

REPORT

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| To: SOCIAL WORK COMMITTEE | Subject: CARE DEVELOPMENT GROUP | |
| From: DIRECTOR OF SOCIAL WORK | | |
| Date: 23 August 2001 | Ref: JD/RM/DH | |

1. PURPOSE OF REPORT / INTRODUCTION

- 1.1. The purpose of this report is to advise Committee of the response which was submitted by North Lanarkshire Council to the Scottish Executive regarding comments sought by the Care Development Group, in respect of long term care services for older people.

2. BACKGROUND

- 2.1. The Care Development Group, chaired by the Deputy Minister for Health and Community Care, was asked by the Scottish Executive to make recommendations with regard to long term care for older people in Scotland, by the end of July 2001. As well as considering the broad range and quality of services which exist for older people at present, the group had particular interest in considering the question of the implementation of free personal care for older people requiring this.
- 2.2. The Care Development Group sought comments from a wide range of interested parties including individual service users and carers, independent providers and local authorities.
- 2.3. Many of the issues raised within the context of the questionnaire issued by the Care Development Group, had been considered as part of the consultation process carried out by the Social Work Department and its partners with regard to the latest Joint Community Care Plan. The Plan is currently in its draft form and has been circulated for wide formal public consultation at present.
- 2.4. A local consultation event for older people and their carers in North Lanarkshire was organised by the Community Care Forum on 12 June 2001 and was chaired by the Convenor of Social Work, with the specific role of hearing the views of North Lanarkshire users and carers directly.
- 2.5. On 28 June 2001, the Finance and Local Government Minister announced that there was £200 million new money and realignment of £289 million to be made available for Scottish Executive priorities. The Minister said that part of the funding was to meet the cost of free personal care for older people.

3. RESPONSE

- 3.1. Following the public consultation event and in line with the decision of the Social Work Committee on 24 May 2001, for consultation with the Convenor of Social Work to take place, a response was submitted to the Scottish Executive by the Council.
- 3.2. A copy of the response is attached at Appendix 1 and has been placed in the Members' Library.

4. CORPORATE CONSIDERATIONS

- 4.1. There are no immediate financial or other implications for the Council at this stage.
- 4.2. When further decisions or proposals are announced by the Scottish Executive, these will be the subject of a further report to the Social Work Committee.

5. RECOMMENDATIONS

- 5.1. The Social Work Committee is asked to homologate the content of the response to the Care Development Group as the Council's position.



Jim Dickie
Director of Social Work
4 July 2001

*For further information on this report please contact Robert Miller, Development Manager
TEL: (01698 332069)*

CARE DEVELOPMENT GROUP

SUBMISSION FROM NORTH LANARKSHIRE COUNCIL

This response has been written on the basis that 'long term care' refers to those services which are provided to older people whose needs have been assessed as requiring the provision of support services whether these are provided within the community or residential or nursing care home.

1. To examine existing provision and to identify gaps, deficiencies and duplication, which may require to be addressed.

Based on your experience comment on:-

i) The quality and availability of current services for older people

Following an extensive review of Home Care Service, North Lanarkshire Council made major changes to the service to develop its flexibility and availability over 24 hours per day, 7 days per week. This has resulted in the service being targeted to those with the greatest needs. As a consequence, there has been a slight drop over the last two years in the numbers of individuals receiving a home care service but a considerable increase in the numbers receiving a higher level of service provision and personal care services.

While access and availability to other community based services is in the main good, older people in North Lanarkshire Council consistently raise concerns about suitable public transport not being available, especially in more rural areas.

Following consultation with older people a strong commitment has been given by the Council to extending the provision of the community alarm service with the service to be offered to all individuals living in their own and over 80 years of age in the authority and to those age 65 years+ who are assessed as requiring the service. User consultation has indicated this service is highly regarded by the public.

Although day services for frail older people are available in each of the main townships and larger villages, it is necessary to extend the number of places and times when places can be provided. Specialist day service provision is more limited for individuals with dementia and also needs extended.

In 2000 a member / officer group reviewed the provision of local authority residential care for older people resulting in report, 'A Home for the Future'. An Action Plan is now being implemented on a corporate and inter-agency basis across the authority. This involves ensuring short term improvements in the quality, extent and flexibility of the service provided whilst arrangements are made for partnerships to replace unsuitable homes with extra care housing.

With regard to nursing home care, North Lanarkshire is currently funding almost double the number places that it was five years ago (500 places in 1996; 954 places in 2001). Nursing homes in North Lanarkshire are operating at an occupancy level of 93.7%. Despite its strategic intention to shift the balance of care from residential and nursing care to home care, admissions to nursing homes in particular have continued to rise. This may

be partly a retraction of continuing care hospital beds and Winter Pressures funds which provided resource transfer monies to North Lanarkshire Council

While availability to the above range of community care services is on the whole good, issues can arise in respect of access to services because of:- geographical location; level of need; appropriate service provision; mobility / transport arrangements; information about services and about eligibility criteria.

Quality of services is monitored for registered services via inspection visits. Other monitoring processes include contract monitoring; Best Value Service Reviews with follow up action plans and also to some extent through the care management process. Quality will be further addressed through the implementation of the Regulation of Care Bill and national standards which are currently being developed in respect of home care services

ii) What could be done to address any deficiencies?

- ◆ Easier access to services - requires better public information, clear eligibility criteria, and single service pathways, thus allowing different professionals to arrange provision of services to meet assessed needs from resources directly available to them or from external resources / providers.
- ◆ As recognised and endorsed in the Frail Older People's Strategy developed by Lanarkshire Health Board and Trusts with North and South Lanarkshire and the North Lanarkshire review of residential home care, there is a clear need to further shift the balance of support services from the traditional residential model to more flexible and integrated community based support services. The range of community support services require to be developed in the context of supporting housing through the use of SMART technology, very sheltered housing and single care homes.
- ◆ The development of such a comprehensive community based infrastructure will require significant funding. This includes capital investment to improve or replace outmoded buildings.
- ◆ Reshaping of existing residential / nursing care homes across all sectors is needed to bring them up to modern standards. This would require to be undertaken on a phased

2. To provide a clear definition of personal care and to bring forward proposals for the implementation of free personal care with an analysis of the costs and implications for so doing.

basis over a realistic timescale and with an appropriate level of funding.

i) What in your view constitutes personal care?

It is essential that the policy is developed on the basis of a clear and workable definition of personal care. This should be as straightforward as possible. There would inevitably be very real practical difficulties in applying definitions which required rigid boundaries to be drawn between "nursing care" "intimate care" and "personal care". It must be capable of being understood by older people, their carers and staff. The possibility of the definition being misunderstood or applied unevenly must be avoided.

While this Council sees the need for a clear definition of personal care, the Royal Commission definition is, (as it says itself) “on the tight side”. It is however highly desirable that inconsistencies between different parts of the country are avoided in terms of both interpretation and implementation. A clear definition is therefore crucial both in terms of public information and expectations as well as to ensure consistency in eligibility criteria and charging policies across Scotland.

North Lanarkshire would propose that personal care be defined to include tasks where direct assistance is being given to an individual (i.e. with dressing, washing/bathing, going to the toilet, eating, walking etc.) as well as with a broader range of tasks which have a direct influence on the individual’s immediate well-being. In general this would mean assistance with food preparation, ensuring a safe environment, provision of supervision for personal safety reasons and health promotion. Despite the Royal Commission’s decision to exclude “sitting services where the purpose is company or companionship”, the Council is concerned about the effects of severe social isolation on older people’s welfare. In situations where people are assessed as unable to receive any social contact from family, friends or community networks, there is evidence that this can seriously impair their health. In this context social stimulation, provided by some sort of companionship, could be seen as constituting personal care.

It is recognised by this Council that certain aspects of personal care may require to be delivered by, or under the supervision of guidance of nursing staff. A substantial amount of joint work has already been done in this area to specify those interventions and ensure that they are carried out appropriately.

ii) **How can personal care needs best be met?**

By the provision of support services in an appropriate environment by a consistent member/s of staff with the relevant skills and training to perform the tasks required - this should be in a manner which retains the dignity and independence (i.e. having some control over how the tasks are undertaken) of the individual. There requires to be consultation, in particular with older people and their carers, with regard to their views about how personal care can best be provided to meet an individual’s needs.

Personal care services require to be provided on a flexible and integrated basis, over a 24 hours, 7 days per week by a range of providers such as the local authority, voluntary and private sectors as well as increasingly by personal carers employed directly by the individual service user. The use of direct payments may give older people more flexibility and direct control over their support services but in a recent major consultation exercise in North Lanarkshire, it was clear that many older people and their carers would not wish to pursue this option as they felt it would entail additional responsibilities on their part which they did not feel able or willing to have. Recent consultation has identified that there are some people who would welcome direct payments and this should be encouraged, although it would require a range of quality providers and adequate systems to facilitate choice and control.

This Council sees it as being imperative that the new framework for social care facilitates the provision of appropriate care services to individuals whilst avoiding the supporting infrastructure becoming a bureaucratic nightmare in terms of eligibility criteria and charging policies.

A central issue for national policy will be the balance to be struck between reducing or eliminating charges, and making the best use of public funding available for care. Given that the policy in Scotland is to be developed without change to the UK wide benefit and taxation systems, there needs to be detailed public consultation on the options and their implications. This requires costing of the options and clarity about the opportunity costs of pursuing a policy to reduce or eliminate charges as an alternative to investing public funding in extending and improving services.

Many local authorities will lose a substantial level of income which is currently generated through charging policies for home care but the implementation of free personal care services would reduce this income. While North Lanarkshire has reinvested this income into extending home care service provision, such development will no longer be possible unless this shortfall is made good to councils.

If free personal care is to be provided in residential / nursing care homes, there will be a requirement for individuals to pay accommodation / hotel costs but there is a real danger that this could be divisive, and lead to the poorer pensioners being perceived to receive second / third class accommodation.

There are likely to be substantial additional costs to local authorities for those individuals who currently fund their own care both in the community and also in residential / nursing home who will now be entitled to receive such services free - although their needs would require to be fully assessed which is not currently the case. The Care Development Group should assess the full costs involved in carrying out these assessments and meeting the additional charges which Councils would require to bear for the core costs. Funding requires to be awarded in block grant form for these costs

3. The Group is examining current deployment of resources from all funding streams for the care of older people.

Do you have any recommendations for change to the existing arrangements?

Recommendations in respect of joint funding and pooling of resources are welcomed. It is anticipated that the imminent changes in the infrastructure and reporting mechanisms for community care which require to be implemented in respect of both the recommendations from the Joint Future Group and the National Health Plan will assist in developing a streamlined decision-making process between local authorities and the local Health Board and Trusts.

Current funding arrangements are complex in that there are various sources and ring fencing of budgets. This makes integrated practice, monitoring and reporting processes equally complex. It is hoped that in the consideration of the funding for the provision of free personal care services, there will be the opportunity to review the different funding sources with a view to simplifying the processes involved although it is acknowledged that this would be a major task. Such a review would also require to consider the current use of Social Security Benefits (such as Attendance Allowance, Care Component of DLA, Severe Disability Premium) to pay for support services provided by local authorities and others.

It will not be possible to deliver the national policy in respect of free personal care for older people without substantial levels of additional funding being made available to meet the costs of such provision. In the absence of funding from other sources, such as general taxation, free personal care will inevitably be at the cost of the scale and quality of services provided.

The Care Development Group should recommend full consultation on the detailed options including the relative importance people would attach to extending and improving personal care services as opposed to removing charges. This should include consideration of reviewing the thresholds whereby all care costs are calculated. In particular public consultation has indicated that older people feel strongly about charges for care being calculated against the value of someone's normal domicile, if they require care. Perhaps a reasonable level of potential capital raised by the sale of a person's home could be disallowed from calculating the care costs. Such a change may encourage the community to accept other additional methods of revenue generation, more readily.

4. The Group has to bring forward proposals for sustainable quality services for older people to meet current and projected need and likely demand.

What do you see as the key challenges and priorities in

❖ The short term (up to the year 2005)

These will be influenced largely by the direction of the Executive's policy on charging and the relative costs of the different options considered.

Inevitably, the following will require to be addressed:

- ◆ Integration of the various services and the establishment of single services
- ◆ Balancing priorities, which may at times be conflicting priorities between national goals and expectations; the increasing expectations of older people and their carers; tailoring services within the context of local circumstances, needs and resources; good preventative services v. intensive service provision
- ◆ Increased levels of funding are required for service development to older people, for example in respect of the provision of equipment and adaptations, services for older people with dementia as well as capital investment as noted above in respect of very sheltered housing and single care homes. Additionally, as is the case for other Scottish Councils, there is ongoing discussion with nursing home and independent residential care providers in respect of their seeking an increase in their fees - the increase being proposed could not be met from existing funding
- ◆ Support to providers in all sectors to meet the new standards being developed within the whole range of service provision to older people
- ◆ Recruitment, training and retention of staff
- ◆ Registration and monitoring of home support
- ◆ Adequate systems to monitor quality of service provision as well as appropriateness of outcomes for service users
- ◆ Commitment to deliver free personal care balanced against investment of new resources in service delivery

❖ **The medium to long term (2005 and beyond)**

- ◆ Increasing levels of need and growing public expectation of services
- ◆ Lack of security in long term pension levels - and the impact of market volatility on pension levels.

ii) How should these be met and paid for?

- ◆ Funding is central to this process - there needs to be a properly integrated base for funding Community Care, including consistent interpretation and implementation.