

3 December 2002

Scrutiny Report to the City Council

THE IMPACT ON PEOPLE WITH
SPECIFIC NEEDS WHO ARE
WAITING FOR PLACEMENTS OR
PACKAGES OF CARE TO BE
FUNDED IN SOCIAL SERVICES

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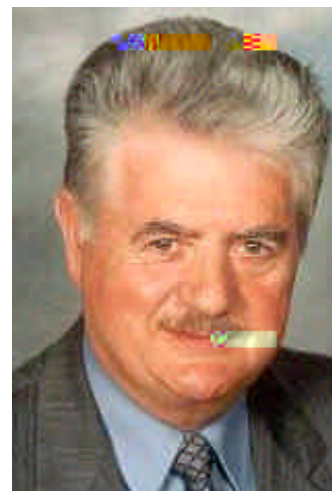
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1. PREFACE

By Councillor Hugh McCallion
Chair of the Health & Social Services
Overview and Scrutiny Committee



The work of this review team required us to focus on a number of key areas – many of which were complex and inter-related with the work of other agencies. Our health partners worked closely with us on this and we are grateful for their support.

The work we have undertaken has been timely - particularly in light of the landmark changes occurring in the health and social care agenda. Fair Access to Care, Fairer Charging and the Single Assessment process are just a few of these.

Guided by this framework, our recommendations make a valuable argument about services to people with specific needs. The needs of this particular group of people must be recognised as being of equal importance with those of older adults. I am sure this review will have a significant bearing in redressing the balance.

I would like to express my thanks to all those who made contributions both in terms of providing evidence and enhancing our understanding about this particular client group.

A handwritten signature in black ink, reading "Hugh McCallion". The signature is written in a cursive style. There are some small, colorful rectangular marks on the signature, likely due to scanning artifacts.

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3. INTRODUCTION

- 3.1 This report is the result of a scrutiny review examining the issues affecting people with specific needs who are waiting for packages of care or

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6.3 How service decisions are made

- 6.3.1 In 2001 agreement was reached between the health authority and the local authority about the number of placements / care packages that should be provided. Assuming a net average cost per placement of £350.00 per week, it was agreed to provide 10 placements / care packages per month. This provision was based on a discharge rate of 17 per month. Although the figure of 17 was based on historical patterns, the actual discharge figure in 2001/2 was 10 per month and therefore 7 less than the affordable rate. To date in 2002, the discharge rate averages 17 per month but we are funding 30 packages per month at an average cost of £400.00 per week. **This results in a predicted deficit of just under £4 million for the current year.**
- 6.3.2 As part of an ongoing department pilot on devolved budgets, the specific needs part of the budget for adults with a mental illness was devolved down to the local Team Managers at the start of the financial year 2001\02. The overall performance of this budget across the City is performance managed through a project board, which meets monthly. Finance representatives attend in addition to the devolved budget holders and the Senior Managers for the Mental Health Service. Six teams organised on a constituency basis serve adults with mental health problems. There is a seventh team, which covers Reaside. The seven Team Managers hold the specific needs budget for all community care packages
- 6.3.3 People can recover completely from mental illness. For many service users that do not make a complete recovery most make significant improvements and their need for support declines. For many their needs fluctuate over time and this is reflected in the level and type of support they need to live as independently and as close to their home as possible. Given the nature of mental illness there is therefore more capacity for movement into, within and discharge from residential and nursing care.
- 6.3.4 In respect of physical and learning disabilities, Locality Managers are kept informed by their staff of the number of people waiting for packages to be provided. Locality managers scrutinise cases presented to them for a service and ensure that all other options have been explored before sending cases to the Capacity Planning Team who collate them for the city.
- 6.3.5 Each month, Locality Managers are asked to submit their top priorities for that month. The Acting Deputy Director then makes a decision as to what will / will not be provided that month. The decision takes account of the particular circumstances of the service user and the impact longer term of not providing a particular package at this point. The Acting Deputy Director ensures that all possible options have been explored. The Lead Officer for Learning Disabilities is also consulted about the learning disabilities cases. There are, in addition, emergencies that arrive within the month which are dealt with as they arise on the basis of up-to-date information on risk.

(Appendix 1

6.3.12 In learning disability and physical disability services, tensions arise for front-line staff who are trying to provide support to service users while they wait. There is some concern that the service is made available more quickly to those who are going for a Judicial Review or are subject to adult protection procedures.

6.3.13 A further tension arises in that once an assessment of need has been made, the Council has a legal duty to meet the identified need. The problem is that the need exceeds the resource available. It is important to decide what a reasonable length of waiting time should be for this group of service users.

and shaped through a commensurate model of integrated commissioning. The final model and the process to reach an agreement about the most appropriate model for Birmingham are outstanding.

6.6 Fair Access to Care

- 6.6.1 The review is aware that from the 1 April 2003 the Council must implement government guidance on Fair Access To Care Services. This guidance will require the Social Services Department to assess everybody needing help. The assessment must classify the persons needs as critical, substantial, moderate or low.
- 6.6.2 In terms of resource allocation the Department will be required to allocate the budget on a cascading level. Critical needs must be funded first, then substantial and so forth. Specific needs users waiting for services have predominantly critical or substantial needs and will therefore be a priority for service provision.
- 6.6.3 An initial evaluation of existing users indicates that the Department will have sufficient funds to provide services to all critical and substantial cases and to some/most moderate cases. This would suggest that most of the people currently waiting will be provided with a service after April 2003. The review welcomes this development but would still seek assurance that following assessment any waiting period will be reasonable. The review understands that the government is likely to set targets for the time frame between referral, assessment and service provision.
- 6.6.4 The review understands that the new arrangements will constitute a redistribution of existing resources and therefore people with low needs currently receiving a service may have that service withdrawn. This process needs to be managed carefully and safely.

7. Recommendations

The report recommends that:

- 7.1 The number of people with specific needs who are waiting for placements or care packages is reported to Council members and senior officers within social services on a monthly basis. This reporting mechanism should be

within learning disabilities and mental health services but this must be formalised with clear commissioning strategies produced in 2003/04. These must include bids to access external funding to help build local capacity e.g. Invest to Save.

- 7.4 Progress continues with the work underway to create integrated community teams for people with learning disability across health and social services. Specialist social workers should be in place by April 2003 and working within joint protocols with health colleagues. This is in keeping with the restructuring in social services and research elsewhere indicates that creating the specialist expertise will help to sharpen practice and encourage more creative options for people with learning disabilities.
- 7.5 Support continues for the current discussions with mental health services to integrate Social Services' staff with a merged single NHS Mental Health Trust by April 2003. Together with the merging of the Care Programme Approach and Care Management, this should provide a holistic service that in many situations uses residential care as a short-term respite or rehabilitation facility, as part of an agreed Care Plan, rather than a permanent placement.
- 7.6 The department clarifies the management and lead arrangements for services to people with physical disability. Similar issues apply in this service as in mental health or learning disability in relation to the need for sufficient expertise within teams. It is also important that whatever the management structure, there is an appropriate link to Occupational Therapy services.
- 7.7 That clear transition processes are developed both for people moving from Children's Services and those moving from adults' services to services for older people. This is a statutory requirement and should be progressed as a matter of urgency.
- 7.8 An effective communication strategy is developed between social services and the housing department. This will enable priorities to be shared.
- 7.9 The processes about decision-making are communicated to front-line staff in social services to ensure clarity and transparency about service decisions.
- 7.10 Serious consideration is given by Members about whether or not the current funding deficit (predicted at £4million) should continue in future years and if not, how this should be addressed. This debate should include the need to identify £89,397 which if spent in October would meet the needs of all those waiting longer than 18 months. The full year costs of meeting the needs of this group is £172,172.
- 7.11 That the forthcoming budget should ensure that sufficient resources are available to meet the needs of adults within a reasonable period of time.

8 Conclusion

- 8.1 The conclusion of the review team is that the needs of this group of people must be recognised as being of equal importance with those of older people. This is both in terms of the financial resources required and the reporting mechanisms needed. There is also a clear requirement to decide on what is a reasonable amount of time to wait for a service to be provided.
- 8.2 This report should be considered alongside the report outlining the Departments response to the NSF target on Ageism. That report suggests that for some services older people face discrimination in terms of access to, and the cost of, services. Furthermore, this report must be a significant factor determining the implementation of the governments' policy on Fair Access To Care.

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Appendix 2

Mental Health Services

Bandings	Number Waiting	Cost from 01-10-02 to Yr end	Commitment for 2003/04													
Waiting Longer than 18 Months	0	-	-													
Waiting Between 12 t-18 Months	1	13,000	26,000													
Waiting between to 12 months	1	13,000	26,000													
Waiting between 3 to 6 Months	14	165,000	TD -0.0883	Tc (522000)	Tj ET 34.5	26330,04475	43.5	re f 104	41.25	385 74.25	0.75	re 104	41.440.25	0.75	0.75	re

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Appendix 1

Proposed Banding by Length of Time Waiting

As at 30/09/02

Mental Health

Bandings	Number in Community	Weekly Cost	In Acute Hospitals	Weekly Cost	In Non-acute Hospitals	Weekly Cost	Overall Totals	Overall Weekly totals	Total Commitment required to fund from 01-10-02 to Year end	Commitment for 2003/04
Waiting Longer than 18 Months	-	-	-	-	0	0	0	-	-	-
Waiting Between 12 t-18 Months	1	-	1	500	0	0	1	500	13,000	26,000
Waiting between to 12 months	1	-	1	500	0	-	1	500	13,000	26,000
Waiting between 3 to 6 Months	14	2,454	9	3893	0	-	14	6,347	165,022	330,044
Waiting for less than 3 months	4	1,825	2	873	0	-	4	2,698	70,148	140,296
Totals	20	4,279	13	5,766	0	-	20	10,045	261,170	522,340

Summary of Points raised at Clients' Focus Group

This is a summary of the issues raised by users at the focus group convened to explore a user perspective on the difficulties faced by people waiting for packages to be funded. The group was hosted by the Coalition of Disabled People.

In order to gain views in a structured manner, a number of questions were posed.

Question 1. What information would people want to receive during the time that they are waiting for a package to be funded? How often would they wish to receive that information?

Responses

-

- It should be easy to change your social worker.
- Following hospitalisation, people often need more support to help families understand disability.

Summary of Consultation with Staff in Social Services

Staff in area teams were asked to give a view about the impact on their performance and morale of working with people who were waiting for long periods. They were also asked to recommend improvements. This paper summarises the ideas expressed by staff.

1. Impact on Performance

Staff reported the following concerns:-

- Expectations of users are raised following assessment but are dashed again when they wait for long periods. This is demoralising for front line staff.
- Staff can become demotivated when they have worked hard to identify a need and months later the position for the user has not changed.
- Workers are likely to receive increasingly hostile communications and complaints from users and carers. This makes contact difficult.
- Carers and users question staff about whether or not they are doing their job properly if people are still waiting after several months.
- As some users wait, their care needs increase resulting in the need for reassessment and often a more costly package.
- Workers are not motivated to explore innovative solutions as they believe that a lot of effort will go into a package which will then not be funded.
- Concern about the legality of people waiting for lengthy periods.
- Concern that those who “shout the loudest” are more likely to have a package funded quickly.

1. Suggested Improvements

- Clarity about process and the criteria used for decision making.
- More feedback about the progress of cases waiting.
- A view was expressed that a liaison worker would help to communicate decisions to users.
- More finances for this group of users.

DELAYED HOSPITAL DISCHARGES FOR PEOPLE WITH SPECIFIC NEEDS

DATE: 3rd September 2002

TIME: 13.00 - 14.45

VENUE: VIP Room, Council House

AGENDA

- 1. Introductions and apologies**
- 2. Purpose of the meeting**
- 3. Scrutiny Review - Action to date**
- 4. Additional recommendations**
- 5. Agreement on the next steps**

1 **Introductions and apologies**

Introductions took place and no apologies were recorded.

2. **Reason for meeting**

A) It has been identified in the city-wide Sitrep meeting that the specific needs remit is not recognised and

B) There are difficulties with delays of discharges.

Because of these difficulties Birmingham city council has requested a scrutiny review which is headed by councillor Roy Benjamin. He is asking for the views of hospitals and PCTs.

Miriam ran through a set of ohps (attached)

Ohp 1 - specific needs budget

✓ The current position is 30 people are being discharged per month but

Ohp 4 - Scrutiny review

- ✓ The main requirement is to ensure that the administration of the system is as good as it possibly can be.
- ✓ Two meetings have already been held with service users. The issues arising from these are the lack of communication to them.
- ✓ Research is underway to look for good working models within other cities.

Ohp 5 - Recommendations to date

- ✓ To raise the profile with both social services and health.
- ✓ Integrating community teams
- ✓ Clarity on who is responsible for which tasks.
- ✓ Ensuring the councillors know the exact financial position

Discussions followed around:-

- ✓ Transition planning – people appearing on the list at 18yrs of age with no prior planning
- ✓ How to develop contracts for day care
- ✓ How to decide which proportion comes from health and which from social services
- ✓ A number of people are still on the list who are over 65yrs of age. Should they be moved to the older peoples “pot”?

Ohp 6 - waiting list figures (waiting time = waiting for funding)

- ✓ A discussion took place around the figures e.g. The variations in the costs of care packages.

Mental health

Hazel Murphy summarised how the system works for mental health. Mental health has a portion of the specific needs budget. Budgets have been devolved. There is more throughput within the system at local level as people with mental health problems can recover. Only a minority of this group have particular complex needs.

Hazel distributed a report demonstrating investments and where the spending is, which included charts showing:-

- Placement numbers for the last 4 years
- Movement / throughput through the system
- Number of mental health clients in residential homes
- Number of mental health clients in nursing homes
- Waiting list for residential placements

The difference between waiting times for mh and sn was discussed. A query was raised as to how the decision is made on which area to allocate people to, for example, if someone has a head injury and challenging behaviour are they put under mh or learning/physical disability. This seems to depend on where the person is placed at the time. The criteria needs to be clarified. It appeared to be a problem that people were not getting a tailor-made package.

Miriam asked what information would we like to get on a regular basis? And should it be through the existing sit rep or through other means?

The following issues were raised:-

- Improvement is needed to the allocation of social workers to people waiting in hospital. It can be difficult to get a social worker allocated and an assessment done. The submission of priorities from the hospitals should help with this.
- Better communication with the housing department so that people are not waiting for adaptations even when the funding has been made available.
- Prioritisation of low cost packages (under £150.00) would help.
- Given the high numbers of people waiting in the community, application of the 60/40 split is not so relevant. Priorities should focus on the severity of the

4.

What information is needed? Recommendations are:-

Transition mechanisms (education and social services)

Continual reviews – Helke reported reviews are yearly at the moment. Review officers are now in place and the processes have been updated, therefore reviews should be more frequent. Not good at reviewing to see if needs have changed, particularly to ascertain if less support might be required.

- Lack of appropriate placements for people was also identified as a problem.

The group would like to see a summary of figures to gain the whole picture at the Sitrep weekly meeting. To ensure the data is accurate sally needs to be furnished with **all** information. Information needs to be provided on what the problem is e.g. Housing / social workers.

5.

Agreed

Paper exercise

Existing weekly meeting.

Finally, please e-mail Miriam if you think there is anything else that could be included as part of the report to the scrutiny committee. Notes of the meeting to follow with copies of the ohps. Miriam thanked everyone for attending.

ATTENDEES

NAME	POSITION	ADDRESS
Miriam Somerville CHAIR	Head of Learning Disabilities	Birmingham City Council Louisa Ryland House
Joanne Kirk	Group Manager	University Hospital
Colin Evans	Mental Health Manager	North Bham PCT Blakelands House
Viv Tsesselis	Director of Performance Mngmt	South Bham PCT
Phil Lyddon	Admissions & Discharge Manager	Heartlands Hospital
Clive Walsh	Director of Operations	City Hospital
Sandra Bains	Discharge Liaison Nurse	Good Hope Hospital
Liz Price	Intermediate Care Manager	Heart of Bham PCT Carnegie Centre
Helke Cureton	Commissioning Manager, LD	BCC, Silvermere Centre
Monica Thorpe	CNS, Community Care	University Hospital
Sally Jellis	Capacity Planning Co-Ordinator	BCC, Louisa Ryland House
Hazel Murphy	Lead Officer, Mental Health	BCC, Southside
Arley Selwyn MINUTES	Scrutiny Support Officer	BCC, Council House