Lanarkshire

The Social Work department's complaints procedure is derived from the obligation placed on local authorities by section 52 of the NHS and Community Care Act 1990, inserted into section 5B of the Social Work (Scotland) Act 1968. This requires local authorities to establish a complaints procedure in relation to their social work functions.

Local authorities are required to comply with a mandatory framework provided by Directions from the Secretary of State. The most recent update to these Directions came into force on 1 April 1996.

There are three main stages in dealing with complaints: informal, formal, and appeals.

Informal

The majority of complaints can usually be resolved through informal discussion at the time of complaint. Nevertheless, a record is made of the complaint and the outcome.

Formal

A formal complaint can be made verbally or in writing. This will be acknowledged within 5 days and investigated by a senior member of staff. A written response will be sent to the complainant within 28 days.

Appeals

If a complainant is dissatisfied with the response to their complaint they can contact the Director of Social Work who will appoint a senior manager. The senior manager will review the outcome of the complaint prior to an appeal coming before the Complaints Review Committee. This committee consists of a panel of three people who are independent of the social work department.

The Directions deal with definitions of complaints, eligible complainants, local authority response times, confidentiality, publicity and persistent complainants. The Directions also require local authorities to have in place procedures for dealing with complaints regarding services provided by third parties.

Disputes Protocol (agencies)

In recognition of the potential for there to be disagreement between agencies regarding aspects of continuing care, a clear protocol will be developed which will at its heart enshrine the rights of the individual to receive the most appropriate care to their needs without delay or other adverse effect pending resolution.