

8 July 2019

Agenda Item: 7

**REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,  
SAFEGUARDING AND ACCESS**

**MANAGEMENT OF MEDICATION AND HEALTH AND SOCIAL CARE TASKS  
POLICIES FOR START REABLEMENT TEAM AND HOMEBASED CARE AND  
SUPPORT PROVIDERS**

**Purpose of the Report**

1. The report seeks endorsement of the following policies and agreement to recommend them to Policy Committee for approval:
  - a. Delivering health and social care tasks: policy for homebased care and support providers (attached as **Appendix 1**)
  - b. an update to the Assisting with Medication policy for Short Term Assessment & Reablement Team (START) – Reablement Support Workers operating in a service user’s home (attached as **Appendix 2**).

**Information**

2. The current policy “Responsibilities for Care in the Home” was written in 2010. It describes the responsibilities of community nursing services and domiciliary services in delivering health and social care tasks in an individual’s own home.
3. “Assisting with Medication Policy for Short Term Assessment & Reablement Team (START)” was written in 2010 and was last updated in December 2015. The policy describes the responsibilities of the Countywide Reablement Teams around the safe and secure handling of medicines.
4. Since 2010, there have been major technological advances and updates to legislation and national guidance which warrant a review of the documents. These changes include:
  - a. The introduction of the Care Act 2014 which focusses on prevention, person centred approaches and the promotion of an individual’s wellbeing. Low level healthcare tasks being delivered by a homebased care and support or Reablement provider in line with the ‘prevention of longer-term care and support needs’ agenda which will offer a consistent service intervention where self-medication can be monitored and reviewed.

- b. Advances in medications including administration and protocols encourages service users to self-manage or be supported by a non-healthcare worker to promote their independence.
  - c. Advances in assistive technology including aids can enable individuals to self-care or for a non-healthcare worker or family member to support with healthcare tasks.
  - d. The national driver to integrate health and social care validates the development of social care workers to take on low level healthcare and medication tasks.
  - e. A questionnaire was completed by local home care providers. The findings showed that they are carrying out healthcare tasks for privately funded packages of care. The new policies will therefore reflect current practices.
  - f. A Senior Prescribing and Governance Adviser who works for Clinical Commissioning Groups (CCGs), and has been the clinical expert for Nottinghamshire County Council for the last 10 years, contacted local authorities to find out what healthcare tasks they commission from home care providers. Her research has shown that in comparison with Nottinghamshire County Council more healthcare tasks are being undertaken by home care providers in other councils.
  - g. National guidance is published by organisations such as National Institute for Care and Health Excellence “Managing medicines for people receiving social care in the community” (NG67 & QS171) which recommend best practice. The Care Quality Commission has also recently published a report on Medicines in Health and Adult Social Care which support the actions in the implementation plan.
  - h. The inability to support service users with low level healthcare and medication tasks could decrease the number of referrals made to the START service or a homebased care provider, unnecessarily prolong an individual’s stay in hospital, have a longer-term financial implication for the Council around the prevention of ongoing support needs and lead to an inequity of medication support being offered.
  - i. The policies do not circumvent any standards set by a Healthcare Professionals regulatory body such as the Nursing & Midwifery Council (NMC) or the Health and Care Professions Council (HCPC).
5. A multidisciplinary steering group including CCGs and community health providers was set up to review both policies. It was agreed that the policies would:
- a. reflect the principles of the Care Act
  - b. give a clear rationale as to reasoning behind the changes
  - c. reflect current modern health and social care practices
  - d. follow current National Institute for Care and Health Excellence and Social Care Institute for Excellence guidance around delivering medication and health care tasks
  - e. address any funding or financial issues raised

- f. clearly establish the tasks that social care can undertake with healthcare support
  - g. clearly establish the tasks that only healthcare professionals can deliver
  - h. ensure that social care workers delivering healthcare/medication tasks are appropriately supported e.g. ongoing learning and development provided by healthcare professionals
  - i. make the best use of financial and staffing health and social care resources.
6. The new documents have undergone a number of revisions to incorporate the extensive consultation with operational and strategic County Council teams, nursing staff working for Clinical Commissioning Groups, clinicians, District Nurses, hospital discharge team, Nottinghamshire Integrated Care Systems staff, Nottinghamshire Healthcare Trust staff (who are working on the delegating healthcare tasks to Personal Assistants project) and homebased care and support providers.
  7. START is a short term reablement service whereas homebased care and support provide a longer term service; consequently there are differences in the two policies and the tasks that the workforce can undertake.
  8. There are synergies between the workforce who deliver the START service, homebased care and support providers and the Home First team (a short term service which can help people to get home from hospital quickly and/or support someone at home if they have a short term crisis and are at risk of unnecessary readmission to hospital or urgent short term care in a care home). Therefore, the contents of the two documents are closely aligned. Independent homebased care and support providers who are contracted by Nottinghamshire County Council can adopt/adapt the START medication policy to reflect their local service.
  9. A high level action plan has been developed to support the communication and implementation of the two policies and this is available as a background paper.
  10. In the future, adult social care may be expected to support the NHS self-care agenda, where more products would be expected to be purchased by patients themselves as opposed to being prescribed by their GP.
  11. A local project is seeking to support the delegation of healthcare tasks to Personal Assistants. A list of tasks has been drawn up. The proposal is that health care professionals will be responsible for the clinical oversight, accountability and governance of the scheme. They will train Personal Assistants to carry out delegated healthcare tasks.

### **Other Options Considered**

12. The Council could continue to support the current documents but this has been discounted as it does not reflect current local and national practice, and trends. It also hinders continuity of care, decreases choice and control for the service user and could lead to duplication of services which is not cost effective.

## Reason/s for Recommendation/s

13. Recent research and new working practices listed below support the implementation of the new guidance.
  - a. A wider range of healthcare and medication tasks are being delivered by other councils in comparison to Nottinghamshire as illustrated in the findings of the survey carried out by the Senior Prescribing and Governance Adviser. For example, Leicestershire County Council has updated their health and social care protocol and are providing training. Nottinghamshire County Council will liaise with them to learn from their experience about setting up robust processes. <http://www.lscdg.org/health-social-care-protocol-passports/>
  - b. Working in partnership with healthcare professionals such as the Senior Prescribing and Governance Adviser for the past 10 years has resulted in an improvement in working practices in care homes as well as in the START team and homebased care and support organisations
  - c. Homebased care and support providers in Nottinghamshire are delivering additional tasks to those listed in the “Responsibilities for Care in the Home” 2010 policy under the terms of the new homebased care and support contracts for City and County Council.
  - d. The updated guidance will reflect current practices in Nottinghamshire Reablement teams and set expectations with health colleagues around appropriate tasks to be undertaken.
  - e. Evidence gathered by the Countywide START Teams has identified that referrals are being made to health partners for health tasks which could be met by non-health care staff once additional training and information is provided. This has meant a reduction in the number of referrals accepted by the START service where there is a low-level medication/minor health need.
  - f. The new documents will standardise practice across Managed Packages of Care, Direct Payments and Privately Funded Packages of Care.
  - g. Implementation of the policies will encourage collaboration between the health and social care workforce to promote good practice whilst supporting the integration agenda.
14. Updating the guidance and providing robust protocols and procedures, a learning and development programme, competency assessments and clinical oversight will have a major impact on health and social care workers in all organisations in a number of ways.
  - Staff will have the knowledge and skills to support service users to manage their own conditions wherever appropriate.
  - It will lead to a prevention of longer-term care and support needs as social care workers will have the knowledge to enable them to identify if an individual’s condition is deteriorating and the protocols to follow to prevent further deterioration

- Social care workers will follow formal, consistent, person centred, safe working practices supported by a relevant health professional.
- Social care workers will have the skills and knowledge to undertake low level health care and medication tasks safely and competently and this could also improve staff retention in the adult social care sector.
- It will allow an increase in the number of service users being referred into the START service and increased support by Homebased care and support providers.
- Working together with health partners will ensure that limited resources are used more effectively by finding better, more efficient ways of working e.g. district nurses can focus on higher level tasks.
- There will be a reduction in the number of unnecessary delayed discharges of care from hospital, as social care workers will be able to carry out additional tasks from the commencement of the package which will be supported by health colleagues as per the caveats noted in **Appendix 2**. This will consequently reduce the likelihood of worsening health outcomes and increase in long-term care needs from extended hospital stays.

## **Statutory and Policy Implications**

15. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Financial Implications**

16. The focus of the policies is to ensure that the right support is provided at the right time in the most cost effective way. It is anticipated that the policies will result in cost efficiencies through better use of resources.

## **Human Resources Implications**

17. Social care staff will be expected to undertake learning and development in health care tasks.
18. Healthcare resources will be realigned to provide clinical oversight and learning and development opportunities for social care staff.

## **Public Sector Equality Duty Implications**

19. In compiling this report, the effects that these policies may have on people with protected characteristics have been considered. It has been concluded that there will be a positive effect because the policies will increase flexibility for the service user as the

interdependencies between those involved in their care will be reduced and there will be a quicker, seamless service.

### **Implications for Service Users**

20. The new policies will support continuity of care and a service user's choice over who is best placed to deliver their care whether that be their START or homebased care and support provider or a health care individual. This will increase flexibility for the service user as the interdependencies between those involved in their care will be reduced

### **RECOMMENDATION/S**

That Committee:

- 1) endorses the *Delivering health and social care tasks: policy for homebased care and support providers*, attached as **Appendix 1**, and recommends it to Policy Committee for approval
- 2) endorses the changes made to the Assisting with Medication policy for Short Term Assessment & Reablement Team (START), attached as **Appendix 2**, and recommends it to Policy Committee for approval.

**Paul Johnson**

**Service Director, Strategic Commissioning, Safeguarding and Access**

**For any enquiries about this report please contact:**

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### **Constitutional Comments (EP 11/06/19)**

21. The recommendations fall within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference.

### **Financial Comments (DG 14/06/19)**

22. There are no specific financial implications arising from this report.

## **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Management of medication and health and social care tasks policies implementation plan

Supporting quality in care homes and domiciliary care medicines management annual report 18/19

Care Act 2014

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

“Managing medicines for people receiving social care in the community” (NG67 & QS171)

<https://www.nice.org.uk/guidance/ng67>

Personalisation for home care providers

<https://www.scie.org.uk/personalisation/practice/home-care-providers>

Medicines in Health and Social care

[https://www.cqc.org.uk/sites/default/files/20190605\\_medicines\\_in\\_health\\_and\\_adult\\_social\\_care\\_report.pdf](https://www.cqc.org.uk/sites/default/files/20190605_medicines_in_health_and_adult_social_care_report.pdf)

## **Electoral Division(s) and Member(s) Affected**

All.

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