



Buckinghamshire County Council

Report

Cabinet

AGENDA ITEM: 11

Date 10 September 2001

Title Response to the Partnership Select Committee Examination of Winter Pressures

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Electoral Divisions Affected All

Summary

The Partnership Select Committee made a number of recommendations following their examination of Winter Pressures. This Report outlines the progress on responding to these recommendations. It should be noted that since last winter the Department of Health have recognised that year round capacity planning is the key to reducing delayed discharges and emergency admissions. The plan for Buckinghamshire was submitted on 31 August 2001.

Recommendation

That the Cabinet supports the portfolio response to the Select Committee's recommendations as outlined.

Recommendation 1 accept

Recommendation 2 accept

Recommendation 3 accept

Recommendation 4 not accept

Recommendation 5 accept within limitations

Recommendation 6 accept

Recommendation 7 not accept

Recommendation 8 in operation

Recommendation 9 accept

Recommendation 10 accept

Recommendation 11 accept

Recommendation 12 accept in part

The reasoning behind this is detailed in the supporting information in Section B

8 Recommendations of the Partnership Select Committee

Winter Pressures

Recommendation 1: Review the possibility of more flexible hours for social workers to enable assessments to take place in evenings and weekends.

ACCEPT

It is fully accepted that there is a need to address the flexibility of the service to be responsive to the growing pressures in respect of emergency admissions and delayed discharges. If the provision was simply to provide an out of hours service to accommodate this then there would be a need to employ at least two additional social workers plus administrative staff at a cost of approximately £70,000. While it may be possible to attract funding from Health in providing some funds towards this, this approach would not respond to the wider need of addressing a different way of working within the hospital.

It is preferable to look at the overall service, working with the team to change its method of delivery, to accommodate the changes required and to be more responsive and flexible. There are models of this operating in other authorities and with the recent appointments of two first line managers to the hospital team we are in a better position to scope this work and take it forward.

Lead Officers: Dwina Wheatley and Adrian Walker

Recommendation 2: Increase the frequency of assessment meetings.

ACCEPT

The multidisciplinary assessment panel has recently been reviewed and changes made to the way in which it functions. The panel will meet on a bi-weekly basis for those cases requiring joint funding. The panel will be county wide, thus ensuring consistent Health representation to enable a decision to be made there and then. This would then enable the appropriate placement to be actively pursued. Delays may however still occur as there is an acute lack of resources, particularly in respect of nursing home and residential care places. Cost of placements is also a factor as the price demanded by nursing and residential homes usually exceeds the costs that the Council has agreed to pay.

In respect of those cases where there is only County Council funding there will be a weekly multidisciplinary panel which will operate as a gatekeeper as well as approving residential and nursing home placements. It will direct and access community resources for cases where it is possible to look at alternatives to residential, and ensure that intermediate care and rehabilitation has been actively considered.

Lead Officer: Janette Black

Recommendation 3: Assess the benefits that could be gained from alerting Social Workers earlier of admissions and how this could be done.

ACCEPT

There is currently a review of the way in which referrals are made to the hospital team. In Stoke Mandeville and Amersham Hospital a system of the ward completing a referral form at the point of admission is in place and this ensures that there is a quick take up. A different system operates in Wycombe whereby a social worker is attached to a number of wards and is responsible for the work from them. This can cause delays but it is intended that with the recent appointment of two team leaders, the referral system will be revised. This will ensure that there is no delay as work will be allocated in respect of priority and not ward. The team leader in Wycombe Hospital came into post on the 13th August and will pursue this as a matter of priority.

Lead Officer: Adrian Walker, Vernon Nosal and Gill Hopkins

Recommendation 4: Review whether there is any possibility of extending in some way the attached social worker system.

NOT ACCEPT

The cost of deploying a social worker to each surgery would be totally prohibitive and there are insufficient social workers in our current establishment to consider liaison relationships in all GP Practices. However, there are other ways to improve links and working arrangements. This work has already been taken forward with the joint funding from the Promoting Independence grant the appointment of a social worker to each of the Medical Assessment Units in Stoke and Wycombe. There is from the same source of funding the creation of a central resource team that will resume the role of placement finder and also gatekeeper as well as monitoring consistency across the county. It is intended that these posts will be jointly funded by health and the County Council in future years.

Lead Officers: Dwina Wheatley and Adrian Walker

Recommendation 5: Consider training residential home staff to provide more nursing.

ACCEPT WITHIN LIMITATIONS

This requires to be looked at in the wider context of recent commissioning and ties in with the way in which we take forward the recommendations from the Laing and Buisson report. A residential market workshop with providers and partner agencies is being arranged to look at the needs across the whole system and will be supported by SERO/SSI (South East Regional Office of the NHS and the Social Services Inspectorate).

This recommendation is also affected by the proposed changes in registration of residential and nursing home provision. Under the new legislation, homes for older people will all be classified as care homes but those offering 24 hours nursing cover will be identified as such and will attract higher fees. (Effectively they will be the

nursing homes as they are now). Others will be classified as residential homes. Residential homes are often willing and able to and already do offer a high level of care e.g. Fremantle and Heritage Care and provide some health care. They can do this in the same way as a caring relative at home **provided that they are properly trained and supervised by the appropriate health professional and there is a written contract. Undertaking more formal nursing tasks would breach registration regulations.**

The implications of this are that the primary health care team / district nurse needs to be able to provide the necessary training and oversight on a case by case basis. This will have resource implications for them. Health need to provide training for staff and there will be a need for a development of existing protocols between homes offering this higher level of care and the local health service. There is likely to be some need for higher staffing levels and this will impact on fees. These issues will be addressed by the capacity planning process, joint commissioning and registration.

Recommendation 6: Review the possibility of closer working between Home Care and Intermediate Care
ACCEPT

The new structure within the Older People's teams which came into effect in July of this year will create significant changes as it brings Home Care and the assessment processes much closer together and under the same management. As previously mentioned, work is progressing on the creation (from existing resources) of a **Home from Hospital Team**, which will work closely with Intermediate Care in providing effective community provision and reduce delayed discharges. It is intended to examine the feasibility of the creation of a **"Mobile" Home Care Team** that will work in a peripatetic way to ensure that home care can be made available at short notice, particularly in areas where there are gaps in service provision. This will also reduce unnecessary hospital admission.

Lead Officer: Area Managers and Intermediate Care Co-ordinators

Review 7: Review Home Care Provision.
NOT ACCEPT

It is considered that at this time it is not appropriate to take this recommendation forward. The service has recently undergone its ISO 9002 inspection and passed with flying colours. There is also a best value review of Older People's services starting in the autumn, of which home care will feature as well as the Joint Review of Social Services at the turn of the year. The service has also been significantly affected by the recent social service internal restructuring and is in turn making changes to service delivery to improve availability and responsiveness. Therefore, another review at this point in time cannot be recommended.

Recommendation 8: Review Home Care Advertising Methods from both a Social Services and a Human Resources point of view.
IN OPERATION

This is an area that has had a lot of investment of time from both the Home Care Service and Human Resources. There has been much done to find diverse ways of recruiting including local advertising in Parish Councils, libraries, and further education colleges. We have moved towards a guaranteed hours scheme and team work with more built in supervision and support which should begin to make an impact. It is hoped that the creation of specialist teams such as the Home from Hospital Team, will attract people. Discussions are taking place with health colleagues about joint initiatives to aid recruitment. It is also hoped that if a positive Joint Review report is obtained, that this will enhance the perception of the service and attract people in. There is no room for complacency but it is not thought appropriate to carry out a special review as there is a reasonable understanding of the problem and recruitment is a continuous priority.

Lead Officers: Richard Ayres and Home Care Managers

Recommendation 9: Review and report on the implications for Social Services adult care budget of the cost of nursing placements being transferred from Health to Social Services at the end of March
ACCEPT

As a result of winter placement activity there were more nursing placements than we would normally expect and plan for. The cost to Social Services of these extra placements depends on how long each placement lasts. It is expected that a significant proportion will continue for a number of years. The extra costs falling on Social Services have been estimated at £175,000 in 2001/02 and £255,000 in future years, a total of £430,000. We are using Promoting Independence Grant to cover these costs as was intended by Central Government.

Lead officer: Joan Elliott /Gavin Kinsman

Recommendation 10: Produce criteria for using the Promoting Independence Grant money.
ACCEPT

The sum announced to cover winter planning activity was not ring fenced to that purpose and is only available in 2001/02. The criteria for this grant is laid down by the Department of Health. The report outlining our use of the grant for this year was submitted to the DoH on the 30th June 2001. It is intended that all projects in receipt of the grant will be reviewed this year and existing and new projects will be required to submit bids by October of this year. They are being asked to ensure that the criteria is linked to the priorities for service outlined in the service plans and the Joint Investment Plan. A letter has gone out to 242 local groups and organisations and an advert placed in the local papers. A leaflet explaining the criteria has been included in this.

Lead Officer: Joan Elliott

**Recommendation 11: Produce clear targets to measure success for the partnership and a process for monitoring
ACCEPT**

This is already in progress. As indicated above, all of the projects are being reviewed this year and this will be built in to any future funding. The targets will be based on the criteria laid down which is in line with the performance measures we have to achieve. The evaluation process outlines targets that have to be met. There are specific targets and milestones for local capacity planning and the National Service Frameworks which will be monitored through various mechanisms including the Executive Partnership Board.

Lead Officer: Joan Elliott

**Recommendation 12: A review of the possibility of greater involvement by voluntary organisations.
ACCEPT IN PART**

The National Service Framework for Older People will facilitate this greatly. The sub-groups leading on the eight standards will all be represented by the voluntary sector and carers and users, and leading on some. The Local Implementation Team, which will be the body that oversees and monitors progress, will also have representation from this sector on it. The National Service Framework was launched locally at the beginning of July and the subgroups are already in progress.

Lead Officers: Joan Elliott and Nigel Sims (Bucks Health Authority)

C. Resource implications

The resource implications are outlined under each recommendation. Developments will be funded from existing budgets or Central Government grants such as the Promoting Independence Grant.

Your questions and views

If you have any questions about the matters contained in this paper please get in touch with the Contact Officer whose telephone number is given at the head of the paper.

If you have any views on this paper which you would like the Cabinet to consider, or if you wish to object to the proposed decision, please inform the Head of Cabinet Support by 9.00am on 10 September 2001. This can be done by telephone (to 01296 382966), Fax (to 01296 383441), or e-mail to cabinet@buckscc.gov.uk