

NORTH LANARKSHIRE COUNCIL

SOCIAL WORK DEPARTMENT

Social Work Committee : 6th October, 1998	Subject : Scottish Office Guidance - Community Care Needs of Frail Older People: Integrating Professional Assessments
From : Jim Dickie, Director of Social Work Prepared by : Jim Nisbet, Principal Officer, Community Care	

1. PURPOSE OF REPORT

The purpose of this report is to:-

- 1.1. Advise Committee of new Scottish Office Guidance on how Social Work, Health and Housing professionals should contribute more effectively to community care assessments and care arrangements for frail older people.

2. BACKGROUND

- 2.1 The NHS & Community Care Act, 1990, places a duty on local authorities to lead an co-ordinate arrangements between agencies for assessing community care needs. Scottish Office Guidance already exists in relation to assessment and care management for community care clients and this guidance builds on that.
- 2.2 On 7th October, 1997, a report was presented to Committee detailing draft guidance from the Scottish Office on this subject, and comments were subsequently submitted to the Scottish Office.

3. CONTENT OF GUIDANCE**3.1 Involvement of Older People and Carers**

The guidance indicates that older people and their carers can only participate fully in a process which they understand. They should be involved in the assessment process and they need to understand the purpose of the assessment, supported by clearly presented written material. When deciding which form of care to arrange, it is vital that agencies take account of the preferences of the older person and the person who cares for them.

3.2 The Rights of Carers

The guidance confirms that most older people remain in the community with the support of their families, neighbours and friends. This vital role of the carer has been confirmed in recent research and the guidance states that in individual cases, the contribution of carers should be arrived at in discussion rather than assumed.

Carers have a right to request an authority to assess their ability to provide substantial care on a regular basis and any decision about care must take such an assessment into account.

3.3 The Importance of Collaborative Working

Older people and their carers benefit directly from good working relationships amongst Social Work and Housing providers, hospital and Primary Health Care Teams. Good co-operation between professionals in all of these agencies can enable older people to be properly supported at home. The independent sector also makes a valuable contribution in providing this support and care.

The guidance states that all local authority housing and social work departments, health boards and NHS trusts should establish local operational agreements. These agreements should include a mechanism for dealing speedily with any disputes, clarifying their respective responsibilities for funding and provision of community care and community health services.

3.4 Communication

Service providers should make sure that there is always clear and effective communication and understanding especially when involving older people and their carers in planning care. The guidance stresses that clear communication between agencies and with older people and their carers will result in better services and play an important part in ensuring a spirit of co-operation.

3.5 The Development of Care Management

The guidance notes that most older people who need services do not require care management but care management is particularly relevant in meeting the more complex needs of people who require a range of different services and who cannot manage to live independently at home without considerable long term support.

The guidance suggests that research shows where care managers have devolved budgets and access to a wide range of resources, people who need support get better care. The guidance further suggests that where care managers have been given training, power to purchase support services and budgetary responsibility may be devolved to them but local authorities should bear in mind the need to balance flexibility with adequate financial control.

3.6 The Role of the Medical Practitioner in Assessing Older Peoples' Community Care Needs and Nursing Needs

Where it appears that an older person may need nursing care the local authority must consult a medical practitioner. The final decision about the provision of nursing home care however is for the local authority since it must meet the cost of purchasing the service.

In making such a recommendation, it is important that the medical practitioner is aware of the range of community health, housing and social work services able to need care needs. It is suggested that the care manager is helped if the individual components of the nursing care required are identified by the medical practitioner and the guidance indicates that arrangements for dealing with differences of opinion between medical practitioners and care managers should exist in locally agreed protocols.

3.7 Discharging Older People from Hospital

The guidance stresses the importance of local protocols to enable discharge from hospital when the person's in patient treatment is concluded. To this end, the guidance indicates clear roles for carers, care managers, nursing staff, housing staff and the consultant in charge in facilitating such discharge protocols.

3.8 Urgent Assessments and Admissions to Care

The guidance notes that urgent assessments are sometimes required to avoid unnecessary hospitalisation and it is suggested that it is essential that care managers have the authority to procure quickly the community care services that meet the person's needs. It is suggested that the establishment of joint equipment centres which health, housing and social work staff can access may speed up solutions for people.

3.9 Funding the Cost of Care

The guidance states that where services are to be provided jointly, a clear distinction should be made on those services which are free and those which are chargeable.

This section also makes reference to current charging arrangements for community care services but stresses that services should not be withheld or withdrawn where clients refuse to pay if it is clear that the service is essential to that person's well being.

Where clients are unable or unwilling to provide information about their financial position, this should not delay the assessment or discharge from hospital unless in exceptional circumstances.

3.10 Rights of Appeal and Complaints Procedures

The guidance notes the separate arrangements in health, social care and housing agencies for clients to have rights of appeal or access to complaints procedures if an older person or the person who care for them is unhappy with the decision reached about their long term support.

3.11 Joint Training Initiatives

The guidance notes that a number of joint training initiatives have been used successfully to develop better understanding and working together between different professional groups. In order to develop services which are more focused on the people who use them, it is suggested that consideration should be given to involving clients in training initiatives to draw on their experiences.

4. CONCLUSIONS

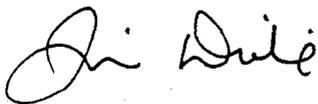
- 4.1 This guidance underlines good practice in relation to a number of aspects of community care assessment. It also makes a number of recommendations and suggestions which may have implications for practice and for current joint working arrangements between the social work

department and its partners in community care. The guidance is currently being examined in detail in order to formulate implementation proposals for North Lanarkshire.

5. RECOMMENDATIONS

5.1 Committee is asked to:

- (i) note the content of this Scottish Office Guidance
- (ii) Note that the Director of Social Work to discuss the implementation of this Guidance with partner organisations in community care in North Lanarkshire.
- (iii) request the Director of Social Work to bring forward a report on the proposals for the implementation of this Guidance, following the above discussion.



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10TH SEPTEMBER, 1998.**

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