



## **SOCIAL SERVICES AND THE NHS IN MEDWAY**

Impact of Delayed Discharges and the  
Community Care (Delayed Discharges etc)  
Act 2003

December 2004  
Delayed Discharges from Hospital Task Group  
Health and Community Services Overview and  
Scrutiny Committee



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## 1. Background to the Review

- 1.1 On 19 November 2003 members of the Health and Community Services Overview and Scrutiny Committee received a presentation from partners in the National Health Service on health service developments in Medway and trends in local health care needs. Concern was raised by councillors and health service colleagues about the implications of delayed discharges and the reimbursement system which would soon be introduced.
- 1.2 Both members of the committee and National Health Service colleagues discussed the levels of delayed discharges in Medway, the local provision of the specialist Nurse Lead Beds facility based at Medway Maritime Hospital and the possible implications for the council in relation to the provisions of the Community Care Bill, specifically re-imburement charges.
- 1.3 In response to these concerns the Council's Health and Community Services Overview and Scrutiny Committee formed a task group of five members. The remit of the group was to investigate the effects of delayed discharges with specific focus on the following elements:-
- Establish why delays take place
  - The effects delays have on Medway residents
  - Strategies being undertaken to address delays
  - Investigate the cost implications to the council since the introduction of the re-imburement process effective from 1 January 2004, in accordance with the Community Care (Delayed Discharges etc) Bill.



Shanie Dengate  
(Overview and Scrutiny  
Co-ordinator)

## 2. Scope of the Review

2.1 The task group were given the following remit and terms of reference:

‘From January 1<sup>st</sup> 2004, Medway Council will be fined for any patient who is delayed from being discharged from hospital, where it is the social services responsibility for onward care. Members are concerned about the cost implications to the council and the effects that delays have on the well-being of Medway residents. Members would like to investigate the reasons for delays taking place and identify the strategies and services which the NHS and the council are adopting to limit the delays’

## 3. Methodology and Evidence Gathering

3.1 Members of the task group agreed to consult officers of the Council, frontline staff, partners within the National Health Service and other stakeholders including service users where appropriate.

3.2 Members of the task group focussed on the experiences of frontline staff from both the NHS and Medway Social Services and in agreement with partners in the health service undertook a range of evidence gathering sessions.

3.3 The information and evidence gathering events are shown in the following table:

**(Table 1) Information gathering and events – Delayed Discharges from Hospital Task Group**

Date	Venue	Investigation/attendees
3 February 2004	Civic Centre Strood	<ul style="list-style-type: none"> <li>▪ Overview of the issues surrounding delayed discharges from hospital in Medway</li> <li>▪ Discussion on how the new Community Care (Delayed Discharges Etc.) Bill in January 2003 may affect the Council</li> <li>▪ Agreed methodology of the review including the interviewing of staff from both the NHS and the Council to gain views about how the system was working</li> <li>▪ Agreed the scope of the review               <ul style="list-style-type: none"> <li>➤ Members of the Task Group</li> <li>➤ David Wilkinson, Assistant Director Social Care</li> <li>➤ Andre Fox, Service Manager for Older People</li> </ul> </li> </ul>

17 March 2004	Medway Maritime Hospital	<p>Members of the task group met with the Council's Hospital Care Management Team based at the hospital.</p> <p>Members and staff discussed:</p> <ul style="list-style-type: none"> <li>▪ How the re-imburement system was working and the methods of communication with the hospital staff team</li> <li>▪ Operational difficulties</li> <li>▪ Areas of good practice <ul style="list-style-type: none"> <li>➤ Council's Hospital Care Management Team, Jackie Dalton, Team Manager, Ann Bamford, Nurse/Care Manager, Jean Baldwin, Care Manager, Ann Savage, Care Manager, Lisa Gould, HIV/AIDS Care Manager, Jean Locke, Care Manager Assistant, Erin Dye, Care Manager Assistant, Alison Edden, Support Services Assistant and Philip Howells Support Services Assistant.</li> <li>➤ Members of the Task Group</li> </ul> </li> </ul>
26 March 2004	Medway Maritime Hospital	<p>Members met with the Clinical Site Manager and the Deputy Director of Nursing to discuss:</p> <ul style="list-style-type: none"> <li>▪ The delayed discharges process (see page 15)</li> <li>▪ A demonstration of the computerised and manual systems of monitoring bed allocation</li> <li>▪ Members toured and met with staff on a short stay ward and an elderly care ward <ul style="list-style-type: none"> <li>➤ Perrie Stride, Deputy Director of Nursing</li> <li>➤ Jessica Scott, Clinical Site Manager</li> </ul> </li> </ul>
16 April 2004	Civic Centre Strood	<p>Members met with the Assistant Director Social Care to review the reasons and numbers of current delayed discharges and the task groups findings.</p> <ul style="list-style-type: none"> <li>➤ Members of the Task Group</li> <li>➤ David Wilkinson, Assistant Director Social Care</li> </ul>
8 November 2004	Civic Centre Strood	<p>Members met with the Rapid Response Team</p> <p>The team representatives included:</p> <ul style="list-style-type: none"> <li>➤ Clare Mays – Dietician</li> <li>➤ Kate Stockwell – Occupational Therapist</li> <li>➤ Anthea Winter – Team Manager</li> <li>➤ Barbara Buchall – Care Manager</li> <li>➤ Mathew Cybula- Physiotherapist</li> </ul>

23 November 2004	Frindsbury Hall	Members met with: <ul style="list-style-type: none"> <li>➤ Alison Savage – Occupational Therapist</li> <li>➤ Matthew Savage – Physiotherapist</li> <li>➤ Service Users</li> </ul>
25 November 2004	Civic Centre Strood	Conclusions Meeting (Members of the Task Group)

#### **4. The National Picture and Effective Use of Government Grants**

- 4.1 Currently, around 5000 patients of all ages in England alone are delayed on any given day in acute hospital beds when they are ready to leave hospital. The majority are delayed because their care needs have not been assessed or their package of onward care has not been put together.
- 4.2 In ‘Delivering the NHS Plan’, published on 17 April 2002, the Government announced its intention of reducing the number of people who are ready and safe to leave hospital, but are unable to do so, by introducing a system of reimbursement for delayed hospital discharge. The Community Care (Delayed Discharges Etc.) Act in January 2003 gave effect to that policy intention.
- 4.3 The Bill provides for payment to be made to the healthcare provider per day from the point at which responsibility for an NHS patient’s care should have transferred from the acute sector to social services. This provides an incentive for local social services to make prompt assessment of a patient’s community care needs and make appropriate service provision.
- 4.4 The reimbursement system and associated charging came into effect in January 2004.
- 4.5 Under the provisions of the Bill NHS bodies are required to notify the relevant local authority of individuals who they believe are likely to need community care services upon discharge from hospital and work with them to assess a patient’s care needs.

- 4.6 The local authority will only be required to make a payment to the Acute Hospital Trust where it has not been successful in putting together a discharge plan within the agreed timescales or where the local authority has not been able to provide care services to the patient at the time of agreed discharge.
- 4.7 The reimbursement payments from social services to the NHS are set at £100 a day for most of England and £120 a day for London and the South East, to reflect the varying costs of care. For the purposes of delayed discharges Medway Council is not included in the South East Group. The payment rates are deliberately set at a higher rate than the cost of providing services to support discharge, in order to provide an incentive to councils to improve their assessment and service provision.
- 4.8 The Government made funds available to local councils to limit the impact of the reimbursement process. Medway Council's initial allocation was £176,000 (2003/2004). This money has been used to fund strategies for limiting delayed discharges from hospital in addition to funds provided by the council.
- 4.9 The Government grant allocation for 2004/2005 is £352,000 an element of this ring-fenced grant will be held as a contingency. The following measures will be funded from this grant.
- 4.10 The Provision of Nurse Lead Beds (beds in hospital managed by nurses to prepare patients for discharge) is to be funded from November 2004. Four beds will be purchased at a cost of £40,500 to the end of the financial year. £100,000 had been used to provide Nurse Lead Beds from 1 April 2004 to 31 July 2004.
- 4.11 £70,000 of grant monies have been allocated to sustain outreach services in dementia care at Nelson Court Linked Service Centre.
- 4.12 £70,000 has been allocated to provide a Night Sitting Service which provides monitoring and care for service users at night.
- 4.13 £35,000 has been used to fund a Nurse Care Manager within the Hospital Discharge Team.

## **5. The Local Picture - Developing Strategies and Services for Independent Living in Medway**

- 5.1 For patients in need of social care, an inappropriate placement in an acute hospital when they are medically fit and safe for discharge has far reaching risks. Patients risk the loss of confidence and independence. Families and carers lives are disrupted and put on hold when loved ones are held in a hospital. Risks exist for the hospital too, the longer patients with medical needs are held in hospital the less patients can be admitted.
- 5.2 For many elderly in our community residential homes can provide a safe and caring environment where older people can find friendship, activities and the benefits of dedicated care staff. However older people must feel that they have choice and for many older people in Medway their choice is to remain as independent as they can .
- 5.3 Medway Social Services, the Primary Care Trust and Medway Maritime Hospital have a strong working relationships both at strategic and frontline levels. Developments to meet the diverse needs of Medway residents are progressing well and this can be clearly demonstrated with the developments to provide integrated services at the 'Woodlands' development site where joint provision and co-location of services are planned.
- 5.4 An increase in specialist rehabilitation and care services from the Council's residential care homes are improving and it is hoped that the development of these services will facilitate the early discharge of older people from acute hospital beds.
- 5.5 The Council is currently discussing with the Primary Care Trust how it can jointly provide co-located services from the recently developing healthy living centres which have been developed as part of the LIFT programme. These centres have the capacity to provide a range of healthcare services and support the co-location of health and social care staff.
- 5.6 Whilst demand for residential elderly care places in Medway has been on the increase the provision of elderly care services in the private sector has been declining. This is partly due to the more rigorous inspection regime and new care standards introduced by central government to safeguard the elderly and more vulnerable. Social Services are working with local private providers to shape services and meet capacity needs, with a strong focus on the elderly care sector primarily the provision of residential and respite care for older people with complex mental health needs such as dementia.

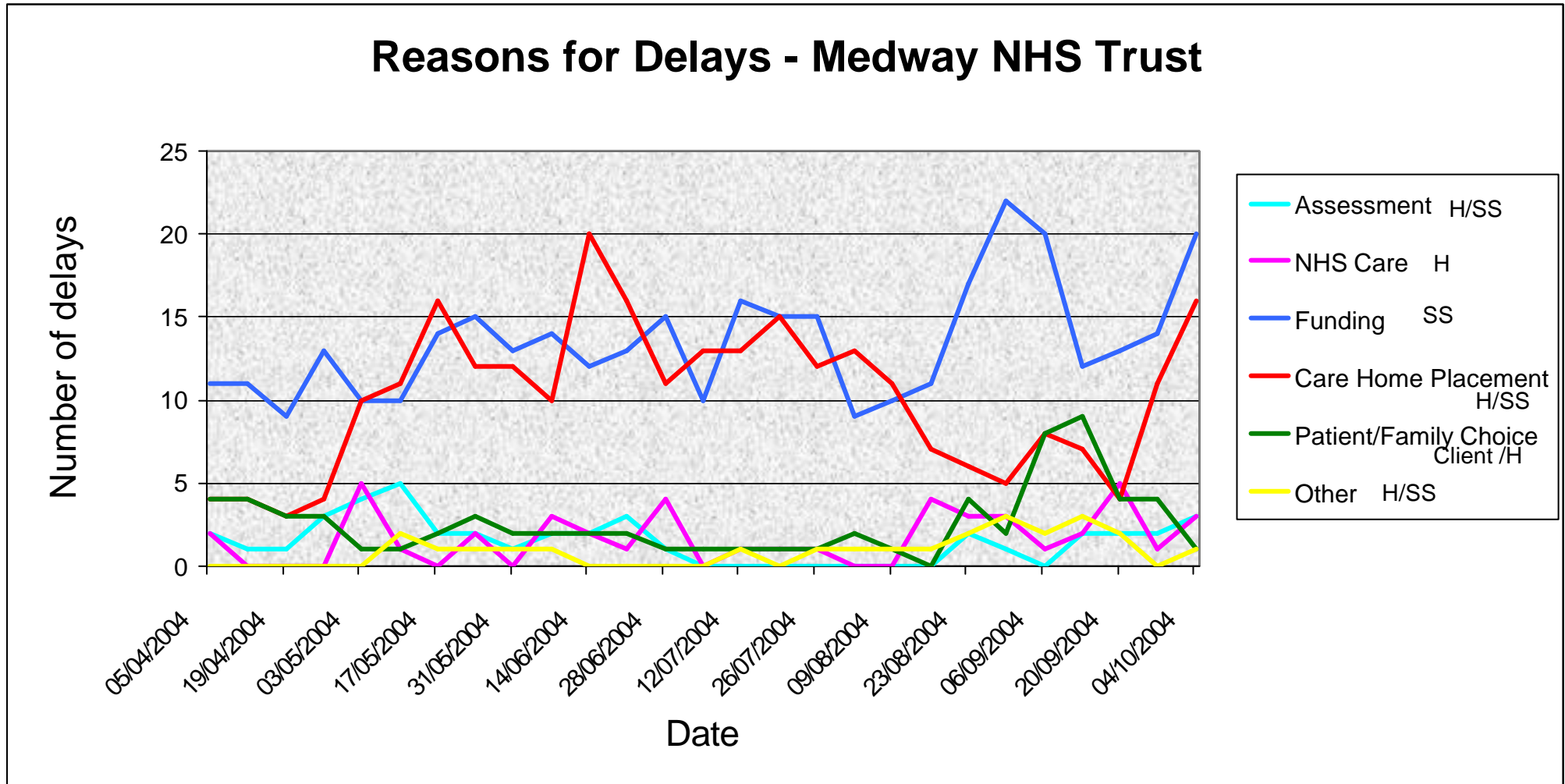


- 5.7 The Council is also exploring the development and provision of sheltered housing and retirement accommodation. There is evidence that older people living in this type of supported accommodation are less likely to be admitted to hospital and when they are, their stay is shorter.
- 5.8 Medway Council allocated an element of the central government funding to provide 24 Nurse Lead Beds (beds placed on wards around the hospital which do not require consultant support). These beds were used to accommodate patients who are awaiting social service provision such as adaptations to their homes, rehabilitation care or care in a residential setting. The nurse lead beds were phased out gradually between April 2004 and October 2004. The current position is that 4 Nurse Lead beds will be provided from November 2004.
- 5.9 It is envisaged that the investment by the council and the plans to increase capacity will enable the Council to maintain limited delayed discharges and associated reimbursement charges.
- 5.10 To date the Council has been fined a sum of £100 in respect of delayed discharges.
- 5.11 The following charts show the trends in the number of delayed discharges and measure the Council's performance in relation to achieving the set target of 0 delayed discharges from April 2004.
- 5.12 It is important to understand that the delayed discharges shown are not necessarily caused by Social Services Delays and are not necessarily finable. Where possible the distinction is shown.

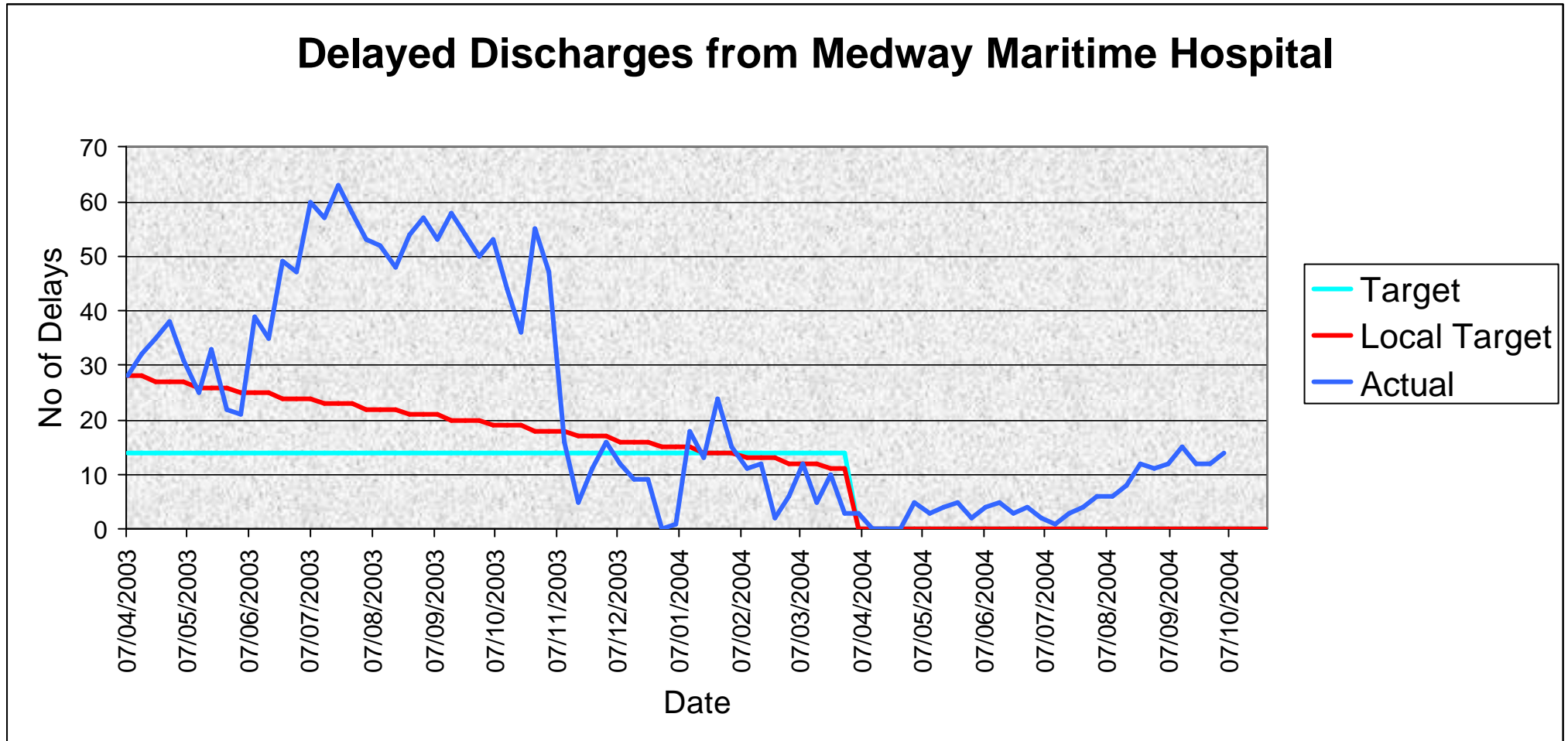
The following tables give an overall picture of delays. To date only one delay has been identified as finable resulting in a charge to the council of £100.

Table 1 : Typical Reasons – Delays Medway Hospital 2004

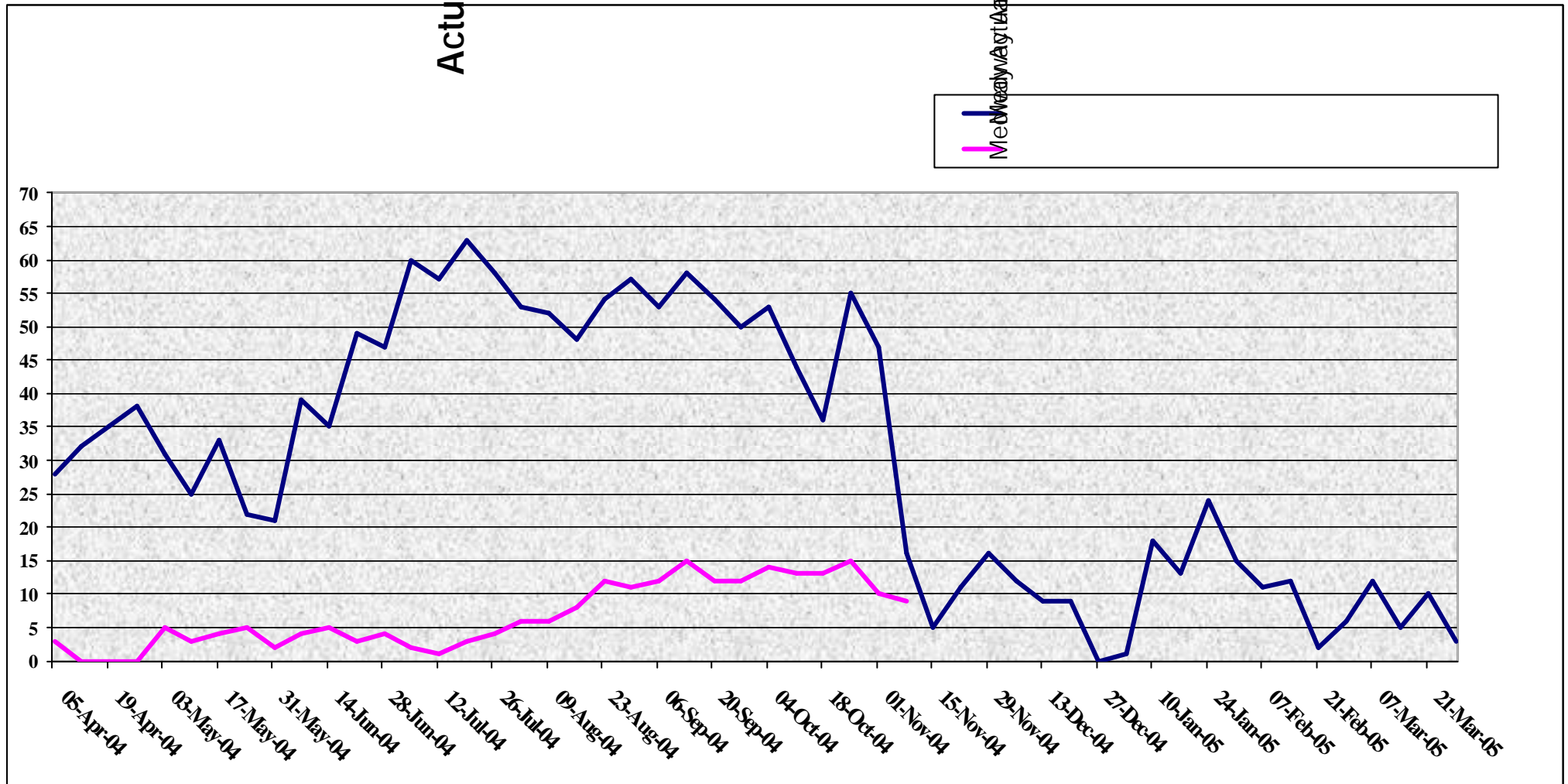
Responsibilities H – NHS, SS- Social Services



5.14 Table 2:

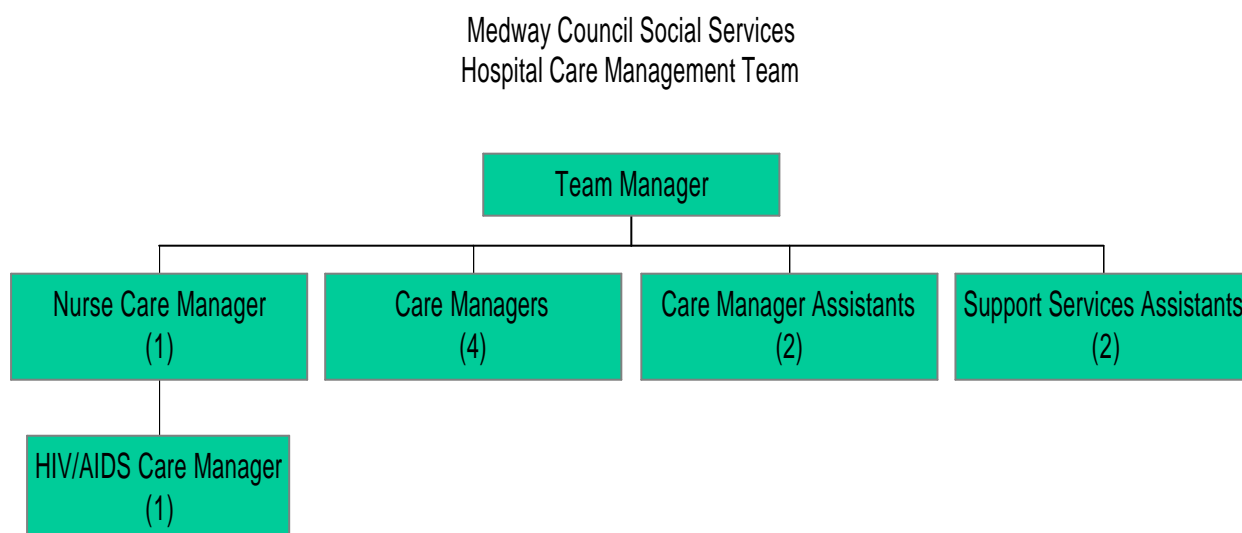


5.15 Table 3 : Delayed Discharges 2004/2005 in comparison with 2003/2004



## 6. Local Hospital Discharge Management

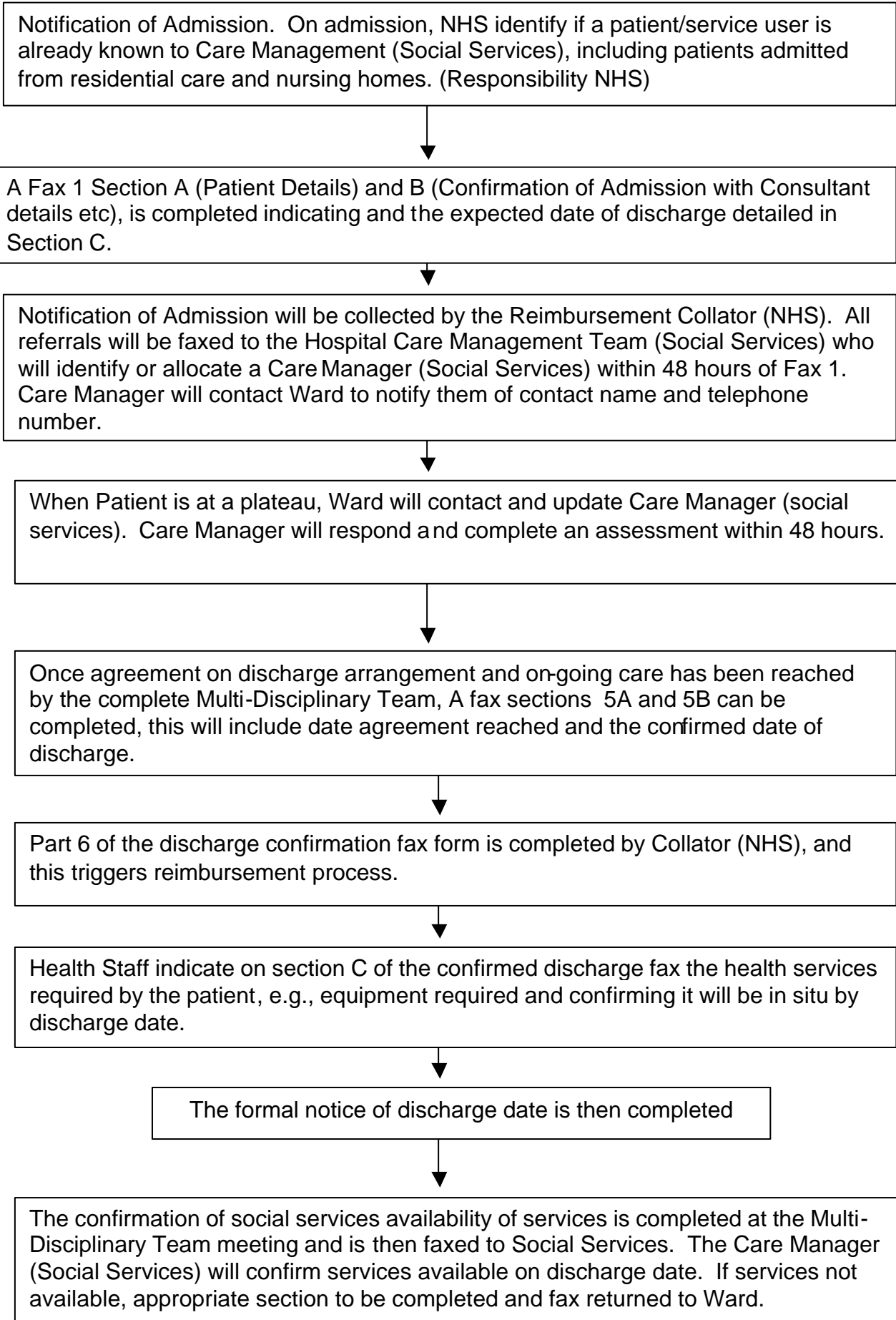
- 6.1. The Council currently operates a specialist Care Management Team which specifically have responsibility for patients at Medway Maritime Hospital, St Bartholomew's Hospital, Sittingbourne Memorial Hospital, Southlands Unit and the Wisdom Hospice. The Team is also responsible for co-ordinating and arranging onward care for any patient who is Medway Council Social Services responsibility placed in any hospital throughout the United Kingdom. Assessments of care in these cases are currently carried-out on a reciprocal arrangement.
- 6.2. The Medway Hospital Based team are responsible for between 200 and 300 patients at any one time.
- 6.3. The Hospital Discharge Team structure is as follows:



- 6.4. At the time of this review the reimbursement procedure is carried out on a purely paper based system with a series of faxed information sharing between the hospital staff and social services staff. Examples of faxed information was seen by the task group. Members expressed concern over the quality of information received.
- 6.5. The hospital currently operates a tab card manual system of bed location to monitor bed occupation and capacity. A computerised system is also being trialed and can provide up to the minute management information on bed occupancy and can be used as a forecasting tool.

- 6.5 Potential delayed discharge cases are discussed at a management meeting each week. The meetings are attended by the Care Management Team and a multi-disciplinary team.
- 6.6 Statistics on delayed discharges are reported to the National Health Service on a weekly basis.
- 6.7 During this review both Social Services staff and NHS staff described a history of good working relationships between the partner organisations. Although it became evident that significant improvements in electronic communication and a co-location of services would vastly improve efficiency and strengthen working relationships.
- 6.8 The following (Table A) shows the procedure for notification and information sharing between the hospital and social services staff (page 15).

**(Table A) Referral & Reimbursement Procedure**



## 7. Rapid Response Team

7.1 The council currently funds a multi-agency, multi-disciplinary team in partnership with the Primary Care Trust called the Rapid Response Team. As the name indicates, the team "rapidly responds" to assess the patient's needs for intermediate nursing care, recuperative or rehabilitative care, with the aim of preventing avoidable hospital admission. Where appropriate, the team collaborates with and refers onto other agencies to build a package to suit the needs of the service user. The team consists of professionals and support workers including:

- ❖ Care Managers
- ❖ Occupational Therapists
- ❖ Physiotherapists
- ❖ District Nurses
- ❖ Speech and Language Therapists
- ❖ Dieticians
- ❖ Administrators and Co-ordinators

7.2 The Rapid Response Team has been designed to deliver support in the community to people who have short term need or support during an acute phase of long-term illness. The team's overall aim is to prevent unnecessary hospital admission and assist in safe and prompt hospital discharge. The service is offered to people over the age of 18 who live in Medway. Service users are required to be medically stable, agree to a referral being made to the Rapid Response Team and has short-term needs / acute phase of long-term needs.

7.3 Team members administer support such as blood pressure checks, monitoring medication, Intravenous therapy and end stage support for terminally ill patients. The team also hold a central store for equipment 7 days per week. A care and repair team are also on hand to carry out adaptations to service users homes and carry out simple repairs.

7.4 The team is jointly funded by the Primary Care Trust and the council.

7.5 Rehabilitation at home is provided and specialist rehabilitation is provided at Frindsbury Hall ( currently an 8 bed unit) and Platters Farm specialist units as well as in service users own homes.



## Main Findings and Recommendations

### 8.1 Information Sharing

- 8.1.1 Members recognise that the reimbursement system has been operating for a relatively short period of time both on a national basis and locally in Medway. However the systems and procedures which are in place for tracking and information sharing between the hospital and social services in Medway are unsophisticated and unreliable. The system of faxing information on a twice daily basis between the hospital team and the social services team remains open to inaccuracy.

**Recommendation 1** – The Assistant Director, Social Care and representatives from the Medway NHS Trust report back to the committee in February 2005 on the feasibility of providing an electronic means of communication between the hospital team and the social services team.

**Financial Implications** – To be clearly stated in the report to the committee.

**Timescale** - Findings and options including detailed cost implications to be presented to the Health and Community Services Overview and Scrutiny Committee in February 2005.

### 8.2 Location and Public Access to Council Services

- 8.2.1 The hospital Care Management Team based at the hospital are working in an extremely poor location and conditions are not suitable for a front line service. The offices are placed on the third floor which is not freely accessible to all. This service should be accessible for all members of the public including service users and their families the majority of which are frail and/or disabled. The building does not appear to be DDA compliant. Members wish to raise concern for the health, safety and morale of Council staff and the accessibility for members of the public. Members of the task group suggest that close working relationships could be improved by the co-location of NHS Bed Bureau Staff and Social Services Staff.

**Recommendation 2** – The Assistant Director, Social Care and representatives from the Medway NHS Trust are asked to secure alternative accommodation for the Council's Hospital Care Management Team as a matter of urgency.

**Financial Implications** – detailed financial implications to be shown in the report to the committee.

**Timescale** - Immediate action is required. Officers to ensure that consideration is given to any additional expenditure which may be required during the 2005/2006 budget setting process.

### 8.3 Recruitment and Retention of Care Managers in Medway

8.3.1 Members acknowledge that whilst strategies are in place for limiting delayed discharges from hospital the work of Care Managers in co-ordinating onward and transitional care arrangements for clients in a timely manner is a key factor in sustaining the limited delays and associated fines. The task group make the following recommendation in recognition of the concerns raised during the review by existing Care Managers and Social Work Teams.

**Recommendation 3a** – The Assistant Director, Social Care undertake a review of the workloads of Care Managers and report findings to the Health and Community Services Overview and Scrutiny Committee . The report to include benchmarking data and examples of areas of good practice in another comparable unitary authority.

**Financial Implications** – Detail of any financial implications as a result of the review to be clearly shown in the report.

**Timescale** - Officers to report findings to the Health and Community Services Overview and Scrutiny Committee in February 2005.

8.3.2 Members recognise that the recruitment and retention of Care Managers in Adult Services is difficult on both a national and local level. Members wish officers to explore the feasibility of widening partnerships with colleges and universities by offering work experience placements combined with comprehensive training programmes as a formal career pathway to encourage additional Care Manager Assistants and Care Managers.

**Recommendation 3b** – The Assistant Director, Social Care to report to the committee on the feasibility of providing work experience placements which are combined with a comprehensive training programme and a formal qualification. This piece of work is to be undertaken with reference to Recommendation 3a relating to workloads of current Care Managers to identify the necessary number of posts to provide even and manageable caseloads.

**Financial Implications** – Detail of any financial implications as a result of the review to be clearly shown in the report to the committee in February. Early emergence of additional posts to be considered by officers and the Director of Health and Community Services as part of the budget setting process 2005/2006.

**Timescale** - Officers to report findings to the Health and Community Services Overview and Scrutiny Committee in February 2005.

## 8.4 Securing Future Funding for Services in Medway

- 8.4.1 Members recognise the valuable work carried out by the Rapid Response Team and the Care management Team in co-ordinating long term, rehabilitative and recuperative care. The Primary Care Trust currently supports a number of the posts including 3 Care Managers, a Team Manager and 2 Care Manager Assistants . Members are keen that this support continues, however there are no formal written agreements to secure the funding for these posts.
- 8.4.2 To note - Under Section 31 of the Health Act 1999 – Part 1 The National Health Service the Secretary of State may by regulations make provision for or in connection with enabling prescribed NHS bodies (on the one hand) and prescribed local authorities (on the other) to enter into prescribed arrangements in relation to this type of arrangement between NHS bodies and Local Authorities.

**Recommendation 4** – The Director of Health and Community Services to ensure a written agreement is drawn up to secure continual funding for posts supported by the Primary Care Trust.

**Timescale** - The Director of Health and Community Services to action this with immediate effect and inform the Committee of Progress in January 2005.

## 8.5 Effectiveness and Extension of Council Provision

- 8.5.1 Members have visited the rehabilitation facility at Frindsbury Hall which is a facility in addition to council rehabilitation provision and spoken to all the service users. The Task Group consider the facility to be of significant benefit for a number of reasons.
- The facility enables patients to be released from hospital to prevent bed blocking and delayed discharge from hospital
  - Service users are provided with nursing care whilst they re-gain skills such as making meals and drinks and personal care e.g. washing to enable them to return home
  - Assessments of service user progress enables a correct care package including medication to be provided to meet their needs for when they return home
  - Specialist physiotherapy and occupational therapy services are provided by a dedicated team who are on-hand to provide advice and assistance
  - The facility enables service users to regain self confidence before returning home

Members would like to evaluate the effectiveness of rehabilitation facilities which are provided by the Council.

**Recommendation 5a** - The Assistant Director, Social Care provide a report to the committee in February 2005 detailing the number of service users who access the facility, the number who return home and the intensity and design of care packages which should include a review of client medication which are required to enable them to remain in their own homes.

**Timescale** - Officers to report findings to the Health and Community Services Overview and Scrutiny Committee in February 2005.

8.5.2 Members have reflected on the similarity of some of the council owned accommodation which may lend themselves to the rehabilitation model seen at Frindsbury Hall. Members are mindful of current housing stock which may not meet the 'Decent Homes Standard'.

**Recommendation 5b** - That officers consider the use of council owned properties such as current sheltered housing stock which may not meet the 'Decent Homes Standard', but may have an alternative use in providing a suitable setting for the provision of rehabilitation care services. Officers currently undertaking the current Housing Stock Options Appraisal to consider this as part of the options report which come forward to members of the Health and Community Services Overview and Scrutiny Committee on 1 March 2005.

**Timescale** - Officers to report findings to the Health and Community Services Overview and Scrutiny Committee in March 2005.

## DELAYED DISCHARGES FROM HOSPITAL TASK GROUP REPORT

### SUMMARY OF PROGRESS FEBRUARY 2005

#### 1.1 Information Sharing – Recommendation 1

Members recognise that the reimbursement system has been operating for a relatively short period of time both on a national basis and locally in Medway. However the systems and procedures which are in place for tracking and information sharing between the hospital and social services in Medway are unsophisticated and unreliable. The system of faxing information on a twice daily basis between the hospital team and the social services team remains open to inaccuracy.

Recommendation – The Assistant Director, Social Care and representatives from the Medway NHS Trust report back to the committee in February 2005 on the feasibility of providing an electronic means of communication between the hospital team and the social services team.

#### 1.2 Progress

- 1.2.1 The Information Technology request put forward by the Task Group has been considered and worked on by staff from both the Council and the NHS. Solutions are both complex and difficult to achieve in the short term.
- 1.2.2 At the present time the council staff are connected to the Council's network via a direct connection, even though they reside within the hospital. Medway Council does have an NHSNet connection in place, this is the secure means of sharing networks and therefore sharing information electronically and the only one acceptable to the National Health Service.
- 1.2.3 However the Council's connection was put in place over two years ago, and is only a small capacity connection. This limits the amount of electronic transfers across the network and is already running to full capacity. Currently the NHS's national programme for IT (known as NPfIT) is being delivered across all health economies and is currently upgrading the health infrastructure in Medway. Consequently we are not able to upgrade our existing connection to the new network capacity at this point in time.
- 1.2.4 Plans are in place, however, to expand the connection we have by installing a 10mb connection between the Civic Centre and Preston Hall (Strategic Health Authority) this will increase capacity to enable us to support improved joint working across numerous sites including the hospital. The necessary equipment has been ordered but delivery is not expected until nearer the end of March with further delays likely as the programme rolls out. However once in place this will result in us being able to work with Health Informatics Services which support staff in the Medway PCT and Medway Hospital in providing all staff located in the same buildings having access to the services they require, and being able to securely share information.

- 1.2.5 Equally, if not more, difficult is the issue of office facilities on the Medway Maritime Hospital site. The allocation of such resources is not in the control of officers of the Council but the management of the Medway NHS Trust.

## **2. Location And Public Access To Council Services – Recommendation 2**

- 2.1 The hospital Care Management Team based at the hospital are working in an extremely poor location and conditions are not suitable for a front line service. The offices are placed on the third floor which is not freely accessible to all. This service should be accessible for all members of the public including service users and their families the majority of which are frail and/or disabled. The building does not appear to be DDA compliant. Members wish to raise concern for the health, safety and morale of Council staff and the accessibility for members of the public. Members of the task group suggest that close working relationships could be improved by the co-location of NHS Bed Bureau Staff and Social Services Staff.

Recommendation – The Assistant Director, Social Care and representatives from the Medway NHS Trust are asked to secure alternative accommodation for the Council’s Hospital Care Management Team as a matter of urgency.

## **2.2 Progress**

- 2.2.1 Members will be aware that there are limited office facilities available on site and the trust is having to continually review administrative facilities against the requirements of clinical demand. With this in mind they are presently working on an office utilisation project. This is a large and complex undertaking and will take some time to complete.
- 2.2.2 As an interim solution they are looking to see if there can be some internal reconfiguration where it has been recognised that by moving some groups of staff together there could be a positive impact on their effectiveness. It has been recognised that one such group is the discharge planning group which includes the Hospital care Management Team. In order to achieve this solution office accommodation is required for at least 20 individuals. Moving the whole team together is a high priority, but there is no clear way of achieving this.
- 2.2.3 At the present time no solution to this problem has been found on the hospital site.
- 2.2.4 This being so the Health and Community Directorate Management Team will have to consider their own interim solution. Any accommodation available to them will, unfortunately be “off site”. One possibility could be to relocate the team at Kingsley House when the Rapid Response Team relocate at Unit 2, Ambley Green at the end of March. Such a solution will inevitably reduce the responsiveness of the service provides to the Medway NHS Trust and will lead to a more disjointed service to patients and their carers.

- 2.2.5 The Medway NHS Trust recognises the urgency of the situation and will continue to work with H & C staff to try to avoid this being the only available alternative to an integrated discharge service being established within Medway Maritime Hospital.

### **3. Recruitment and Retention of Care Managers – Recommendation 3a**

- 3.1 Members acknowledge that whilst strategies are in place for limiting delayed discharges from hospital the work of Care Managers in co-ordinating onward and transitional care arrangements for clients in a timely manner is a key factor in sustaining the limited delays and associated fines. The task group make the following recommendation in recognition of the concerns raised during the review by existing Care Managers and Social Work Teams.

Recommendation – The Assistant Director, Social Care undertake a review of the workloads of Care Managers and report findings to the Health and Community Services Overview and Scrutiny Committee . The report to include benchmarking data and examples of areas of good practice in another comparable unitary authority.

### **3.2 Progress**

- 3.2.1 Work is about to commence on the Workload Review. Contact is being made with unitary authorities in our Audit Commission “family“ of authorities and with similar councils in the south east. To date we understand that there is limited information easily to hand in many similar authorities.
- 3.2.2 We are led to believe that a major national piece of work is about to be published from a study on care management arrangements, workloads and case management covering all health and social care authorities in Northern Ireland. It may be useful to study this report when it is available and if useful to make copies available to the Task group.
- 3.2.3 Once we receive information a date will be identified in this committee’s work plan in order to receive a detailed report.

### **4. Recruitment – Recommendation 3b**

- 4.1 Members recognise that the recruitment and retention of Care Managers in Adult Services is difficult on both a national and local level. Members wish officers to explore the feasibility of widening partnerships with colleges and universities by offering work experience placements combined with comprehensive training programmes as a formal career pathway to encourage additional Care Manager Assistants and Care Managers.

Recommendation – The Assistant Director, Social Care to report to the committee on the feasibility of providing work experience placements which are combined with a comprehensive training programme and a formal qualification. This piece of work is to be undertaken with reference to Recommendation 3a relating to workloads of current Care Managers to

identify the necessary number of posts to provide even and manageable caseloads.

## **4.2 Progress**

- 4.2.1 The request for information regarding training and work experience opportunities is being taken forward on two fronts. A request has been made through the budget build process for 2005/2006 for 5 additional Care Manager Assistant posts at an annual cost of £105,000. This additional workload and associated funding requirement was recognised in the above inflation increase for Social Services budgets in the council's medium term financial plan and the FSS. One post would be established in each of the care management teams. Care Manager Assistants are unqualified members of staff working in a similar way to unqualified social workers.
- 4.2.2 Since these post were established (pre 1998) they have proven to be attractive to people who are looking for entry into a career in social care. Some staff enjoy the level of work commensurate to the job description, others have used it as a step towards professional training.
- 4.2.3 These new posts would be ring fenced for the latter group and targeted towards people willing to enter the Health and Social care Education Scheme. Details of the proposed scheme are attached at Appendix 1.
- 4.2.3 Others may opt for direct access onto a Diploma in Social Work course.
- 4.2.4 At the present time it is expected that these posts will only be part funded during 2005/6. This will mean that they will not be filled until September 2005 at the earliest.

## **5. Securing Future Funding for Services in Medway – Recommendation 4**

- 5.1 Members recognise the valuable work carried out by the Rapid Response Team and the Care management Team in co-ordinating long term, rehabilitative and recuperative care. The Primary Care Trust currently supports a number of the posts including 3 Care Managers, a Team Manager and 2 Care Manager Assistants . Members are keen that this support continues, however there are no formal written agreements to secure the funding for these posts.

To note - Under Section 31 of the Health Act 1999 – Part 1 The National Health Service the Secretary of State may by regulations make provision for or in connection with enabling prescribed NHS bodies (on the one hand) and prescribed local authorities (on the other) to enter into prescribed arrangements in relation to this type of arrangement between NHS bodies and Local Authorities.



## 5.2 Progress

- 5.2.1 The posts within the Rapid Response team funded by the PCT are permanent posts and are expected to continue. Considerable additional funding is being made available by the PCT to develop both Rapid Response and intermediate care services over the next five years.
- 5.2.2 Members will recall that work is underway on developing a Section 31 agreement between the Council and the PCT covering the development of an integrated learning disability team and a pooled budget for all LD services. It is envisaged that this type of agreement could also be developed to cover the joint arrangements for older peoples services such as Rapid Response and the Hospital Discharge team. A further report will be brought to this Committee as these proposals develop.

## 6. Effectiveness and Extension of Council Provision – Recommendation 5a

- 6.1 Members have visited the rehabilitation facility at Frindsbury Hall which is a facility in addition to council rehabilitation provision and spoken to all the service users. The Task Group consider the facility to be of significant benefit for a number of reasons.
- The facility enables patients to be released from hospital to prevent bed blocking and delayed discharge from hospital
  - Service users are provided with nursing care whilst they re-gain skills such as making meals and drinks and personal care e.g. washing to enable them to return home
  - Assessments of service user progress enables a correct care package including medication to be provided to meet their needs for when they return home
  - Specialist physiotherapy and occupational therapy services are provided by a dedicated team who are on-hand to provide advice and assistance
  - The facility enables service users to regain self confidence before returning home

Members would like to evaluate the effectiveness of rehabilitation facilities which are provided by the Council.

Recommendation - The Assistant Director, Social Care provide a report to the committee in February 2005 detailing the number of service users who access the facility, the number who return home and the intensity and design of care packages which should include a review of client medication which are required to enable them to remain in their own homes.

## 6.2 Progress

- 6.2.1 Statistics relating to the use of Frindsbury Hall beds are attached.
- 6.2.2 In order to give a more comprehensive picture of the rehabilitation services available across Medway, data is also included on Platters Farm Lodge and Shalder House.
- 6.2.3 All three units have a slightly different focus and therefore target group of potential residents. Shalder admits people from either hospital or the community who require a social care level of rehabilitation to avoid admission to mainly permanent residential care. Platters in a similar way concentrated at the time of data collection, on social rehabilitation but could admit people with a higher level of dependency. As from the 1 February 2005 this unit will be able to admit people with both social and health care rehabilitation needs. Frindsbury Hall, being a registered nursing home, has been able to admit people with complex health and social care needs. If the unit had not been available it would have been highly likely that the only alternative would have been to consider a nursing home placement.
- 6.2.4 The data shows that of the people admitted 95% of those in Shalder House went home, 73% from Platters Farm and 65% from Frindsbury Hall.
- 6.2.5 Of those who went home 46% from Shalder House required some form of care package, 86% from Platters Farm and 64% from Frindsbury Hall.
- 6.2.6 Of these packages 81% from Shalder House required an initial intensive package (10 hours or six visits a week), 90% from Platters Farm and 86% from Frindsbury Hall. "As a comparison", an intensive care package on average would give a gross cost in the region of £135 per week, based on a 10 hour per week package. The average gross weekly cost of a residential bed in Medway is £351 and Nursing Home bed £490.
- 6.2.7 Over 66% of the intensive care packages at Shalder House have been reduced below that which was initially required. 33% at Platters Farm and 50% at Frindsbury Hall.

## 7. FINANCIAL IMPLICATIONS

- 6.1 The additional cost of the recruitment is contained within the budget proposals for 2005/2006 currently being considered by members. The cost of the enhanced connection between the Civic Centre and Preston Hall will be met from within the current year's allocation.

## **Access to Health and Social Care' Education Scheme'**

- To be delivered by Canterbury Christchurch University College in Partnership with Medway Primary Care NHS Trust, Medway Acute NHS Trust and Medway Council.

### **Purpose**

To provide a professional development programme for 'experienced' people who wish to further their health and social care career, change their career direction into health and social care or return to the workforce in a health and social care role.

### *Programme*

The scheme will cover 8 students over 2 years commencing with a 2 month induction followed by 4 x 5 month work placements in each of 4 different health and social care specialisms. The placements will, to an extent, reflect the initial interests of the student but will be sufficiently wide and varied to provide an overview of the field before the student 'graduates' into a 'permanent' role.

Induction: This will provide initial familiarisation with the range of activities and employment opportunities across the health and social care sector. The concept of the convergence of health and social care services, as a context for the programme, will be explained.

Participants' basic skill needs will be identified and study skills will be developed.

(An example of suitable induction material could be the NHSU Resource Pack, 'Working for the NHS')

Based on the participants' initial preferences, individual learning contracts will be drawn up outlining each participant's learning objectives and particular programme. Responsibilities of the participants, mentors, tutors and work placement supervisors will be clarified. The learning contract will be reviewed at each stage of the programme and modified to take account of the development of the participant's preferences in the light of the experience gathered during the programme.

Mandatory and service based training will take place during the induction period.

Work place mentors will be assigned to each participant. These will be appointed and trained through the joint mentoring project for which funding has already agreed by the Medway Teaching PCT.

Placements: The employing partner organisations will provide suitable work placements and will seek to involve the independent sectors. The placements will provide structured experience in up to four health and social care specialisms so that participants gain a broad understanding of the sector before finally committing to a particular field at the completion of the programme.

The participant will receive an appropriate orientation/induction at the outset of each placement. In addition to the ongoing support from the mentor, a supervisor for the participant would be identified for each placement.

Work-based learning will be undertaken and accredited during the work placements.

Examples of placement fields:

- community nursing
- acute nursing
- radiography assistant
- rapid response team
- occupational therapy
- rapid response
- older people residential and/or day care
- child care
- adult disability day or residential care

Off-Job Training: The educational preparation will enable the participants to gain a Foundation Degree in Health and Social Care over the two years of the scheme, alongside the range of work-based placements outlined above.

The above induction programme will orientate the participants within the scheme and provide mandatory training participants will enter the Foundation degree, structured as follows:

**Year One** - six modules at level one over two semesters @ 20 credits per module = 120 credits. Half of these are work-based.

**Core modules** - Skills for Professional Learning (includes the ECDL)

Major Health Issues: diseases, lifestyles and risk behaviours  
Social Context of health and disease

These require the equivalent of one day's attendance per week, but this could be organised as blocks with sufficient numbers.

**Work based modules** - three modules structure around Self, Teams and Organisations.

Self in the workplace

Working with others

Working in an organisation

These modules require equivalent attendance of 5 days per term

**Year Two** six modules at level two over two semesters @ 20 credits per module = 120 credits. Half of these are work-based.

**Core modules** - Care in complex situations - Problem-based learning (using trigger topics eg smoking, drug abuse, alcoholism, domestic violence)

Methods of enquiry

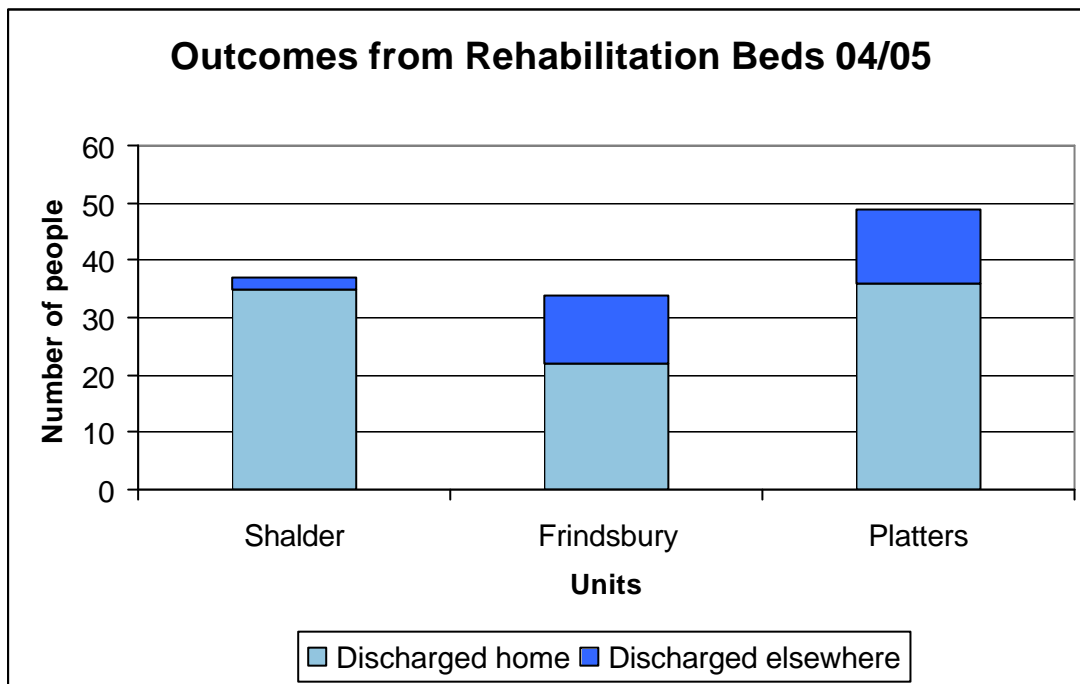
Integrated study

**Work-based modules** - three negotiated modules - with each student appropriate to their needs.

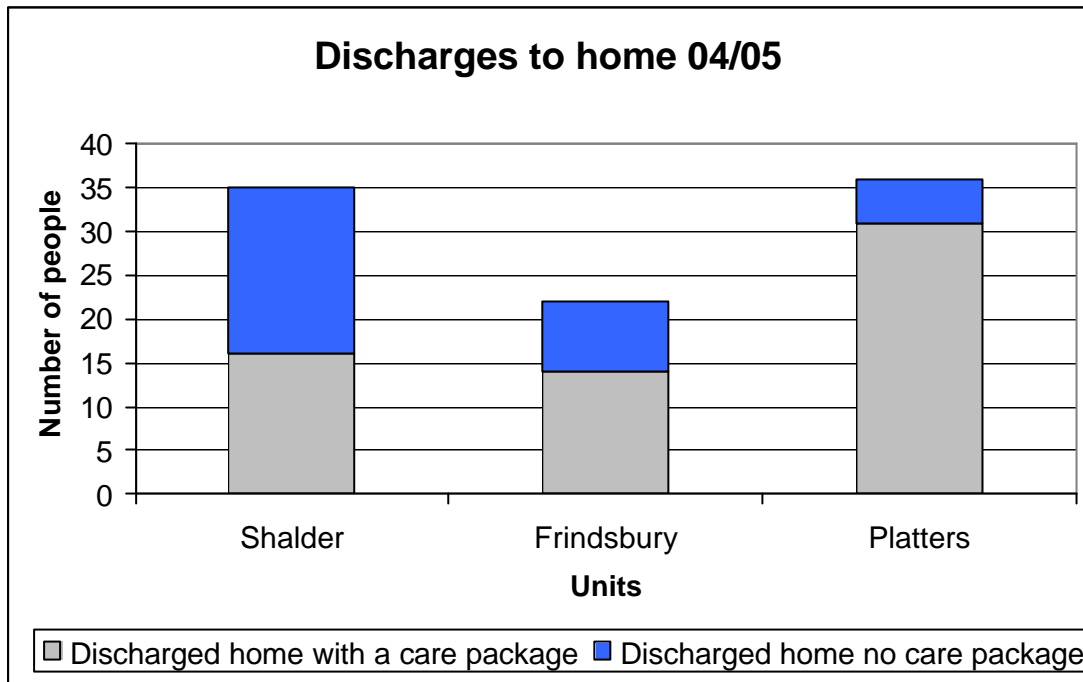
Participants will be registered as students at Canterbury Christ Church University College and therefore have access to the full range of learning resources offered by the Institution. CCCUC shares a campus at Medway with University of Greenwich and University of Canterbury offering a brand new learning resources centre to which these students will have access.

On Completion: At the end of the programme all students who have successfully completed the scheme will receive accreditation for the Foundation Degree and the full programme. Each will be offered an appointment in one of the employing partner organisations, appropriate to their preferred specialism. This would involve a promotional move for participants drawn from within the sector. The aim will be to ensure that participants gain a suitable appointment consistent with their progression level achieved during the programme. For some participants the next appropriate step will be entry on to further professional training courses.

The following analysis only includes Medway based clients, although the service units to do also support a number of Kent based clients.



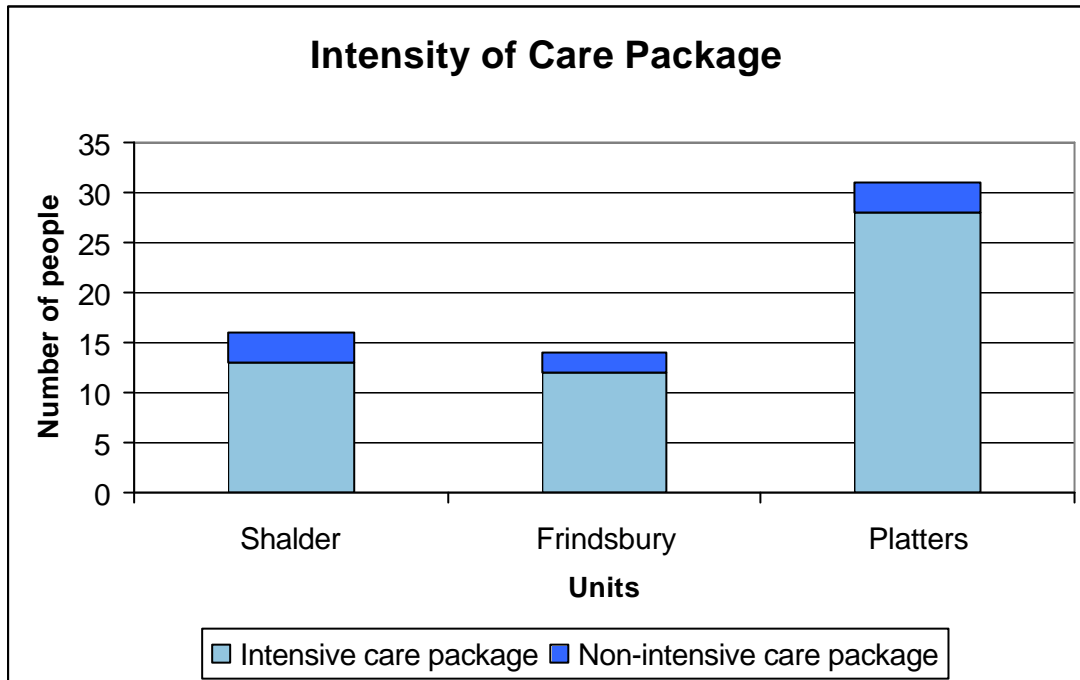
The chart above shows the total number of Medway people admitted to these service units between April 2004 – January 2005. Although actual numbers are shown above it is more useful to look at this information in terms of percentages of total admissions. 65% of people admitted to Frindsbury Hall went home, compared to 73% of those in Platters Farm and 95% of people in Shalder House.



The above chart shows the breakdown of the number of people discharged home by whether they were in receipt of a care package or not. Proportionally, 86% of people discharged home from Platters Farm had a care package, whereas for people being discharged from Frindsbury Hall and Shalder House the rates were 64% and 46% respectively.

For this analysis we define an “intensive” care package as being more than 10 hours a week or 6 or more visits each week. This excludes provision of meals, day care, transport and equipment. This definition is given by the Department of Health, which we have to use for our ‘Home help and home care services for adults’ return (HH1) and for calculating the relevant performance indicators.

The chart below shows the breakdown for intensive and non-intensive care packages received by the people who were discharged home with a care package. 90% of people discharged home from Platters Farm received an intensive care package at the time of discharge, compared to 86% in Frindsbury Hall and 81% for Shalder House.



**Of the people discharged home during the year, where were they on 31<sup>st</sup> January 2005?**

Shalder House

2 people are now dead

Of the remaining 33 people still living at home, 11 are receiving an intensive care package.

Frindsbury Hall

1 person is now dead

1 person is in a residential home

Of the remaining 20 people still living at home, 10 are receiving an intensive care package

Platters Farm

5 people are now dead

1 person is in a nursing home

1 person is in a residential home

Of the remaining 29 people still living at home, 19 are receiving an intensive care package