

NORTH LANARKSHIRE COUNCIL

REPORT

TO: Social Work Committee	Subject: SCOTTISH EXECUTIVE JOINT FUTURE GROUP REPORT - RESPONSE BY LANARKSHIRE COMMUNITY CARE PLANNING PARTNERS
FROM: Director of Social Work	
DATE OF COMMITTEE: 25 January 2001	
REPORT AUTHOR: Duncan Mackay	
REF:	

1 PURPOSE OF REPORT

1.1 This report seeks homologation of a response, jointly prepared in partnership with Lanarkshire Health Board, Lanarkshire Primary Care NHS Trust and South Lanarkshire Council, to the Scottish Executive Joint Future Group Report on community care.

2 BACKGROUND

2.1 The Joint Future Group was set up within the community care division of the Scottish Executive in December 1999, chaired by Iain Gray, then Depute Minister for Community Care, to:

- ◆ agree a list of joint measures which agencies need to have in place to deliver effective services, and to set deadlines for that;
- ◆ advise on the balance between residential and home based care;
- ◆ advise on options for charging for care at home; and
- ◆ advise on how to identify and share good practice.

2.2 The report of the Joint Future Group was issued on 4 December 2000 with an invitation to submit comments by 8 January 2001. The short timescale meant that it was not possible to seek prior Committee approval for the response.

3 REPORT PROPOSALS

3.1 The Joint Future Group makes a series of significant recommendations to community care joint planning partners. These, together with the proposed timescales and the current position in North Lanarkshire, are described in the table below.

3.2 Recommendations of the Joint Future Group

Recommendation	Time Scale	Position In North Lanarkshire
Every local authority to have an Intensive Support & Care (Rapid Response) Scheme	Mid 2001-2002	Currently being established using Winter Pressure monies
Every local authority to have an Intensive Home Support/ Augmented Care Schemes	Mid 2001-2002	In place
Each year agencies should provide more short breaks	2001-2002 onwards	This has been the case year on year; additional funding anticipated in 2001-2002 settlement
Every local authority to arrange a Practical Shopping/ Domestic/ Household Maintenance Service	Mid 2001-2002	These tasks are carried out by suitably graded home care staff or purchased from independent sector providers; there is no separate as such
Service Development Centre for Older people	2001	To be created by Executive
Single Assessment for older people & people with dementia	October 2001	Operates in some schemes; needs to be supported by technological and organisational change
Single Assessment for all other user groups	April 2002	Generally not in place - similar issues to above.
Intensive Care Management: Only staff who have been trained should undertake this work	2001-2002	Some designated care managers; major implications that require further consideration
Information sharing - Executive to offer a strategic lead; local single assessment arrangements to include explicit client approval	2002	Modernising Government bid approved
Equipment & Adaptations - Executive to take strategic overview and set out programme of change; Occupational Therapy- improve targeting and remove duplication	Now	Review of service undertaken and approved; implementation plan being devised
National Planning & Financial Framework to be set up by Executive starting with Older People	2001	Executive to lead
Joint Resourcing & Joint Service Management Locally - partners to draw up local partnership agreements, starting with older people	2002	None in place
Charging		
COSLA to develop national guidelines to reduce the inconsistencies in home care charging	None	NLC represented on COSLA working group
Executive to consider introducing up to 4 weeks free home care for older people leaving hospital & free home care for older people receiving "extended home care" - but still to pay for "ordinary" services	None	Major implications for current charging and arrangement of services
Good Practice	Mid 2001-2002	Executive to lead
Executive should identify measures to improve the collection & dissemination of good practice		

- 3.3 The general direction of the report is supported by all agencies involved in the planning and delivery of community care. There are, though, a range of areas on which further discussion with the Executive is sought. The joint response (attached as Appendix 1) sets out these issues and draws attention to tensions between very demanding deadlines and lack of detail around some proposals. It also raises the need to link various strands of related activity more closely and suggests further consideration should be given to securing co-terminosity between health and local authority boundaries.

4 RECOMMENDATIONS

- 4.1 Committee is requested to homologate the attached response to the report of the Joint Future Group.



Jim Dickie
Director of Social Work
15 January 2001

For further information on this report please contact Duncan Mackay, Principal Officer (Planning & Development) (TEL: 01698 332072)

Attach



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MR. T. A. DIVERS

12 January 2001

Miss Thea Teale
Community Care Division
Scottish Executive
Director of Health Policy
Head of Community Care Division
James Craig Walk
Edinburgh EH1 3BA

Dear Miss Teale,

REPORT OF THE JOINT FUTURE GROUP : " A JOINT FUTURE"

I refer to your letter dated 4 December and enclosed Report. The Lanarkshire Planning Partners endorse the broad thrust of the Report's recommendations. The "Group's planned direction of travel" is entirely consistent with our own, and represents the next logical steps forward in modernising community care in Lanarkshire.

To be successful in taking these steps, we think that there are important practical issues that must be resolved, in particular the apparent conflict between timescales set out in the report and the need for further clarification and detail on some parts of the programme. Given our shared vision, we would be happy to work with you on these issues and anticipate that you will be agreeable to this joint working, and to meeting with us for this purpose. The detail of these issues is outlined in the paper attached to this letter, which is designed as a basis for further discussion. The paper is set against a backdrop which has two important features :

- ❖ The need to take our staff with us. Even in a culture now accustomed to change, the next steps are major ones. Your letter recognises that how the recommendations are implemented is a matter for local decision; a crucial part of the process is getting the active involvement of staff in a way that enables them to influence and own this local process. This is a pre-requisite of getting change delivered positively and effectively. Changes in culture and working practices need a heavy investment of time, thought communication and design as well as money. " Local" in this context means at the level of Local Health Care Co-operative areas, where frontline staff from all agencies and other stakeholders will look for leadership and motivation in changing cultures and delivering a modernised service.

- ❖ A strong foundation on which to build. The past eighteen months have seen:
 - ◆ Major improvements in the quality of joint planning and working, with robust joint planning mechanisms.
 - ◆ An action plan for modernising community care developed with users and carers, with common assessment and improvements in equipment and adaptations services as the two top priorities.
 - ◆ A Modernising Government Fund project to develop electronic communication and a common assessment process for older people, building on the system in use in one Council area.
 - ◆ A major Mental Health and Well Being Development Fund project to develop information sharing, common policies and benchmarking good practice.
 - The implementation of Learning Disability and Mental Health Strategies and the development of the Lanarkshire Frail Older People's Strategy.
 - ◆ Intensive Home Care projects.
 - ◆ Success through the Better Government for Older People Initiative in building user and carer confidence, participation and influence in multi-agency planning and service delivery.
 - ◆ The development of social inclusion partnerships.

In conclusion, we think there is another opportunity in implementing the Joint Future recommendations to reflect on the case for co-terminosity between health and local authority boundaries. Where there is a lack of co-terminosity, this will undoubtedly make the task of achieving consistent and successful implementation much harder.

I hope these comments are helpful to you, and look forward to further discussion of these important matters.

Yours sincerely,



T.A. DIVERS
CHIEF EXECUTIVE
LANARKSHIRE HEALTH BOARD

On behalf of the Lanarkshire Planning Partners:

Lanarkshire Health Board
North Lanarkshire Council
South Lanarkshire Council
Lanarkshire Acute Hospitals NHS Trust
Lanarkshire Primary Care NHS Trust

LANARKSHIRE PLANNING PARTNERS

JOINT FUTURE REPORT : KEY ISSUES

INTRODUCTION

1. This paper presents key issues of timescale, clarification and definition to be addressed in implementing the report. These are presented by recommendation under the headings in Miss Teale's letter of 4 December 2000. Information about the current position within Lanarkshire is given to provide context to these issues and our commentary.
2. The task ahead is not simply about the Joint Future recommendations. A single implementation plan is needed to integrate the Joint Future and the initiatives listed in the covering letter to this paper i.e.
 - ❖ Modernising Community Care Action Plan
 - ❖ Modernising Government Projects (3)
 - ❖ Mental Health and Wellbeing Development Fund Project
 - ❖ Care Group Strategies (Learning Disability, Mental Health and Frail Older People)
 - ❖ Better Government for Older People
 - ❖ Social Inclusion Initiatives.
3. This Plan is essential if we are to be clear about the overarching priorities for our partnership, taking account of our existing commitments to users and carers, what our core objectives are and a realistic timescale for their achievement. This will also enable us to make the best use of project management and other scarce resources. The Partnership is working to develop this plan by the end of February, and references to timescales in this paper are to be seen in this context.

REBALANCING CARE FOR OLDER PEOPLE

4. A multi-agency Strategic Group has been meeting for a year to consider how to rebalance care for older people and has produced a draft strategy to achieve this. The Strategy is :
 - ❖ comprehensive, covering all areas of service and all providers. For example, the process seeks to engage the nursing home sector as partners in developing the strategy.
 - ❖ focussed on changing the balance towards home care and care in the community, with specific proposals for developing services that support people in their own home, including day care. Re-balancing institutional

services is also important, with some further reduction in continuing care offset by an increase in assessment and rehabilitation.

- ❖ concerned to recognise the role of acute hospital services and of consultant geriatricians and specialist nurses. They have a key role in early medical assessment and intervention to prevent the need for in-patient care, supporting primary health care and other community teams in the services they deliver.
- ❖ firmly needs based. To this end, SCRUGs has been used to build a dependency profile across nursing and residential home environments, to set alongside data from SHRUGs that has been applied in continuing care hospitals since 1995. A further programme of SCRUGs development is proposed to give a complete profile of dependencies, including home care.

5. Older people and their carers have participated in the development of this Strategy and the Better Government for Older People Project in South Lanarkshire has been instrumental not only in helping the process, but also in changing the culture and giving a mutual understanding of the issues.
6. Integral to the strategy are commitments in many of the areas included within the Joint Future Report.

Intensive Support and Care Teams (3.15)

7. Appointments are currently being made to early supported discharge teams across Lanarkshire. What needs to be done to extend their remit to more fully cover rapid response (prevention of admission) and community rehabilitation will be determined in the light of experience. The opportunity is needed to gain and evaluate that experience. This cannot reasonably be done until after this coming winter.

Intensive Home Support/Augmented Care Schemes (3.18)

8. There is a multi-agency service taking referrals from one local authority area and projects elsewhere. The evaluation of this service will be completed by February. Our plan is to develop these services throughout this year with a view to comprehensive implementation in 2002.

Short Breaks (3.22)

Practical shopping/domestic/household/maintenance service(3.27)

9. Both Councils have undertaken a review of homecare, and procure appropriate Domestic and other practical supports according to assessed need. Developments are planned to pre-prepared meals and shopping services.

10. Whilst supply still falls short of need, respite services have been increased significantly by both Councils. The additional resources for this purpose allocated in the local government settlements are welcomed.
11. A more exact definition of the standards which are expected would be helpful under both these headings, so that a comparison can be made with the existing services.

IMPROVE JOINT WORKING

Single Assessments (4.12)

12. Development of a common assessment process and procedure is one of the two highest priorities for the Partnership in responding to views expressed by service users and carers. The successful Partnership bid against Modernising Government Funds targets common assessment processes for older people, and builds on the substantial progress made in developing assessment tools, particularly in North Lanarkshire.
13. Timescales need to be reconciled between Joint Future targets and the approved Partnership MGF project. The target date in the MGF Project Plan of May 2002 for the commissioning of a common assessment process and system for older people and associated IT infrastructure in two LHCC areas (population 124,000) is tight but achievable. Any shorter timescale would not be realistic. The system is in use in other parts of Lanarkshire, but without the electronic infrastructure. It provides a core which facilitates the development of common processes and tools for other client groups, but this will follow on from May 2002. In the meantime, there will be close links between the MGF project and the Mental Health and Well Being Development Fund Project.

Intensive Care Management (4.23)

14. The Councils have or are about to review their assessment and care management procedures with a view to improving access to services. This is being done in conjunction with the multi-agency work on the Frail Older People's Strategy.
15. Wider discussion and consultation is needed to define intensive care management in terms that will be generally understood and applied. This recognises the current wide variation in interpreting and applying the concept of care management. There is also an issue about how appropriate it is to use "intensive" in this context. Confusion will arise in the public mind with Intensive Care Units and Psychiatric Intensive Care, and this association with life-threatening illness may cause alarm and distress amongst clients and their carers.

Information Sharing (4.31)

16. Improving information sharing sits alongside better care outcomes for people using services as a key objective of the Modernising Government Fund and Mental Health and Wellbeing Development Fund Projects in Lanarkshire.
17. There will be an interplay between the strategic lead to be taken by the Executive and local responsibilities for information sharing, particularly in making sure that there is a consistent approach nationwide to the management of confidential information. Requiring explicit client consent to the sharing of information, in the assessment process and elsewhere, may assist in reconciling different professional views.
18. The report of the Confidentiality and Security Advisory Group for Scotland (CSAGS) will be directly relevant to this work. Timescales could again be an issue given the Joint Future target for common assessment processes and the fact that CSAGS may not report until April.

Equipment and Adaptations (4.33) and Occupational Therapy Services (4.51)

19. A more effective service for the provision of equipment and adaptations is the second of the Partnerships highest priorities. This has led to both local authorities reviewing current provision at member/officer level, with Health involvement. These reviews have led to a clear mandate in North Lanarkshire to develop a joint service, and in South Lanarkshire to considerable financial investment to improve services jointly with Housing and Health. Further progress during 2001/2002 will be closely planned and monitored against the Report's recommendations.
20. Particular stress is placed locally on further discussion and clarification of the changed roles and relationships envisaged for Acute hospital based O.T. services.

JOINT RESOURCING AND JOINT SERVICE MANAGEMENT LOCALLY (5.15)

21. A framework for Joint Planning is already established and includes a Joint Forum (including elected members), Joint Planning Groups and the Partnership Executive. We have also ensured the involvement of service users and carers in multi-agency strategy groups across a range of care groups including:-
 - ❖ Mental health
 - ❖ Older people and dementia
 - ❖ Learning disability

22. The Service strategies require to be supported by sound financial frameworks and clear workforce and estates strategies, within longer term indications of funding. This is currently a major focus in strategic planning activity, together with planning to ensure that there are effective implementation arrangements.
23. Thus there is a basis for joint resourcing and service management of community care services, informed by projects in intensive home care that have operated on this basis. Given the size of the catchment and resources available within Lanarkshire, we think that a realistic objective is to put such arrangements for frail older people's services in place for defined areas of Lanarkshire over the next 15 months, as a basis for further expansion thereafter. These arrangements will also be informed by experience elsewhere, including the models of joint working highlighted in the Report, recognising that these models are not yet fully tested.

CHARGING

24. The Lanarkshire Partnership endorses the recommendation in Joint Future that COSLA develops guidance to address the inconsistencies that currently exist (7.4)
25. There are significant practical issues which merit further discussion and clarification in relation to free home care and free extended care (7.12 and 7.19) These include :
- ❖ What the eligibility criteria will be for access to the free care.
 - ❖ How much care is to be given (e.g. is 24 hour care included)
 - ❖ How to separate out and quantify the discrete elements of personal and domestic care.
 - ❖ How situations are managed at the end of the " free" period ?

Rmw/11/01/01