EXCERPT OF MINUTE OF MEETING OF THE SOCIAL WORK COMMITTEE HELD ON 23 NOVEMBER 1999

SCOTTISH PARLIAMENT HEALTH AND COMMUNITY CARE COMMITTEE - REVIEW OF COMMUNITY CARE

13. There was submitted a report (docketed) dated 15 November 1999 by the Director of Social Work regarding a request which had been received from the Scottish Parliament Health and Community Care Committee seeking the Council's comments on the Review of Community Care (1) outlining the background to the review which was being focused on "Care of the Elderly and Mental Health"; (2) detailing the terms of reference of the review and the areas on which comments were being invited, and (3) advising that in view of the short timescale given for the Council's response an extension to the timescale had been granted by the Scottish Executive until 29 November 1999.

Decided: that the Director of Social Work prepare the Council's comments for submission to the Scottish Parliament Health and Community Care Committee in consultation with the Convener and that these be reported to a future meeting of the Committee.

North Lanarkshire Council

Response to Health and Community Care Committee Review of Community Care

Introduction

North Lanarkshire Council welcomes the opportunity to comment on the Review of Community Care currently being undertaken by the Health and Community Care Committee.

This Council is concerned to treat older people and people with mental health problems with dignity and respect and to value the contributions they make to the communities of North Lanarkshire. It is important that the policy and goals of social inclusion apply to people with disabilities, significant numbers of whom live largely segregated lives because of the way some services are designed and delivered.

The need for statutory health and social care agencies to work closely in partnership to ensure the delivery of more community based integrated services has never been greater. North Lanarkshire Council is committed to improving the way services are planned and delivered together with joint planning partners and those who use services and their carers.

Specific comment has been invited on 5 main areas and the Council's response is set out below.

1. Issues arising from the Sutherland report.

The Royal Commission on Funding for Long Term Care made a series of far reaching recommendations which still require a political determination. There is extreme pressure on local authority budgets to fund nursing home and residential care for older people and to develop home based alternatives.

By way of illustration North Lanarkshire Council funds 863 nursing home places, having doubled state funding of such placements since April 1996, at the point of local government reorganisation. The transfer of resources from the DSS to fund this has been supplemented by resource transfer from Health Boards to achieve this. Nonetheless assessed need for such provision continues to rise for a variety of reasons including:

- demographic change, particularly in the very old, who are more likely to require health and social care services.
- changing acute hospital care practice whereby more people are treated as day patients or spend much shorter periods of time as in-patients which has resulted in more people leaving hospital with significant care needs (the concept of convalescence is now effectively extinct in the health service).

- the impact of closure of continuing care hospital beds as agreed by the partner agencies through the joint planning process (and those that took place before such agreements), which create greater demands on community resources and require alternative forms of care or reprovisioning to be developed.

Despite the increase in demand, DSS funding, which is required both to deliver institutional care and community based alternatives, remains capped at 1993 levels, when community care legislation was introduced. As a result the gap between assessed need and current levels of service provision is becoming wider. The burden on carers to fill much of this gap is unreasonable and unsustainable. There also exists the inequitable anomaly that NHS health care is free whilst social care is means tested.

There is widespread recognition that these issues cannot be resolved at individual Council levels. The Royal Commission on Funding for Long Term care for elderly people recommended that the cost of care should be split between living costs, housing costs and personal care and that personal care should, subject to assessment, be paid for from general taxation. It estimated the costs of personal care to be met in this way at between £800 million and £1.2 billion a year (at 1995 prices). It would be useful to compare this requirement with the costs of the recent announcement on universal televisions licences.

Only a fresh and radical look at the funding of community care can address such fundamental issues. They are not insoluble- the Royal Commission acknowledges significant patterns of demographic change but rejects the notion of a "demographic time bomb"- but they do require different approaches and political will. The Scottish Parliament represents a real opportunity to tackle these long standing matters.

2. Resource Transfer issues

Resource Transfer from Health Boards to local authorities to pay for replacement community based social care services represents a critical transaction between those statutory agencies. Prior to 1993 there were no arrangements for resource transfer. Large scale long stay hospital provision across the country had already closed before then. Initial arrangements put in place between Health Boards and local authorities often simply transferred the existing cost of replacement social care facilities that had been commissioned by the Health Service.

Resource transfer arrangements are now on a generally firmer footing (within considerable national variation). There remain, though, significant problems. Resource transfers reflect levels of provision at a particular point in history (namely 1993) and do not compensate local authorities for increasing levels of need for health services in a population. Furthermore the levels of resources released from the Health service to local authorities do not come close to accounting for the level of savings made within the Health service as a result of bed closures, even since issue of the 1993 resource transfer circular.

There also exists a tension between meeting the direct costs of care for an individual leaving hospital and the need to use the same source of funding to provide care for people who would otherwise have entered long stay hospital care. Many of those in the latter group are younger people with more complex disabilities and needs.

All agencies subscribe to the view that replacement services for long stay hospital care should be delivered at home wherever possible. It must be recognised that these may be more expensive than the levels of resource transfer available. Home based services alternatives will often be more costly than the provision of nursing home and residential care, where economies of scale prevail and greater levels of social security benefits contribute to the overall cost of care.

3. The co-ordination of services between Health Boards and Local Authorities

It is a perfectly reasonable expectation of service users and their carers that local authorities and the Health service work closely together to deliver better services. Section 4 identifies a number of service developments to illustrate some of the progress that has been made in North Lanarkshire. However it remains the experience of large numbers of people who have both health and social care needs, that these are not delivered in a well co-ordinated way.

To achieve better results there requires to be a combination of effective strategic planning and stronger local arrangements for service delivery. The establishment of Local Health Care Co-operatives provides a mechanism to progress some joint initiatives and it is important that this opportunity is grasped early in their development.

Local authorities have a broad range of functions and there are critical roles to play in the co-ordination of care arrangements for Housing, Social Work, Education and other Departments. Often the provision of appropriate housing is a critical factor in sustaining people in their own homes.

Integrated assessment and care management using common assessment tools has been introduced in North Lanarkshire and it is envisaged that this experience will inform future joint development. The aim of a seamless service should be firmly in the sights of statutory organisations with responsibility in these areas of activity.

It is probably not helpful in this context to arbitrarily define health care and social care where boundaries clearly overlap, but instead encourage agencies to plan and deliver services jointly to meet the needs of a given individual. There are undoubtedly areas of activity which have commonality to Health and Social Work, such as Occupational Therapy and other tasks which are carried out by health and social care staff according to setting. Pooled budgets and joint commissioning may provide suitable vehicles to deliver some of these aspirations.

4. Possible examples of best practice

Considerable energy has gone into jointly developing better and more integrated services for older people and people with mental health problems. Some of these are indicated below:

- Intensive Home Care Scheme - jointly assessed and delivered by health and social care staff as a means of enabling people to remain in their own home.
- Very sheltered housing, accessed by community care assessment, as a direct alternative to residential care. This combines the features of sheltered housing

which are attractive to many older people - individual units of accommodation; own front door; a secure living environment; privacy- with higher accommodation specifications and levels of support.

- Joint Community Mental Health Team model introduced in Cumbernauld, targeted at people with severe and enduring mental illness, and successfully evaluated by the Scottish Development Centre.
- Connections Project - jointly assessed and purchased care for people with mental illness vulnerable to homelessness
- Supported living for people with mental health problems - planned packages of care (some very intensive) to support people, including those who have left long stay hospital care, in their own tenancies.
- Day service project recently established for people with early onset dementia, people whose care needs often present major challenges to their families and existing services and are frequently referred to services that are not age-appropriate.
- Integrated assessment and care management piloted for older people.
- Joint inspections between the Health Board and local authority of residential care and nursing homes.
- Joint commissioning of research into the views of people aged 55 years and over within North Lanarkshire to ascertain their views about resources and the future balance of care to meet health care and social care needs
- CPN attachment to residential children's units and through-care to address the mental health needs of young people in these services.
- The joint development of a comprehensive Mental Health Resource Network of services using Mental Health Development Fund monies.

5. Views on the best means of delivering the most appropriate care to patients.

Patients here presumably refers to people who have a range of health and/or social care needs. The need to develop alternatives to institutional forms of care is an explicit goal of community care legislation and has been subsequently reinforced by the Modernising Community Care policy. This aim is strongly supported and considerable efforts are being made to achieve shifts in the balance of care. However long term care services are balanced disproportionately towards institutional care (hospital continuing care, nursing home and residential care home places), contrary to the wishes and expectations of many service users and their families.

There are clear areas where joint work between health and social care services is both desirable and necessary, such as:-

- Vulnerable individuals with complex needs who are ready to be discharged from acute / continuing hospital care;
- Individuals living in the community with multiple health and social care needs;
- Crisis intervention / rapid response / prevention of admission to hospital or institutional care / out of hours services;
- Single assessment / joint assessment tools / care management; and
- Individuals being considered for Nursing Home care.

While clear examples of best practice have been given above there are some barriers to Health and Social Work co-operating to maximum effect, namely:-

- Charging policies for certain social care services which make joint commissioning / implementation of pooled budgets difficult to implement;
- Different pressures on agencies, such as the demands on health to discharge people from hospital as quickly as possible, sometimes in contravention of the Discharge Planning Agreement, in order to avoid bed-blocking which can create real tensions in respect of appropriate community health and social care services being put in place for the individual as and when required;

Despite these barriers there is a considerable amount of good practice which is currently taking place between the agencies and a real commitment in North Lanarkshire on the part of Health and Social Work to work in partnership, including the involvement of users and carers. Areas such as joint commissioning and pooled budgets have yet to be properly tested but do represent opportunities for significant change in the way services are planned, funded and delivered.