



Review of the Role and Function of Community Care Practitioners

Community Care Practitioners – Review of Role and Function

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1. Scope and Content of the Review

1.1 Review objective

To critically and impartially examine the role of Community Care Practitioners (CCP's), taking into account the original definition of the function and the work currently undertaken.

Review Background:

The role and function of CCP's has been subject to a full management review based on the requirement of the council to review all areas of spending to identify options and also the implications and risks of making potential savings.

Scope:

The review will focus solely on the role and function of CCP's within care management, occupational therapy and hospital discharge teams. Because CCP's roles vary considerably, the report will set out to review roles within all disciplines with particular regard to the varying roles in each team.

Assumptions & Constraints:

The review will explore the original definition of the CCP role and explore if this definition has changed and the reasons why.

Review commencement date and timescale:

The review commenced on November 1st 2011 with submission to the People Leadership Team in January 2012.

Resources: -

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Supporting Information from: Mark Waterhouse, Margaret Milne and Derek Jones (Service Managers)

Staff and Officers engaged: Managers and Community Care Practitioners from:

- Adult Social Care Teams (North and South)
- Independence Teams (North and South)
- EMI Teams (North and South)
- Hospital Social Work Teams (North and South)
- Occupational Therapy Team
- Occupational Therapy Mobile Assessment Team

Authorising Officer: Robina Critchley, Director of Older People

1.2 Legislative Background

The NHS and Community Care Act 1990 states that it is a duty for local authorities to assess people for social care and support. This is to ensure that people who need community care services or other types of support get the services that they are entitled to. Service users have their needs and circumstances assessed to determine whether or not care will be provided.

The Fair Access to Care Services (FACS) framework was introduced in 2003. This provides councils with the eligibility criteria for adult social care, to identify whether or not the duty to provide services under legislation is triggered.

This developed further in 2007 with both the government paper 'Putting People First – a shared vision and commitment to the transformation of adult social care' and again in 2010 with 'Think Local, Act Personal'.

Other legislation relevant to the role and function of care management teams is historical and laid down within the National Assistance Act 1948, the Local Authority Act 1970 and Sick and Chronically Disabled Act of 1971.

1.3 Brief History

Prior to the introduction of the Community Care Practitioner role in 1995, Assistant Social Workers worked alongside qualified staff. The CCP role resulted in changes to the job description and brought it into line with the Community Care Act of 1990. The CCP job description was subsequently updated in 1997, 2000 and 2003 respectively, however, these updates were specific to the teams CCP's worked in and veered away from the original generic description.

1.4 The Current Position

There are currently 29 CCP's within the Adult Social Care Teams North and South, the Independence Teams, The Occupational Therapy Team, The Mobile Assessment Team and the Hospital Teams North and South.

However, the numbers in each team vary from one to seven, as there has not been a standard calculation or ratio for required numbers. This has produced some inconsistency between teams as workloads vary.

Some teams have more CCP's as SW posts were converted to CCP posts to increase available resources to meet the demands of the service.

Job descriptions have been interpreted to meet the exigencies of the services. Also, as services have developed, job descriptions have not been amended to reflect changes in roles. This is particularly relevant to CCP's within the Occupational Therapy Mobile Assessment Service, who despite having a role far removed from other CCP's, their job descriptions do not reflect the (very) specific tasks they undertake.

2. Community Care Practitioners - Adult Social Care & Independence Teams

2.1 Assessments

CCP's in the Adult Social Care Teams undertake community care assessments with service users, carers and relevant professionals. They have knowledge of government legislation and the Directorates Community Care policies and procedures to enable them to work effectively. CCP's can operate independently with guidance and supervision from assistant team managers and team managers.

Assessments are more often than not multi disciplinary, involving other professionals e.g. doctors, district nurses, hospital staff, community psychiatric nurses, physiotherapists, occupational therapists, sensory impairment officers, environmental health, housing, care providers, advocates etc.

Service users can have chronic, multiple health problems and the assessment process can often be lengthy and complicated. Good verbal and written communication skills are necessary, with an ability to empathise with service users and their carers.

All assessments undertaken are person centred and focus on choice and control, working in partnership with service users and their carers and subsequently creating self-directed support plans.

CCP's also work to identify risks within any assessment process and look for ways to eliminate or minimise risks where possible. An integral part of the CCP role is that of an 'alerter' within the safeguarding procedures and they are also required to co-work within safeguarding cases. In most cases CCP's work closely with the Contract and Commissioning team to ensure that care and support provision is appropriate to users needs.

Once a community care assessment has been completed, CCP's are required to make decisions about whether the FACS criteria has been met and whether to provide service users with support services or not in conjunction with the assistant team manager or team manager.

If a service user is eligible for a service, CCP's complete and submit a panel application to apply for funding. These submissions are screened by team managers. Panel funding decisions are made by Service Managers, who ultimately agree or reject requests.

Examples of requests to panel may include funding for:

- **Care packages:** to assist service users with personal care, continence care, pressure care, meals, medication etc.
- **Respite care:** to enable carers to have a break.
- **Long-term residential or nursing care:** when a service user is no longer able to remain in their own homes and communities safely.
- **Day care:** to enable service users to have social interaction and their carers to have a break.
- **Carer's Direct Payments:** to enable carers to arrange for someone to assist them on an ad-hoc basis when they need additional support.
- **Direct payments:** to provide service users with a cash payment to buy in their own care.

CCP's often manage conflict with service users, carers, family members and other professionals

CCP's may be required to re-submit an application to panel with further information to support requests and may have to suggest alternative services or assist service users through an appeal or the complaints procedure.

Once panel has agreed funding, CCP's commission services and complete self-directed support plans, liaise with service users, family, carers and appropriate agencies and co-ordinate appropriate care and support.

CCP's will schedule a review of service after 4 to 6 weeks, depending on the service that has been provided.

2.2 Reviews

CCP's may organise reviews with service users, family, carers, relevant health professionals and any support services that are involved in providing care.

The review process is followed in line with the NHS and Community Care Act 1990 and the within the guidance of the 'personalisation agenda'.

CCP's may chair reviews and make long-term plans with the service user and their carers.

As circumstances change the level of care may need to be adjusted to meet identified needs. Services may need to be increased and CCP's can apply to the funding panel again to make a further application for funding.

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2.3 Carers

In addition to assessing service users, CCP's identify the needs of carers. With the implementation of the Carers and Disabled Children Act 2000, the Local Authority has powers to provide services for carers following a carer's assessment.

CCP's assist carers to complete an assessment of their needs and / or refer carers to the Carer's Centre. They also submit applications to the Carer's Panel, to enable carers to have a one-off item or service to assist them to continue in their caring role.

2.4 Duty

In addition to having a caseload (approx 15-20 cases per worker), CCP's also participate in a duty rota on a weekly basis. This can consist of rota duties being undertaken.

There are five workers on duty every day, comprising of social workers and CCP's. Some assessments are completed by telephone; however there are many occasions when a duty visit is necessary. Work on duty means that the full assessment process is undertaken.

If staff are absent from the office, due to sickness, annual leave or training, any issues arising within their caseload that will not wait for their return are also dealt with on duty.

Duty can take priority over all other work. If there are insufficient workers on duty, CCP staff may be called upon at any time to cover the duty rota.

2.5 Hospital Discharge

The hospital social work teams only cover the hospitals located in Sefton. If a Sefton resident has been admitted to a hospital outside the borough, CCP's within the Adult Social Care Teams will facilitate the discharge from a variety of hospitals including Renacres Hall, Wrightington and Clatterbridge, however potentially they may have to organise a discharge from anywhere in the country.

CCP's may have a set timescale to put together a discharge plan for the service user. If they fail to achieve this, or discharge has been delayed because services are not in place, the local authority has to make a payment to the relevant NHS body.

The assessment is often multi-disciplinary. CCP's liaise with the patient, family, carers, ward staff and therapy staff at the hospital. The likelihood is that the assessment would need to be completed in a timely manner and services would need to be arranged to facilitate the service users discharge home. CCP's follow up on carer's issues, which often means several visits to the ward to discuss these with the Patient and or the nursing team. CCPs sometimes have to work outside normal hours in order to fit in with family members who work.

There may be instances where people are discharged from hospital who are not known to the Directorate. In these instances CCP's may be called on to respond immediately, complete an assessment and arrange services.

In addition, CCP's can also be instructed to work within the hospital teams during periods of bad weather, winter pressures or staff shortages. This is to ensure that patients are discharged in a timely manner and hospital beds are not blocked. During the bad weather conditions or critical situations within the hospital, CCPs work can dramatically increase.

The hospital CCP's may have to go to funding allocation panel for increased funding more than once if service users care requirements increase.

2.6 Independence Teams

The Independence Teams have one CCP allocated to each team and their role is similar to that of colleagues in the Adult Social Care Teams. The role may differ in that, due to the often complex nature of learning disabilities, their involvement in cases may be much longer than for older people for example. This is, in part, due to the nature of person centred planning for people with complex and profound learning disabilities and physical disabilities. The Independence Team CCP's with management support can also facilitate the arrangement of tenancies for service users and these can take a considerable length of time to resolve. However, the description of the role and function of CCP's within Adult teams is closely replicated for CCP's within the Independence teams.

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2.7 Risks of Cessation

- This will significantly reduce care management teams' ability to conduct assessments and timely outcome focused reviews.
- CCP's deal with critical work and urgent referrals on a daily basis. Cessation of CCP's could potentially lead to crisis for service users and potential carer breakdown.
- There could be significant delays in responding to critical needs and a possible increase in the amount of vulnerable adults left at risk and in need of emergency services.
- Potential backlog of assessments and reviews. Pending has increased during 2011 and this has the potential to increase further.
- Awareness and responses to safeguarding issues could be delayed at a time when reforms are taking place within the Care Quality Commission around regulation and compliance of residential providers
- Waiting lists for assessments and reviews may increase the number of complaints and potentially cause reputational damage for the Council
- Key performance indicator for reviews will significantly reduce in the short term.
- Assessments for users who fall into the 'substantial' category, if pended, could potentially become 'critical' within a short space of time.
- CCP's work contributes towards the increase of personal budgets/ Direct Payments and the choice and control agenda. There is an expectation that the majority of service users will receive self directed support plans and Direct Payments by April 2013.

Team	Number of CCP's
Adult Social Care North	6
Adult Social Care South	7
Independence Team North	1
Independence Team South	1

3. Community Care Practitioners – Hospital Teams

CCP's based within Southport & Formby District General Hospital and Aintree Hospital work alongside qualified staff. Hospital CCP's have direct contact with a variety of medical disciplines and liaise with medical practitioners and therapy staff on a daily basis. This type of liaison requires a theoretical knowledge of medical procedures, medical conditions and mental capacity issues and in some cases, the needs of post operative service users and the identification of risks of discharge. CCP's regularly take part in Multi Disciplinary Team (MDT), Continuing Health Care (CHC) and Intermediate Care meetings.

CCP's have direct contact with patients and their carers/families and assist to find appropriate care and support post discharge, sometimes at very short notice. Hospital discharge policy can create challenges for CCP's in arranging care, with negotiation required to resolve issues with service users and their families.

Most work is increasingly carried out in the context of the personalisation agenda, with care plans; person centred self directed support plans, personal budgets and direct payments. Although this method of supporting service users to exercise choice and control must be done in a very short timescale to facilitate timely hospital discharges. This can considerably adds to the workload of hospital CCP's, where an average caseload can be up to 25 cases at any one time with an increased number at times of winter pressures.

Under the delayed discharge act 2004, once the hospital has issued a referral (called a section 2), teams have a minimum of 72 hours to complete their assessment and then a section 5 is issued giving notice for discharge within a 24 hour timescale. If discharge has been delayed because services are not in place, the local authority must make a payment to that NHS body.

Other tasks for hospital CCP's include ensuring that service users properties and belongings are secure whilst they are in hospital, making sure arrangements to house and feed pets when users have no-one else to assist. CCP's also have access to hardship payments that allow them to purchase essentials (food/toiletries/bedding etc) for people returning home. This is compliant with the National Assistance Act 1948.

During the bad weather conditions or critical situations within the hospital, CCPs work can increase.

3.1 Assessment

Once a community care assessment has been completed, CCP's need to make decisions about whether the FACS criteria has been met and whether to provide service users with support services with management support. . In most cases CCP's work closely with the Contract and Commissioning team to ensure that care and support provision is appropriate to users needs.

If a service user is eligible for a service, CCP's complete and submit a panel application to apply for the funding. These submissions are screened by team managers. Panel funding decisions are made by Service Managers, who ultimately agree or reject requests.

Examples of requests to panel may include funding for:

- **Care packages:** to assist service users with personal care, continence care, pressure care, meals, medication etc.
- **Respite care:** to enable carers to have a break.
- **Long-term residential or nursing care:** when a service user can no longer remain in hospital and meets criteria for long term care.
- **Day care:** to enable service users to have social interaction and their carers to have a break.
- **Carer's Direct Payments:** to enable carers to arrange for someone to assist them on an ad-hoc basis when they need additional support.
- **Direct payments:** to provide service users with a cash payment to purchase their own care.

3.2 Reviews

CCP's complete outcome focussed reviews with service users and their families six weeks after discharge from hospital to ensure that there is continuity of care and support where necessary or post review to restart care services. CCP's can also give advice and signpost to appropriate services in the community.

The review process is followed in line with the NHS and Community Care Act 1990 and the within the guidance of the 'personalisation agenda'.

CCP's occasionally chair reviews and make long-term plans with service users and their carers.

CCP's are often manage conflict from service users, carers, family members and other professionals

CCP's may need to re-submit an application to panel with further information to support requests and may have to suggest alternative services or assist our service users through an appeal or the complaints procedure.

Once panel has agreed the funding, CCP's are responsible for the commissioning of services and complete self-directed support plans, liaise with service users, family, carers and appropriate agencies and co-ordinate appropriate care and support. This work is completed with management support.

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3.3 Risks of Cessation

- This will significantly reduce hospital teams' ability to conduct assessments and timely outcome focused reviews
- Hospital CCP's work towards appropriate and timely discharge planning, thus avoiding the current delayed hospital discharge financial penalty. (There has been one instance of a delayed discharge fee applied to the Directorate since the introduction of the Delayed Discharge Act in 2003).
- Urgent referrals may not be acted upon in a timely manner, creating a backlog of patients waiting to be discharged (especially in times of winter pressures).
- A backlog of work could potentially cause hospitals to go on red alert and have to divert patients to other hospitals
- Risk of communication breakdown, poor working relationships and reputational damage for the Council with the Acute Hospitals Trusts.
- To cease posts within the Hospital Discharge Teams would present risks to the sustainability of the Community Care Panel budget and to service users themselves as the potential for unsafe discharges and financial penalties to the Directorate are potentially very high.
- To cease posts within the Hospital Discharge Team in the north would effectively reduce the staffing by 30%.
- Key performance indicator for reviews will significantly reduce in the short term.

Team	Number of CCP's
Hospital Team North	6
Hospital Team South	1

4. Community Care Practitioners – Sensory CCP's & the Mobile Assessment Team

4.1 The Mobile Assessment Team

4.1.1 History

In 2007, the Occupational Therapy teams north and south were amalgamated into one central team. The O/T service visits service users in their own homes with equipment provided from the Joint Community Equipment Store.

The Mobile Assessment Clinic began as pilot scheme in late 2007. The service is staffed by one manager, three Occupational Therapists, three full time and two part time Community Care Practitioners with a shared administrative support from the O/T admin team.

4.1.2 Current Functions

The Mobile Assessment Team take referrals from a variety of sources including, G.P's, Physiotherapists, District Nurses, Hospital Discharge Planners, Health Occupational Therapists, Hospices, Social Workers, Housing Scheme Managers, Housing Associations, Carers and self Referrals.

CCP's perform assessments for minor equipment and minor works and signpost and advise service users to other services. Occupational Therapists can perform the above tasks in addition to assessments for major adaptations' and recommendations for major works to Housing Associations.

The CCP's also staff drop-in clinics in Southport and Aintree. These clinics allow the public to call in for an assessment of need with most types of equipment available from the centre on the same day. The Mobile Assessment Team complete up to 80 assessments per week.

CCP's also undertake assessments of service users with more additional needs that are not suitable for mobile visits for example people with restricted mobility or complex health needs.

CCP's based within the Mobile Assessment Team also work within the principles of choice and control, assisting service users to remain safe and independent within their own homes and communities by providing equipment to ensure daily living tasks can be carried out safely. This contributes to savings for the Directorate by negating the need for residential or domiciliary care, where daily living tasks such as bathing and dressing would be assessed under Fair Access to Care criteria as 'substantial'. By providing bathing equipment and minor adaptations, the amount of DFG referrals for major adaptations is prevented (DFG referrals have recently significantly reduced because of this). This type of early intervention has been successful in the re-enablement of service users.

Within the scope of a mobile assessment visit, CCP's also perform a full holistic assessment of need, to maximise the safety and independence of users in their own homes and make referrals to other statutory organisations, partner organisations and

voluntary sector services. As with other CCP's, they perform a safeguarding alert function.

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4.2 Sensory CCP's

There are two members of staff who conduct work in the Occupational Therapy Team based around assessment and advice to people with sensory impairments. These CCP's have direct contact with service users around the provision of advice and signposting to other services. They also provide safety assessments and can provide specialist audio/ visual equipment for the home. Sensory CCP's liaise with other agencies in the statutory and Voluntary, Faith and Community sector regarding the provision of smoke alarms, visual and auditory equipment and information such as Braille, talking books and other equipment and materials.

Sensory CCP's assess, demonstrate and provide services to users and need a good knowledge of associated health conditions that may impact or affect users with sensory deprivation. The CCP's also visit users in their own homes where necessary and provide drop-in clinics in the north of the borough, at Southport and Formby DGH. These clinics receive referrals from the Audiology Department and work on an average of 5 appointments/ assessments per day.

Sensory CCP's can also order specialist equipment directly from the Equipment Stores and book appointments for technicians to install in users homes with management support. CCP's also signpost service users for welfare benefit checks to ensure that users with sensory impairments are not financially disadvantaged. The CCP's visit users in their homes and perform environmental safety checks and provide equipment to maximise users independence. This assists to keep people in their own homes and communities whilst preventing unnecessary admissions to long term care and costly packages of care.

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4.3 Risks of Cessation

- The Mobile Assessment Team service would cease as it is solely staffed by CCP's.
- This would significantly reduce the ability to conduct assessments and timely outcome focused reviews
- Failure to complete assessments and equipment deliveries would result in a waiting list as there wouldn't be capacity within the Occupational Therapy team to run a Mobile Assessment Team.
- Referrals to the Mobile Assessment Team are generated from a variety of sources (medical/professional/personal), there is potential for users who are unsupported by the provision of equipment to become substantial /critical and require a package of care in the home.
- The number of complaints from users waiting for assessments /equipment could increase causing reputational damage for the Council.
- To cease CCP posts with the Occupational Therapy and Mobile Assessment Team could present a very high risk to the sustainability of the Community

Care Panel budget, as the service these CCP's provide are entirely preventative.

- Key performance indicator for reviews will significantly reduce in the short term.

Team	Number of CCP's
Mobile Assessment Team	5
Occupational Therapy Team	2

Summary and Additional Information

Community Care Practitioners within the Adult Social Care, Hospital and Independence Teams perform the role of unqualified social workers in all but complex and safeguarding cases. Although some teams underwent a reconfiguration in early 2011, this was purely based on the requirement to improve processes. There is scope for a further reconfiguration to explore the use of a standard calculation or ratio for required numbers of staff based on volumes of incoming work. This has the capacity to improve effectiveness and efficiency.

CCP's within the Occupational Therapy and Mobile Assessment Teams (MAST) perform very different roles with regard to Sensory assessments / reviews / advice clinics and in the case of the MAST, assessments, provision of equipment and conducting reviews in service users homes. Their remit relies solely on the need to allow users to remain in their own homes and communities, utilising equipment and adaptations in a way that helps to prevent admissions to hospital, short and long term care and minimising the need for domiciliary care. The only similarity to CCP's in other teams is in name only. The MAST is solely staffed by CCP's, so the service would become unviable if the option to cease the role is taken forward.

5. Suggested Recommendations for People Directorate Leadership Team

Option One:

Reconfigure the ratio of CCP's per team to target resources more effectively with no change to current staffing levels.

Option Two:

Cease all CCP posts at an estimated saving of approximately £607,200. This is now less than was originally quoted in the Options Paper (£750,000), as since October 2011, five CCP's from the Occupational Therapy Team have taken VR/VER at a saving of £142,800.

Option Three:

Re-organise CCP staffing to target resources more effectively and realise efficiencies. This could entail an immediate reduction in the levels of CCP's within the Adult Social Care Teams by four posts, resulting in a saving of approximately £114,240 with further efficiencies possible post reconfigurations of teams in 2012/13.