CABINET MEMBER FOR ADULT SOCIAL CARE

Venue: Town Hall, Date: Monday, 22nd October, 2012

Moorgate Street,

Rotherham. S60 2TH

Time: 10.00 a.m.

AGENDA

- 1. To determine if the matters are to be considered under the categories suggested in accordance with Part 1 (as amended March 2006) of Schedule 12A to the Local Government Act 1972.
- 2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
- 3. Apologies for Absence.
- 4. Minutes of the Previous Meeting (Pages 1 3)
- 5. Health and Wellbeing Board (Pages 4 11)
- 6. Wider-Workforce Skills Development Funding Application Scheme (Pages 12 33)
- 7. Medication Policy Independent Sector Home Care and In-House Enabling Services (Pages 34 49)
- 8. Date and Time of Next Meeting -
 - Monday, 5th November, 2012 commencing at 10.00 a.m.

CABINET MEMBER FOR ADULT SOCIAL CARE Monday, 8th October, 2012

Present:- Councillor Doyle (in the Chair); Councillor P. A. Russell.

Apologies for absence were received from Councillors Gosling and Steele.

H28. MINUTES OF THE PREVIOUS MEETING HELD ON 24TH SEPTEMBER, 2012

Consideration was given to the minutes of the previous meeting held on 24th September, 2012.

Resolved;- That the minutes of the previous meeting held on 24th September, 2012, be approved as a correct record.

H29. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2012-13

Consideration was given to a report, presented by the Finance Manager (Adult Services), which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March, 2013 based on actual income and expenditure to the end of August, 2012.

It was reported that the forecast for the financial year 2012/13 was a balanced budget against an approved net revenue budget of £74.157M.

The latest year end forecast showed a number of underlying budget pressures which were being offset by a number of forecast underspends:-

- A forecast underspend on Adults General Management and Training mainly due to savings on charges for postages, telephones and printing
- Forecast overspends within Older People's services on In-House Residential Care, In- House Transport, further increase in demand for Direct Payments offset by underspends within Enabling Care, Independent Sector Home Care, Community Mental Health, Carers Services and slippage on recruitment to vacant posts within Assessment and Care Management
- Within Learning Disabilities an overspend on Residential Care budgets, recurrent budget pressure on Day Care Transport, additional high cost placements receiving Independent Sector Day Care Provision, increased demand for Direct Payments, increase in Community Support placements, new high cost placements in Independent Day Care reduced by underspend within Independent Sector Supported Living Schemes, savings on premises costs and slippage on vacant posts
- A forecast overspend on Direct Payments within Mental Health Services together with overspends on employees' budgets due to unmet vacancy factor are offset by projected underspends on Residential Care and savings on Community Support Services
- Continued pressure on Independent Sector Domiciliary Care, loss of CHC funding for 1 client, increase in demand for Direct Payments, forecast overspend on Residential and Nursing Care were offset by slippage in developing alternatives to residential provision, underspend on Crossroads

CABINET MEMBER FOR ADULT SOCIAL CARE - 08/10/12

as clients were redirected to Direct Payment, vacant posts and savings on contracts with Voluntary Sector providers were the main variations within Physical and Sensory Disability services

- Slight underspend on employee budgets within Adults Safeguarding plus additional fee income from court of protection
- Efficiency savings in Supporting People subsidy contracts where being offset against Commissioning savings targets not included in this report.

Total expenditure on Agency staff for Adult Services so far was £100,184 compared with an actual cost of £185,901 for the same period last year. The main costs were in respect of Assessment and Care Management staff to cover vacancies and sickness. There had been no expenditure on consultancy to date.

There had been £133,477 spend up to the end of August, 2012, on non-contractual overtime for Adult Services compared with expenditure of £134,340 for the same period last year.

Discussion ensued on the report with the following issues raised/clarified:-

- A potential risk was the future number and cost of transitional placements from Children's Services into the Learning and Disability Service which has been raised as part of the 2013/14 budget setting process
- Forecasts did not include any possible one off Winter Pressure funding
- In-house Sitting Service currently under review with a report to be submitted in due course
- Learning Disability Service had been successful in 2 Continuing Health Care applications since the last report.

Resolved:- (1) That the latest financial projection against budget for 2012/13 be noted.

(2) That, when received, the statistics showing the Continuing Health Care funding allocated to Yorkshire and Humber authorities be submitted to the Cabinet Member.

H30. BRIEFING NOTE - ADULT SOCIAL CARE

The Cabinet Member noted a briefing note on the mechanisms put in place to monitor the outcomes, quality and regulatory compliance of Service providers accepted onto the new Community and Home Care Service Framework.

The Outcome Monitoring Framework and Toolkit or 'Home Matters' Scheme would support the Contracts Team to enforce the terms and conditions of the Framework Agreement.

It would apply to the 15 care providers secured on the CHCS Framework Agreement and would focus on outcomes achieved as a result of Service intervention. It would support the enforcement of special measures to improve, Default Notices served and, when necessary, actions taken to terminate agreement with the Service provider.

In addition to the level of compliance with the Community and Home Care

Service contract and Service specification, it would also contribute to an overall judgement being made and lead to a quality rating award for each provider – Level C being the minimum level and indicated a satisfactory performance and Level A indicating an excellent performance. Failure to reach level C would result in a Default Notice being service and Special Measures Improvement Plan being issued and could ultimately result in removal from the Framework.

Results and findings would be reported through the Departmental Leadership Team and the Contracting for Care forum.

Resolved:- (1) That the report be noted.

[2] That the results and findings also be submitted to the Cabinet Member.

HEALTH AND WELLBEING BOARD 5th September, 2012

Present:-

Members:-

Councillor Wyatt In the Chair

Karl Battersby Strategic Director, Environment and Development

Services, RMBC

Tracey Clarke RDaSH

Tom Cray Strategic Director, Neighbourhoods and Adult Services,

RMBC

Councillor Doyle Cabinet Member, Adult Social Care

Shaliq Hussain Voluntary Action Rotherham Brian James Rotherham Foundation Trust

Martin Kimber Chief Executive, RMBC

Councillor Lakin Cabinet Member, Children, Young People and Families

Services

Shona McFarlane Director of Health and Wellbeing

Jason Paige CCG
David Polkinghorn CCG

John Radford Director of Public Health

Joyce Thacker Strategic Director, Children, Young People and

Families, RMBC

Sarah Whittle CCG/NHS Rotherham

Officers:-

Clare Burton Commissioning, Policy and Performance, RMBC Matt Gladstone Director, Commissioning, Policy and Performance

Kate Green Policy Officer, RMBC

Chrissy Wright Commissioning, Policy and Performance, RMBC

Together with:-

Anne Charlesworth NHS Rotherham

David Plews National Commissioning Board

Kathy Wakefield NHS Rotherham
John Wilderspin Department of Health

Apologies for absence were received from Chris Boswell, Chris Edwards, Tracy Holmes, Fiona Topliss, David Tooth, Janet Wheatley,

S21. WELCOME AND INTRODUCTIONS

The Chairman welcomed John Wilderspin, National Director, Health and Wellbeing Board Implementation, Department of Health, to the meeting and introductions were made.

S22. MINUTES OF PREVIOUS MEETING

Agreed:- That the minutes be approved as a true record.

S23. COMMUNICATIONS

(a) Communications Plan

It was noted that a meeting was to be held between the Borough Council, NHS Rotherham and hopefully Rotherham Foundation Trust's Communication leads to discuss the development of a 12 month Health and Wellbeing Community Plan linking in possibly with the campaign that pharmacies were contracted to do.

(b) South Yorkshire Police and Crime Commissioner

It was noted that the Officer who would be supporting the Commissioner once appointed was to attend the October Board meeting to discuss how they would relate to the Health and Wellbeing agenda. The February Board meeting had already been logged in the diary for attendance by the Commissioner.

The paper circulated was a document that would be available on the Police and Crime Commissioner's website for any organisation to raise issues with the Commissioner.

(c) "Implementing Health and Wellbeing Boards" Capita Conference to be held in Central London on 17th October, 2010

Anyone interested in attending the above conference should notify the Chairman.

S24. ALCOHOL STRATEGY - LOCAL IMPLEMENTATION

Anne Charlesworth, Drug Strategy Manager, NHS Rotherham, presented a report on the proposed local implementation of the Alcohol Strategy launched by the Government in April.

Following a partnership meeting in July, an action plan had been compiled to deliver all aspects of the Strategy. The key aims were:-

- Develop 'Community Alcohol Partnerships' (CAPs) including Responsible Retailer Scheme
- Make those who caused the harm face the consequences both individuals and premises
- Make 'every contact count' in delivering the culture change required.

Following the first meeting, there had been a disappointing response with regard to individuals committing themselves to the timelines.

It had not been appreciated that the boundaries of the CAPs were slightly different to those identified by the Council as areas of deprivation so there would be a slight amendment. Dinnington had been identified as having significant issues with alcohol. However, with the resources available, there would not be sufficient to do all areas simultaneously.

Discussion ensued with the following issues raised:-

 Whilst under taking the 2 pilot areas give consideration to the 11 deprived areas and Community First due to the overlap. There were approximately 15 areas warranting special attention and also featuring alcohol issues

- If tackling areas of deprivation you were dealing with people that were very difficult to change
- Visibility it was easy to see street drinking but the problem of home drinking was of much more significance and was not restricted to deprived parts of the Borough
- Modest approach with the resources available. If the Board prioritised alcohol it would have to identify resources across the agencies
- Many associated issues with alcohol misuse domestic abuse, neglect, anti-social behaviour etc.
- Utilise Elected Members who had local knowledge and Neighbourhood Champions

Agreed: [1] That Community Alcohol Partnerships commence in Dinnington and East Herringthorpe and rolled out to all 11 Disadvantaged Areas alternative substantial alcohol initiatives were already underway.

- (2) That the remaining recommendations set out in the report be referred to the Chief Executive Officers Group for support.
- (3) That a further report be submitted in 3 months.

S25. INFECTION PREVENTION AND HEALTH PROTECTION ANNUAL REPORT 2011/12

Kathy Wakefield, Health Protection Manager, presented the Infection Prevention and Health Protection 2011/12 Annual Report.

Whilst there was no legal requirement for commissioning organisations to have a nominated Director of Infection Prevention and Control (DIPC), it was seen as good practice. This function was fulfilled by the Director of Public Health supported by the Health Protection Manager. All providers commissioned by NHS Rotherham had nominated DIPCs or Infection prevention leads and were members of the Strategic Infection Prevention and Control Committee.

The Committee had met throughout the reportable period providing assurance regarding compliance with all relevant Guidance and Quality Management Group, respective contract quality review meetings or relevant member of the CCG. Its purpose was not performance management. An annual programme based on the NHS Operating Framework and local priorities was developed, agreed and monitored by the Committee escalating concerns as appropriate.

Kathy drew attention to:-

- Health Care Associated Infections
 Both the provider (RFT) and NHSR as commissioning organisation had to have an Annual Plan to achieve and sustain a reduction in the number of MRSA bacteraemia and C. difficile infections
- Outbreaks
 Flu like/confirmed Influenza 4 outbreaks of 3 in care homes and 1 at a primary school

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E.coli O157 – family outbreak excluding food handlers. No implications for the wider community

Water Quality Incident – a family with raised blood lead levels. Work in conjunction with Health Protection Agency and YWA. No identified ill health affects. Changes made to the practice of reporting from YWA to Environmental Health and the Local Authority

- Influenza

Slightly higher numbers of GP consultations from early January to mid-March compared to other areas across the region.

Overall hospital admissions had remained low for the season

There had been 1 death (Asthmatic patient). The patient had been invited by the GP on 2 occasions for vaccination but had not attended

- Influenza Immunisation Vaccination Programme
 Over 65s Target of 75% achieved 76%
 At Risk Groups including Pregnant Women Target 60% achieved 53.6%
- Food Borne Illness
 Largely unchanged
- Vaccination and Immunisation

Continued improvement across all vaccination programmes specifically in relation to the Childhood Programme (0-5 years) and School Booster

Areas of concern

MMR – continuing work to encourage uptake particularly 5-24 year olds HPV Vaccine – delivered as part of School-based Programme. Failed to achieve 90% [84.4%]. Work taking place on a delivery plan with providers Pneumococcal Immunisation for the under 65s – review and agreed to continue with programme

Respiratory Syncytial Virus affecting Younger Children – targeted vaccination programme with 26 children vaccinated (increase of 11) Infection Prevention and Control in Care Homes – close work commenced with Contract Monitoring Officers to improve standards across all the care home

Brian James, Rotherham Foundation Trust, reported that infection control remained a high priority for the Trust and was performing well nationally with the support of colleagues in managing infection control but there was no room for complacency.

Discussion ensued on the report particularly on the death of the patient who had failed to attend for influenza vaccination and what efforts the GP practice/how far a GP could go to ensure a patient attended an appointment.

Agreed:- That the Infection Prevention and Health Protection Annual report for 2011/12 be noted.

S26. HEALTH AND WELLBEING STRATEGY

Kate Green, Policy Officer, reported that the consultation period had now closed.

There had been a broad range of feedback – e-mail, engagement with colleagues across partner organisations and the very well attended consultation event hosted by Voluntary Action Rotherham and LINks.

Comments had been positive and the outcomes/approach welcomed and if achieved would have a huge impact on the people of Rotherham. The language used was felt to need some rewording.

There had been concerns, particularly from the VAR event, that the voluntary and community sector had not been mentioned as specific partners within the Strategy document. This had been taken on board, however, it was felt that the Strategy referred to the specific statutory agencies with responsibility for delivering the Strategy; the voluntary and community sector was not necessarily responsible for delivery but were key partners in making sure that it was delivered and supported its implementation. This would be added to the document.

The Strategy would be revised in light of all the comments and circulated to Board members.

A draft document showing the work streams was distributed. There were 6 lead officers together with representatives from the CCG and Commissioning, Policy and Performance. The strategic group had held their initial meeting and would continue to meet to ensure implementation of the Strategy.

Agreed:- That a further report and final strategy document be submitted to the next meeting.

S27. CLINICAL COMMISSIONING GROUP ANNUAL COMMISSIONING PLAN

Sarah Whittle, NHS Rotherham, presented the proposed development and timetable of the 2013/14 Clinical Commissioning Group Annual Commissioning Plan.

It was the intention to produce a CCG Annual Commissioning Plan (ACP) by mid-March, 2013 and an Annual Report by the end of June, 2013.

It was felt that other annual Plans of the Local Authority and Foundation Trust should also be submitted to the Board to ensure they all had the "golden thread" and priorities. Hopefully it would also eliminate any duplication.

Agreed:- That the proposed development of a CCG Annual Commissioning Plan be noted.

S28. NHS COMMISSIONING BOARD UPDATE

David Plews, National Commissioning Board, gave the following update:-

- Andy Buck had been appointed as the leader of the Local Area Team.
 Other appointments to follow
- Organisational structure to be finalised
- Transferring of functions in progress

- Discussions on roles and responsibilities
- Local Area Team working with National Commissioning Board and Department of Health on indicative Indicator Sets
- The Local Area Team was not a designated body as yet
- The National Commissioning Board would be the commissioning board there would be a single process across the country to reduce variation in contract
- Local Area Team not just about Primary Care but would have a substantial function in commissioning Specialist Services and the Prison Service

Agreed:- That the update be noted.

S29. ROTHERHAM HEALTHWATCH UPDATE

Clare Burton, Commissioning, Policy and Performance, presented a progress report in relation to commissioning HealthWatch Rotherham together with an update on Government guidance, funding and secondary Regulations as follows:-

Secondary Regulations

- These were still being developed by the Department of Health however Children and Young People were now included in the HealthWatch requirements. The Department of Health's Summary Report key issues were set out as:-
 - The organisation did not need to be a social enterprise but must have the principles of 1 with at least 50% of profit/surplus reinvested to further the social objective
 - The constitution of the organisation must state that the main objective was to benefit the community
 - The secondary regulations would include further criteria about having lay people and volunteers in the local HealthWatch
 - In relation to the contract between the local authority and HealthWatch, the details of the 2008 Regulations would be carried forward with the intention of ensuring that the local HealthWatch operated in an open and transparent way
 - Requirement still for providers to respond to reports, recommendations and information requests including children's social care
 - Referrals to scrutiny committee would be carried forward into HealthWatch
 - 2008 Entry Regulations which set out the duty of Service-providers to allow entry to residential care provision would be carried forward including in relation to "excluded activities" (children's social care)
 - O Directions in relation to what should be addressed in the local HealthWatch annual report
- The Regulations would be laid in October (contracts element) and November (enter and view elements) and come into force on 1st April, 2013.

Progress

- The local HealthWatch would be a member of the Health and Wellbeing Board and integral to the preparation of the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy together with any priority setting on which local commissioning decisions would be based. It was proposed that an Elected Member also be a member of the HealthWatch Board of Trustees
- HealthWatch Project Group The Commissioning Project Group included representatives from the Local Authority and Rotherham Clinical Commissioning Group
 - A vision had been developed and included in the consultation. Information on HealthWatch had been added to the website and 2 surveys issued to members of the public, Health and Social Care Service users, voluntary and community sector network and community interest groups
 - TUPE Arrangements Discussions had taken place with the CCG with regard to 2 members of staff; other roles that were subject to TUPE would be considered
 - Service mapping completed
 - o Commissioning and Procurement Plan the Pre-Qualification Questionnaire would be issued on 3rd September, 2012
 - NHS Complaints Advocacy HealthWatch would be requested to provide at all levels of complaint process to ensure value for money
 - Funding the current LINKs funding would become available for HealthWatch until 2014/15. Additional funding would be made available to local authorities from 2013/14 to support both the information/signposting functions but also for commissioning NHS complaints advocacy. The Department of Health had issued further guidance on the level of funding which was reduced from the original indication. The revised funding level would be included in the specification and tendering documentation

Discussion ensued on the report. It was felt that HealthWatch would have a big workload without the matching resources so it was imperative that work was not duplicated.

Resolved:- (1) That the progress achieve in relation to commissioning HealthWatch Rotherham be noted.

- (2) That the intentions of the Department of Health in relation to the secondary Regulations be noted.
- (3) That the proposal for an Elected Member to be a trustee on the Rotherham HealthWatch Board of Trustees be given further consideration.
- (4) That the revised level of funding available be noted.
- (5) That further reports be submitted on the outcome of the tendering process including the outcome of the evaluation process and the recommended provider.

S30. HEALTH AND WELLBEING BOARD SELF-ASSESSMENT

In accordance with Minute No. 15, Kate Green, Policy Officer, submitted the responses that had been received to the questionnaires completed by all Board members relating to the Board's operation, Strategy and delivery.

The Local Government Association had worked with the NHS Leadership Academy, other national organisations and representatives of Health and Wellbeing Boards to co-produce a new development tool for Boards. It could be used to measure levels of preparedness through a 'maturity matrix' which allowed Boards to track their progress over time.

John Wilderspin praised the Board for having the courage to self-assess as well as doing so before a self-assessment tool had been produced. He particularly drew attention to:-

- Good quality reports
- Clarity of the Terms of Reference
- Too ambitious?
- Do not underestimate the challenge of getting different representatives from different organisations and having similar priorities
- Consider concentrating on achieving a couple of priorities in the first year
- Ask difficult questions

Agreed:- That a special meeting be convened to discuss the self-assessment results and the way forward.

S31. DATE OF NEXT MEETING

Agreed:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 31st October, 2012, commencing at 1.00 p.m. in the Rotherham Town Hall.

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	22nd October, 2012
3	Title:	Wider-workforce Skills Development Funding Application Scheme
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

- 5.1 This paper proposes an innovative approach to adult social care workforce commissioning with the aim of releasing capacity in communities to help maintain independence, prevent dependency, and unlock the potential of local support networks to reduce isolation and vulnerability of Rotherham people. It contributes to the *Prevention and Early Intervention* and *Dependence to Independence* strands of Rotherham's Joint Health and Wellbeing Strategy to help improve care services, support people in new ways, and give people power and control to take responsibility for their own lives and daily living.
- 5.2 The approach involves the skills development of the wider workforce identified in Skills for Care's Workforce Development Strategy (2011) using a funded application scheme. The scheme would be piloted in 2013/2014, with a small budget, aimed at informing future support for workforce planning and development of a wider workforce that is confident, appropriately trained, and qualified to support self-care, provide truly person-centred care and high quality social care services.

6 Recommendations

 Cabinet Members approve the piloting of a Wider-workforce Skills Development Funding Application Scheme in 2013-14.

7 Proposals and details

7.1 Objective

- 7.1.1 A pilot funding application scheme is proposed for the mainly unpaid adult social care 'workforce' in Rotherham to continue to improve workforce development support provision from the Director of Adult Social Services (DASS). The scheme would:
 - Support workforce commissioning, planning and development to meet the vision and priorities in adult social care
 - Equip a capable, confident and skilled workforce with the right skills to deliver safe and high quality services
 - Complement the Directorate's existing Workforce Development Funding Application Scheme that operates for the independent sector Organisational Employers and Personal Employers.

7.2 The Scheme

- 7.2.1 If approved, the pilot scheme would be introduced in 2013-14 and be known as the Wider-workforce Skills Development Funding Application Scheme. Its purpose would be to offer funding to support the development of the mainly unpaid adult social care workforce across Rotherham, as detailed in Capable, Confident, Skilled A workforce development strategy for people working, supporting and caring in adult social care (SfC, May 2011).
- 7.2.2 The scheme would bolster existing arrangements to develop skills and is not intended as a replacement funding stream for skills development activities already in place and funded. It would cover the skills development needs of following workforce groups or 'assets', detailed in the *Workforce Development Strategy* that support the provision of high quality adult social care:
 - User-led and carer-led organisations
 - Volunteers
 - Neighbourhoods
 - Circles of support (neighbours, trades, family/relatives)
 - Carers.
- 7.2.3 The scheme would be accessed directly by these groups or, on their behalf, by organisations (public or private), community groups or educational providers. Organisations and groups would need to be based in Rotherham and training providers would need to be based within the South Yorkshire sub-region to ensure the pilot was manageable and controlled.

- 7.2.4 The scheme would specifically target key skills development areas identified in the *Workforce Development Strategy*; namely:
 - Recruiting, inducting, training and supporting volunteers to add value to services and provide support in local neighbourhoods
 - Producing neighbourhood learning opportunities
 - Developing community skills to enable those undertaking informal support roles in their community to have access to the knowledge, skills and capacity they need.
- 7.2.5 The scheme would be launched in April 2013 with skills development activities running between July to December 2013 and the evaluation and impact assessment taking place between January to March 2014.
- 7.2.6 The scheme would be robustly administered by the Learning and Development Team.
- 7.2.7 Examples of how the scheme might operate are:

Example 1

A group of people with learning disabilities wish to set up a small social enterprise offering a visitors farm with animals and birds, with play facilities for toddlers, and café/restaurant facilities. The café would provide a local community meeting facility where people can access affordable meals and socialise, alongside a play area for children and families and an educational facility promoting adult education. The enterprise provides employment for people with learning disabilities and secures the farm's future. People with learning disabilities may apply to the fund to support food hygiene training and catering qualifications and apprenticeships.

Example 2

A recognised local mental health carer-led group identifies the need for increased support for Rotherham people to help reduce social isolation of supporting family members with substance misuse issues. The group wish to set-up a free voluntary peer befriending scheme to operate across the borough. The group applies directly to the fund to support up to six members to gain the knowledge and skills needed to plan and organise a befriending scheme and train up to six of its members to:

- ✓ Give information, advice and coaching on what support is viable
- ✓ Improve access to local facilities and services
- ✓ Share experiences and carry out activities together
- ✓ Develop community connections and support stronger supportive friendships.

Also, the befriender's self-esteem increases as a result of their involvement in the scheme, and with increased confidence they embark on a return to work scheme with a guaranteed health and social care Apprenticeship.

Alternatively, local authority commissioners' market facilitation activities recognise the need for this support for Carers. The commissioners apply directly to the fund.

8 Finance

- 8.1 A budget of £20,000 is proposed to operate this pilot scheme; this represents approximately 3% of the total available budget for training in 2013-14 based on current year funding.
- 8.2 The scheme would permit a maximum of one application, per applicant, with a limit of £1,000. This would enable 20 organisations to be supported, assuming the maximum funding value is submitted. Applicants would be responsible for their own procurement and contracting of goods or services detailed in their application, which would be reclaimable from the Council.

9 Risks and Uncertainties

- 9.1 As the landscape of adult social care changes linked to Government Policy on adult social care, so too will the types of workforce skills development provision required to support a new emerging unpaid workforce both in the short, medium and longer terms. This new training provision will require funding and for many groups 'seed' funding by the Council.
- 9.2 There is however no new money available to fund this scheme; it must be met from existing workforce development budgets held by the Directorate. The introduction of the scheme would necessitate a reappraisal of current training and development provision resulting in some disinvestment and/or re-provision of the 2013-14 workforce development plan for the adult social care workforce. The level of funding of the scheme has therefore been set at a level that is expected to be manageable with only minimal impact on current levels of service delivery.

10 Policy and Performance Agenda Implications

10.1 The DASS is responsible for the professional leadership of the entire adult social care workforce in Rotherham including workforce planning arrangements (DH, 2006). This includes the outcomes of a workforce with the required competencies to deliver services to both national and local standards. The proposed scheme builds on the well established core provision of the DASS to support the adult social care workforce. It ensures workforce development funding supports workforce agendas of

Think Local Act Personal and The Big Society with the increased use of Personal Assistants, volunteers and communities in playing an important role in delivering personalised self-directed care and support.

- Most importantly this initiative will support priority strands within Rotherham's Joint Health and Wellbeing Strategy 2012-2015. It will contribute to *Prevention and Early Intervention* outcome so that Rotherham people get early help to stay healthy and increase their independence and *Dependence to Independence* outcome so that people increasingly identify their own needs and choose solutions that meet their personal circumstances. Collectively, Rotherham people would be empowered to have greater choice and control over their care and support and reduce their dependence on public services and/or others.
- 10.3 Deprived communities may also gain from this initiative via its community capacity building, growing social capital and its social return on investment benefits. Members of communities receiving training, gaining qualifications and skills will improve their employment opportunities within the adult social care sector and may gain confidence to seek employment in other sectors.

11 Background Papers and Consultation

- Department of Health (2006) Best practice guidance on the role of Director of Adult Social Services
- Skills for Care (2011) Capable, Confident, Skilled A workforce development strategy for people working, supporting and caring in adult social care
- Rotherham Borough Joint Health and Wellbeing Strategy 2012-15

Contact Names: Nigel Mitchell, Learning and Development Manager

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E-mail: nigel.mitchell@rotherham.gov.uk

ROTHERHAM MBC NEIGHBOURHOODS AND ADULT SERVICES

Rotherham's Wider-Workforce Skills Development Funding Application Scheme Milestone Claim Form 2013-2014

This form is designed to be completed electronically. Please e-mail nigel mitchell@rotherham.gov.uk if you would like a paper version of this form.

<u>nigel.mitchell@rotherham.gov.uk</u> if you would like a paper version of this form.			
SECT	SECTION 1) APPLICANT		
1.1	Name of organisation, group, training provider		
	g. a. F. C. a. G. a. F. C. a. F. C. a. a. C. a. a. C. a. a. C. a. C. a. C. a. a. C. a. a. C. a. C. a. a. a. C. a.		
0503			
SECI	TION 2) LEARNING ACTIVITY		
2.1	Learning Activity Title		
SEC1	TION 3) FINANCIAL SUMMARY		
3.1	·		
3.1	Claim for Period [1] [2] [3] or [4] -		
3.2	Total amount of funding approved by the Council - £		
	£		
3.3	Total amount of funding in this period's Milestone Plan - £		
	£		
3.4	Amount of funding spent this period - £		
	£		
2.5	Assessment of four diverse having a delivery delivery deliverse and all C		
3.5	Amount of funding being claimed this period - £		
	£		

SECTION 4) MILESTONE PLAN

arning Activity - Objectives / Outputs	Milestones	Budget	Responsibility

Costs incurred against budget: Please list, and total, the entire costs incurred by the applicant and provide evidence (see - 6.5).

Total £

 $\begin{array}{ccc} \text{Trainer cost} & & \pounds \\ \text{Venue costs} & & \pounds \\ \text{Resources costs} & & \pounds \\ \text{Transport costs} & & \pounds \\ \text{Learner support costs} & & \pounds \\ \end{array}$

Any other costs not covered above, give details \pounds

SECTION 5) DECLARATION

I confirm that all information included herein is accurate.

5.1	Name
5.2	Signed on behalf of provider / employer
5.3	Position
5.4	Contact e-mail address
5.5	Date of declaration

SECTION 6) COMPLETION AND RETURN OF THIS FORM

6.1	The Milestone Claim Form for Periods 1, 2 and 3 may be submitted immediately following the end of the period.
6.2	The Claim for final period must be submitted by Friday 17 th January 2014. This claim is aligned with the completion of the Quality Assurance Monitoring Form.
6.3	All claims to be submitted by e-mail to directions@rotherham.gov.uk and in hard copy to:
	Rotherham MBC Learning and Development Manager Neighbourhoods and Adult Services Directorate Riverside House Main Street ROTHERHAM S60 1AE
6.4	An invoice for the amount of money to be reclaimed should be submitted to directions@rotherham.gov.uk Note: This is expected to be no more than the budget.
6.5	Evidence of costs incurred must be submitted with the hard copy claim form and consist of copy receipts, invoices, etc.

ROTHERHAM MBC NEIGHBOURHOODS AND ADULT SERVICES

Rotherham's Wider-Workforce Skills Development Funding Application Scheme

Quality Assurance Monitoring Form 2013-2014

This form is designed to be completed electronically. Please e-mail nigel.mitchell@rotherham.gov.uk if you would like a paper version of this form.

To be completed and submitted by Friday 3rd May 2013.

SECTION 1) APPLICATION SUMMARY

1.1	Name of organisation, group, training provider
1.2	Title of Learning Activity
1.3	 Group accessing the learning activity [√] User-led and carer-led organisations [] Volunteers [] Neighbourhoods [] Circles of support (neighbours, trades, family/relatives) [] Carers []
1.4	 Theme(s) covered by the learning activity [✓] Recruiting, inducting, training and supporting volunteers to add value to services and provide support in local neighbourhoods [] Producing neighbourhood learning opportunities [] Develop community skills to enable those undertaking informal support roles in their community to have access to the knowledge, skills and capacity they need []
1.5	Actual start and end dates of the learning activity Start End
1.6	Actual number of learners completing the learning activity
1.7	Total amount of funding approved by the Council (£)

	£
1.8	Total amount of funding spent by the applicant (£)
	£
1.9	How much money is being claimed by the applicant for reimbursement?
	£

SECTION 2) ACHIEVEMENTS AND OUTCOMES

2.1	Describe how this learning activity increased the skills and knowledge of the widerworkforce group involved (150 words minimum)
2.2	Overall, describe how this learning activity impacted on and benefited people who use adult social care services (150 words minimum)
2.3	Specifically, detail two practical examples of how learners used their acquired knowledge and/or skills post the learning activity? (75 words minimum per example) Example 1 Example 2

SECTION 3) FINANCIAL INFORMATION

3.1	How much funding was approved by the Council to support this learning activity?
3.2	How much money (£) was actually spent by the applicant on this learning activity?
3.3	How much money is being claimed by the applicant for reimbursement?

3.4	List and total the entire actual costs incurred by the applicant?
	Total £
	Trainer cost £ Venue costs £
	Resources costs £
	Transport costs £
	Learner support costs £
	Any other costs not covered above, give details £
3.5	List and by <i>post</i> enclose evidence of copy receipts, invoices with amounts to demonstrate evidence of <u>all</u> costs to be reimbursed (£) - (See 4.3).
	£
	£
	£
	£
	£
	£

SECTION 4) FEEDBACK ON THE FUNDING SCHEME

Please make up to two suggestions on how the Learning and Development Team might improve the quality of the Funding Application Scheme to better support the unpaid wider-workforce to meet their skill development needs.
Suggestion 1
Suggestion 2
Please provide a quotation about the value of the Funding Application Scheme so that it may be reported to Senior Managers as part of the scheme's evaluation.

SECTION 5) DECLARATION

I confirm that all information included herein in accurate.

5.1	Name
5.2	Signed on behalf of applicant
5.3	Position
5.4	Contact e-mail address
5.5	Date of declaration

SECTION 6) COMPLETION AND RETURN OF THIS FORM

The Quality Assurance Monitoring Form may be completed at the end of the period of the learning activity, or no later than Friday 17th January 2014 and submitted in hard copy with financial evidence (see 4.5 above) to:

Rotherham MBC Learning and Development Manager Neighbourhoods and Adult Services Directorate Riverside House Main Street ROTHERHAM S60 1AE

Please also submit by e-mail a copy of the completed Quality Assurance Monitoring Form to directions@rotherham.gov.uk no later than Friday 17th January 2014.

Please also submit an invoice to <u>directions@rotherham.gov.uk</u> no later than Friday 17th January 2014.

Thank you for completing this form.

PART B - To be completed by the Wider-workforce Funding Application Scheme Panel

FOR PANEL USE ONLY
FOR COMPLETION BY THE FUNDING APPLICATION SCHEME REVIEW PANEL
Date of panel
Chair of panel
Panel membership
Notes / Comments
Panel decisions
Panel agreed actions

ROTHER AND ADULT SERVICES

Rotherham's Wider-Workforce Skills Development Funding Application Scheme

Application Form 2013-2014

This form is designed to be completed electronically. Please e-mail <u>nigel.mitchell@rotherham.gov.uk</u> if you would like a paper version of this form.

Introduction

The Wider-workforce Skills Development Funding Application Scheme has been introduced to support the development of the mainly unpaid adult social care workforce *across Rotherham*, as detailed in *Capable, Confident, Skilled - A workforce development strategy for people working, supporting and caring in adult social care* (SfC, May 2011). This scheme is not intended to support the paid workforce; a separate Workforce Development Funding Application Scheme operates for Organisational Employers and Personal Employers.

The scheme is intended to bolster existing arrangements to develop skills; it is not intended as a replacement funding stream for skills development activities already in place and funded. This scheme covers the skills development needs of following workforce groups or 'assets', detailed in the *Workforce Development Strategy*, that support the provision of high quality adult social care *across Rotherham*:

- User-led and carer-led organisations
- Volunteers
- Neighbourhoods
- Circles of support (neighbours, trades, family/relatives)
- Carers.

The scheme may be accessed directly by these groups or, on their behalf, by organisations (public or private), community groups or educational providers. Organisations and groups must be based in Rotherham. Training providers must be based within the South Yorkshire sub-region. The scheme is restricted to support skills development for the following themes only:

- Recruiting, inducting, training and supporting volunteers to add value to services and provide support in local neighbourhoods
- Producing neighbourhood learning opportunities
- Develop community skills to enable those undertaking informal support roles in their community to have access to the knowledge, skills and capacity they need.

A maximum of <u>one</u> application may be submitted per applicant; it is permissible to combine the themes in this one application. The application is limited to a funding value of £1,000 per application.

The scheme covers the period July to December 2013. The application form should be e-mailed to <u>directions@rotherham.gov.uk</u>; the closing date for an application is Friday 3rd May 2013.

Before completing an application, please see the final page of this application form for information on how the funding scheme is operated and guidance notes on completion of the form.

For any further information, please contact Nigel Mitchell, Learning and Development Manager, by e-mail nigel.mitchell@rotherham.gov.uk or telephone on 01709 334066.

Nigel Mitchell Learning and Development Manager February 2013

Rotherham's Wider-Workforce Skills Development Funding Application Scheme Application Form 2013-2014

SECTION 1) WHO IS MAKING THE APPLICATION?

Tell us who you are, what you do, how you can be contacted, and if this is a new activity for you...

1.1	Group / Organisation / Training provider name
1.2	Description of the Group / Organisation / Training provider (50 words minimum)
1.3	Contact person's name
1.4	Contact address
1.5	Contact telephone number and e-mail address
	Phone:
	Email:
1.6	Is this a new activity for your organisation?
	Yes
	No, give details

SECTION 2) TYPE OF GROUP AND THEMES

Tell us which group will benefit from the learning activity and the theme(s) that the activity relates

2.1	Please indicate the type of group to be supported and benefit from the learning activity - (please ✓ one box only)		
	 User-led and carer-led organisations [] Volunteers [] Neighbourhoods [] 		
	 Circles of support (neighbours, trades, family/relatives) [

	Carers []			
2.2	Please indicate the themes or themes supported by this learning activity - (please ✓ one or more boxes)			
	 Recruiting, inducting, training and supporting volunteers to add value to services and provide support in local neighbourhoods [] Producing neighbourhood learning opportunities [] Develop community skills to enable those undertaking informal support roles in their community to have access to the knowledge, skills and capacity they need [] 			

SECTION 3) ABOUT THE INTENDED LEARNING ACTIVITY

Tell us what the learning activity is all about, what the activity will cover, when it is planned to start and end, how many learners will benefit, and how it will be monitored...

3.1	What is the title of this learning activity?
3.2	Please describe briefly what the learning activity is about (100 words minimum)?
3.3	What skills and knowledge are expected to be learnt (100 words minimum)?
3.4	What learning outcomes are expected to be achieved (100 words minimum)?
3.5	What are the planned start and end dates for the learning activity? Start End
3.6	How many learners will take part in this learning activity, in total?
3.7	Where will the learning activity take place?
3.8	How many hours are involved in the learning activity, in total?
3.9	How many sessions are involved in the learning activity, in total?

SECTION 4) IMPACT OF THE LEARNING ACTIVITY

Tell us about how this learning activity will enhance the quality of life and ensure a positive experience of care and support for people who use services such as protecting vulnerable people from harm, and how its impact will be measured...

4.1	How will this learning activity deliver better outcomes for people who use services across Rotherham? (100 words minimum)?
4.2	How you will measure the impact of the learning activity? (75 words minimum)

SECTION 5) HOW MUCH FUNDING IS REQUIRED?

Tell us how much money you need to fully fund this learning activity, how much money you are asking for, what you will spend the money on, and how you want to be reimbursed...

5.1	Is the learning activity linked to any other development(s)?		
	No		
	Yes, give details		
5.2	Does this activity receive funding from any other source?		
	No		
	Yes, give details		
5.3	How much money (£) is needed to fully support the application, that is, 100% of the costs?		
	£		
5.4	How much funding (£) is being applied for on this application to support the costs?		
	£		
5.5	Please give a breakdown of how the funding received will be spent?		
	Total £		
	Trainer cost £		
	Venue costs £		
	Resources costs £		
	Transport costs £		

	Learner support costs £
	Any other costs not covered above, give details £
5.6	Please indicate how you would prefer to receive reimbursement of any approved funding expenditure - by periodic instalments or by a one off year-end payment? (please ✓)
	Payment by instalments []
	Payment at year-end []

SECTION 6) DELIVERY OF THE LEARNING ACTIVITY

Tell us who will be delivering the learning activity and how the activity will be quality assured for the learners involved...

6.1	Who will be delivering this learning activity?
6.2	How will you monitor that the delivery of the learning is of high quality?
6.3	How will you know whether learners are satisfied with the learning provided?

SECTION 7) SUMMARY LEARNING ACTIVITY MILESTONE PLAN

Summarise for us what will be achieved (objectives), what will be delivered (outputs), measures of progress (milestones), what budget is needed to support this, and who will be responsible - broken down into periods of time such as month by month...

Period	Learning Activity Objectives / Outputs	Milestones	Budget	Responsibility

Insert additional rows as required

SECTION 8) DECLARATION

I submit this funding application and confirm that:

- 1. All information included herein is accurate
- 2. A Quality Assurance Form will be completed and submitted by Friday 17th January 2014.

Name
Signature
Position
Date of application

SECTION 9) HOW THE FUNDING APPLICATION SCHEME OPERATES

Once approved, applicants are responsible for their own procurement and contracting of goods or services detailed in their application. <u>Actual</u> costs incurred are reimbursed from the Council at the end of the financial year up to the amount of approved funding or by instalments linked to the agreed milestone plan in Section 7 of this form.

The table blow summarises how the scheme operates in principle. Periodic instalment payments would be processed upon submission of Milestone Plan claim forms throughout the year.

May 2013	Applications are considered by a Funding Panel.
	Applicants will be informed if their application is approved, deferred, or not approved. Deferred applicants will be contacted and asked for further information to help the Panel make their decision.
	For all approved applications the Council will place an official order with the applicant; this gives the financial commitment of the Council to support the costs of the application.
June 2013	Resubmitted deferred applications are considered by Panel and applicants informed of the decision.
	For all approved applications the Council will place an official order with the applicant; this gives the financial commitment of the Council to support the costs of the application.
January 2014	At the end of the period of the application, and no later than 17 th January 2014, applicants must submit a Quality Assurance Form to give feedback on the outcomes and achievements of their application and

	provide evidence of <u>actual</u> costs incurred.	
	Applicants must submit an invoice to the Council seeking reimbursement of the <u>actual</u> costs of the application up to the approved <u>funding</u> level. This must also be received no later than 17 th January 2014 and include the official order number.	
February 2014	Invoices are processed for payment by the Council.	

SECTION 10) GUIDANCE COMPLETION NOTES

Applications are only eligible in respect of the restricted themes.

Applications should be completed electronically and submitted to directions@rotherham.gov.uk no later than Friday 3rd May 2013.

The form should be filled in as completely and clearly as possible:

- Using bullet points as needed, avoiding abbreviations, keeping it simple using plain English
- Meet specified minimum word counts
- Not include additional information sheets.

Funding:

- A maximum of one application may be submitted up to a maximum value of £1,000
- Match or part funding of the application is not required
- Funding may be applied to part fund applications where their total cost is greater than the maximum limit of this application scheme
- It is acceptable to use estimated costs in respect of funding the application
- Costs of internal employed trainers / managers / staff in the organisational employer for learning activity planning / design / delivery / evaluation are ineligible
- Costs of planning and administering the learning activity are ineligible
- Back-fill costs of learners undertaking the learning activity and their 'cover' are <u>ineligible</u>.
- Costs claimed under other funding schemes such as the SfC Workforce Development Fund are <u>ineligible</u> and must not be double claimed
- A milestone plan is required to agree reimbursements by periodic instalments.

When completed:

- Read through your application form checking for errors or gaps
- Check the closing date and ensure that you have signed the form
- Make sure your form is sent in plenty of time; late applications will not be considered.

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	Meeting:	Cabinet Member for Adult Social Care
2.	Date:	22nd October, 2012
3.	Title:	Rotherham MBC Medication Policy – Independent Sector Home Care and In House Enabling Services
4.	Programme Area:	Resource Directorate

5. Summary:

The Rotherham Metropolitan Borough Council (RMBC) Medication Policy as applies to home care services, including Enabling and Independent Sector services, has been updated.

The 2003 policy has been revised into two separate documents for contracted Community and Home Care Services (Domiciliary Care) (Appendix 1) and RMBC Enabling Services (Appendix 2).

Both policies outline a 'verbal prompt or administer from a pharmacy dispensed monitored dosage system only' approach.

The policy has been updated to bring it into line with changes in legislation, policy and practice and is a step towards a further revision of the policy to move towards 'administration' of medication. For RMBC to move to a position of adopting a safe 'administration' policy, full engagement is required from NHSR/CCG to implement relevant procedures across all partner agencies. A full risk and impact assessment will be completed.

6. Recommendations:

- Endorse the implementation of the 2012 revised versions of the 2003 policy.
- Agree to receive a further report outlining the revised policy including the administration of medication.

7. Proposals and Details

7.1 The 2012 revised versions of the 2003 policy contain updated procedures pathways and references necessary as a result of the transformation of services, such as; the in house domiciliary care service becoming enablement service and to differentiate the independent sector provision under a separate policy.

Medication policies take a stepped approach to the provision of medication support. Assessment of customers results in the following outcomes:

- They are independent and can take medication without support
- They require a prompt to take medication (verbal reminder)
- They require assistance to take medication (bottle opened, etc)
- They require their medication to be administered (given directly to them by the staff member)

Background

7.2 A draft medication policy was set to replace one agreed in 2003. In respect of home care, the former policy advocated prompt and dispense from a monitored dosage system (pre filled by a pharmacist).

The later policy proposed the move to administer directly from bottles/tubs. This meant a radical change was required in the management of medicines in the home setting. This new policy has not been adopted due to concerns regarding safety and practicality arising from the pilot undertaken in residential homes. Further work with health partners will be undertaken to reach agreement on how the administration element of the policy will be fulfilled as this is an NHS responsibility.

7.3 The policy has been revised as an interim measure to ensure that it meets current requirements. This work is now complete (see Appendix 1 and 2).

The Residential and Intermediate Care policy is currently under review. Both these locations already operate a policy where medications are administered and will form a separate report.

8. Risk and Uncertainties

- 8.1 The current RMBC policy is different from some other local authorities who have adopted a full administration policy for home care services.
- 8.2 A move towards a safe administer medication policy requires a change in approach in respect of assessment and requires agreement from, all

care provider organisations, NHSR Medication Management Services, GP's, Pharmacists and Learning and Development Teams.

9. Financial Implications

- 9.1 There are no financial implications in adopting the revised version of the policy (Appendix 1 and 2).
- 9.2 Adoption of a medication administration policy could result in an increase in the unit cost of care. This would be as a result of providers employing additional supervisory and management staff with enhanced skills to monitor compliance and competency.
- 9.3 Costs of RMBC resources required to move to an administration policy would need to be estimated (i.e. project and training costs and potential of increased service delivery time).

10. Policy and Performance Agenda Implications

- The absence of robust practice guidelines on medication management may result in non compliance against:
 - Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010
 - The Royal Pharmaceutical Society (of Great Britain) The Handling of Medicines in Social Care
 - Outcome 9, Care Quality Commission, Essential Standards of Health and Safety
- Monitoring of compliance of independent sector providers against standards and regulations is undertaken by the contracts team.

11. Background Papers and Consultation

- 1. Consultation on the revised 2003 RMBC Medication Policy has been undertaken with A&CM Social Work Teams, Care Providers, Contracting and Commissioning Staff, SMT (H&WB).
- 2. Consultation on the development of a new policy to move to administration of medication has taken place previously but will require repeating. A large amount of the preparatory work has already been undertaken reducing the requirement for a large amount of project time.
- 3. Minutes documenting the meetings/work undertaken previously and more recently are available in Adult Contracting.
- 4. 2009 Medication Policy and associated documents (draft).

Contact Name: Jacqui Clark, Operational Commissioner

Ext 22358 - Jacqueline.clark@rotherham.gov.uk

Appendix 1

Rotherham Metropolitan Borough Council

Neighbourhoods and Adult Services Directorate

Health and Wellbeing

Contracted Community and Home Care Services (Domiciliary Care) Policy on Medication

August 2012 (revised version Final Report)

Contents

- 1. Introduction
- 2. Definitions
- 3. General Principles
- 4. Authorised Duties of Home Carers
- 5. Role of the Pharmacist
- 6. Consent
- 7. Storage
- 8. Disposal
- 9. Recording
- 10. Training
- 11. Guidance Notes on Medical Issues
- Appendix 1 Application of skin creams by Home Care Staff
- Appendix 2 Assistance with the use of TENS equipment for pain relief
- Appendix 3 Guidelines on the use of Hypostop Gel for diabetics

Introduction

1. This Medication Policy was first published in June 2003. It was last reviewed and revised in May 2012. This policy applies to situations where carers employed by contracted Community and Home Care Services are providing care and support to service users in their own home. There is a medication policy for the Rotherham MBC Enabling Service, Residential Care, Intermediate Care and other settings for Service Users already in place.

The Medication Policy for Community and Home Care Services complies with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and The Care Quality Commission's regulations Outcome 9.

Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 states that:

The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.

The Care Quality Commission regulations Outcome 9 states that:

The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.

People who use services:

Will have their medicines at the times they need them, and in a safe way. Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

This is because providers who comply with the regulations will:

- Handle medicines safely, securely and appropriately.
- Ensure that medicines are prescribed and given by people safely.
- Follow published guidance about how to use medicines safely.

This Policy should be read in conjunction with the Mental Capacity act 2005 and Mental Capacity Act Code of Practice 2007 and with The Royal Pharmaceutical Society (of Great Britain) document; The Handling of Medicines in Social Care.

2. Definitions

- **2.1 Medication** in this document refers to any substance that is given to prevent or treat illness or disease.
- **2.2 Medicines** are given a **legal category** to control how they can be supplied to the public.

There are 3 types:-

a) Prescription only medicines (POM)

These can only be obtained with a health professional's prescription.

b) Pharmacy medicines (P)

These may be sold only in a pharmacy and the sale must be supervised by the pharmacist, e.g. antihistamines for the relief of hay fever symptoms

c) General sales listed medicines (GSL)

These are sold in stores, such as supermarkets, as well as pharmacies.

2.3 Controlled drugs/medicines are those that are controlled under the Misuse of Drugs legislation. Examples include, benzodiazepine, morphine and methadone

Home Carers will not have any involvement in the administration of controlled drugs/medicines.

2.4 Home Carers are authorised under the terms of this Policy to Prompt or Administer medication ONLY as defined below and directed by this Policy.

Prompt, for the purpose of this policy, is giving a verbal signal to remind a Service User to take their **prescription only medicines** (**POM**). i.e. enquire if they have taken their medication.

Administer, for the purpose of this policy, is defined as aiding a service user to take medication from a monitored dosage system/compliance aid, e.g. Nomad and ONLY where the medicines have been placed in the dosage system/compliance aid by the supplying pharmacist. Aiding can include handing the medication to the service user.

3. General Principles

3.1 Wherever possible, Service Users should be enabled to manage and administer their own medicines. It is the role of the Rotherham MBC

Assessing Officer, to identify in the Individual Social Care Assessment (ISCA) the need for a Home Carer to support the Service User to maintain their independence to manage their medication. Assessments and any services arranged must take into account the Service User's age, gender, ethnic group, religion, culture, disability, personal relationships or living and caring arrangements.

- 3.2 The Home Carers involvement will be specified on the Support Plan, which is signed and dated by the Service User. This however should not contain any activity that is not commensurate with the definition of 'Prompt' or 'Administer' as defined in Section 1 of this Policy.
- 3.3 Home Carers are only allowed to assist with medication when the medication is in a monitored dosage system/compliance aid, e.g. Nomad and where the medicines have been placed in the dosage system/compliance aid by the supplying pharmacist.
- 3.4 Administering of medication cannot be undertaken if the dosage system has been filled by family, friends, etc. In these cases, the Home Carers may only prompt the Service User to take their medication. No physical assistance may be offered.
- 3.5 Home Carers may only administer medication if the scheduled visit coincides with the administration times of the medication. A Home Carers may not attend solely to assist with medication.
- 3.6 Where physical assistance (administering) is provided, medicines should be handled as little as possible. This is best achieved by tipping the dosage box over a plate from which the Service User may then pick up and self-administer. The Home Carers should then wash their hands and any utensils used. The medication should be taken immediately by the Service User, whilst the Home Carers is present, in order that the daily notes can be completed.
- 3.7 Missed doses If a dose of medicine was missed or omitted during the previous visit a double dose must not be given. The Home Carers will record on the daily notes that a dose has been missed and report it to their Home Care Supervisor (or equivalent responsible person) who should then initiate Safeguarding Procedures.

3.8 Under no circumstances should

a Service User be forced to take medication;

any member of staff purchase or administer, on behalf of a Service User, non-prescription medicines; or

any member of staff offer advice on non-prescribed medicines and remedies. It is dangerous to do so. The Service User may be allergic to the treatment or be taking other medicine which may cause a reaction.

3.9 Home Carers are NOT authorised to be involved with any other action not commensurate with the definition of Prompt or Administer in Section 2.4 of this Policy.

In particular, but not exhaustively:

- (a) Handing to or opening labelled containers for a Service User in order for them to administer their own medication
- (b) Preparing prescribed drinks
- (c) Dressings
- (d) Suppositories
- (e) Management or treatment of wounds, skin ulcers or sores
- (f) Enemas
- (g) Manual evacuation of the bowel
- (h) Changing colostomy bags
- (i) Diabetic or other injections
- (j) Rectal or vaginal creams
- (k) Creams which are a steroid, hydrocortisone, for pain relief, inflammatory conditions, etc.
- (I) Artificial feeding, e.g. naso-gastric tube, peg feed
- (m) Application of eye drops other than for dry eye condition
- (n) Application of ear drops for treatment of an infection or other medical condition other than a wax softener
- (o) Nebulisers, inhalers and volumatic spacers

4. Authorised Duties of Home Carers

4.1 Where;

written authorisation from a Rotherham MBC Assessing Officer has been received, training where appropriate has been undertaken, and Home Carers feel competent to undertake the task;

Home Carers are authorised to give assistance with the following tasks:

- (a) Collection of prescribed medication from the pharmacy.
- (b) Ordering of repeat prescriptions.
- (c) Reminding or prompting a Service User to take their prescribed medication.
- (d) Administration of medication from a monitored dosage system, dispensed by a pharmacist provided that the dosage system has not been tampered with by any other person.
- (e) Application of external creams which are emollients, i.e. skin soothers/softeners and barrier creams only. Disposable gloves must be worn. (See Appendix 1)

(f) Assistance to use a compliance aid to allow a Service User to self administer eye drops to treat a dry eye condition. e.g. Hypromellose or Visco tears.

In Exceptional circumstances, where an assessment indicates a person is unable to use compliance aids because of physical or mental disability, and there is no other person able to assist (informal carer), the Rotherham MBC Assessing Officer should consult with the G.P. or nurse who will make a decision as to whether the Community and Home Care Services Care Worker should be allowed to administer the drops.

If permission is given, training should be provided by the District Nurse. Advice should always be sought from the District Nurse especially if the service user has a high-risk eye condition or following eye surgery.

This should be arranged with the Community and Home Care Services Branch Manager The decision to assist with the administration of eye drops will be subjected to regular review and will take into account the need to maximise independence as far as possible. As with all medication, people will be encouraged to self medicate and it is expected that the family or non-paid carer will assist wherever this is practical.

- (g) Application of ear drops, or olive oil, for treatment to soften wax.
- (h) Application of nose drops, for sinusitis or hay fever.

The date of opening of eye, ear and nose drops should be written onto the label of the dispensing container. Drops must not be used later than 28 days from the date of opening.

(i) Emptying catheter bags. A Home Carer may **empty** the bag by opening the valve at the base of the bag but must not change the bag. A night overflow bag may be attached to, or disconnected from the main bag.

Home Carers may also fit/apply convene catheters.

- (j) Assistance with use of Tens equipment, for pain relief, where use of the equipment has been advised or recommended by a health care professional. (See Appendix 2)
- (k) Assistance with the use of Hypostop gel for diabetics. (See Appendix 3)
- (I) Application, if suitable trained, of compression hosiery or leg braces.
- (m) Disposal of colostomy bags.

A Home Carer may assist with the disposal of bags and all items used by the Service User during cleansing and changing. A Home Carer should not attempt to change a bag or deal with any other problems relating to the management of the stoma. If a Service User has a problem, it should be reported to the G.P. or Stoma Nurse.

4.2 Product instructions for usage, storage and expiry should be adhered to and the date of opening written onto any dispensing containers.

5. Role of the Pharmacist

5.1 Pharmacists supply medicines and appliances as specified on N.H.S. or private prescriptions and should give advice to patients and Home Carer on the proper use, storage and disposal of medicines.

Most pharmacists keep computerised records of the medication that patients receive on prescription. These records provide useful information and can indicate potential drug interactions.

Many pharmacists offer a collection and delivery service for medicines. This may include advising Service Users on their medicines.

Community and Home Care Services and Adult Services staff should be encouraged to make full use of the professional advice with regard to a Service User's medication.

6. Consent

- **6.1** Legislation requires that no medical treatment may be given to any person without written and valid consent.
- 6.2 Written consent for the administration of the medication and application of creams should be obtained from the Service User, including the date, and recorded on the Support Plan and kept on the Service User's file.
- 6.3 Where consent can not be given, a judgment will have to be taken by the Rotherham MBC Assessing Officer about the risk and the Service User's **ability** to consent. Where a Service User is unable to give consent because of the severe nature of their condition, consent should be obtained from an authorised person acting on behalf of the Service User, i.e. those with Lasting Power of Attorney.

The provider must verify that **ability** to consent has been determined by the Rotherham MBC Assessing Officer.

The Rotherham MBC Assessing Officer and the Community and Home Care Services responsible Assessing Officer will be responsible for **obtaining** written consent.

If there is any doubt that the above has been undertaken then the Carer and/or Home Care Supervisor (or equivalent responsible person) must refer the Service User for review.

- 6.4 In situations where consent is refused, medication must not be administered. The refusal should be reported by the Home Carer to their Home Care Supervisor (or equivalent responsible person) who will report this to the G.P.
- Where it is felt by the Community and Home Care Services Supervisor (or equivalent responsible person) that refusal of consent is not made of their own free will, it may be appropriate to refer to the South Yorkshire Safeguarding Adults Procedures and the Safeguarding practice guidance for Rotherham.
- 6.6 It is an individual's choice not to take medication. They cannot be coerced or forced in any way but some degree of encouragement can be given. Under no circumstances should any member of staff attempt to administer any medicine against the Service User's will, or without their knowledge.
- **6.7** Unacceptable practices include:
 - Disguising liquid medicine in drinks
 - Dissolving tablets in drinks
 - Crushing tablets and mixing in food
 - Breaking open capsules and dispersing contents into drinks or food
- **6.8** All refusals must be recorded by Carers in the daily notes and reported to their Home Care Supervisor (or equivalent responsible person).

7. Storage

- 7.1 Where assistance has been assessed, medicines must be stored where they are readily accessible to all Home Carers. They should be kept out of the reach of children and away from heat and light sources. Should they need to be stored out of the reach of the Service User, information on their location must be available to all Home Carers.
- **7.2** Medicines will only be hidden where there is a need in order to protect the health and safety of the Service User.
- 7.3 Occasions may also arise where a Home Carer identifies a problem relating to a particular Service User. The Home Carer will raise the problem with their Home Care Supervisor (or equivalent responsible person) who will consult with the Rotherham MBC Assessing Officer and agree any appropriate action.

8. Disposal

8.1 Where the Rotherham MBC Assessing Officer has requested, unused, out of date or no longer needed medication may be returned to the

pharmacist by the Home Carers, with the Service User's consent. A receipt should be obtained from the pharmacist.

9. Care Recording

- 9.1 As with all other authorised duties, the Home Carers will record that a task has been undertaken by recording this on the Service User's daily notes which is retained in the Service User's home. The Home Carers will sign the daily notes to confirm that the task has been completed on the date stated.
- 9.2 If the Service User refuses, or does not take their medication, this should be recorded on the daily notes. It should be reported immediately to their Home Care Supervisor (or equivalent responsible person), who in turn should report to Rothercare Direct and advice should be sought from the G.P. or District Nurse. Any action taken should also be recorded by the Home Carer on the daily notes.

10. Training

10.1 Home Carers will be given training on their involvement regarding medication and other health related tasks as part of their Induction training and in accordance with contractual requirements.

11. Guidance Notes on Medical Issues

- 11.1 It is the responsibility of the General Practitioner or Consultant to explain the reason, for the treatment and the likely effects, including side effects, of any medication prescribed to their patient.
- 11.2 The medical practitioner makes a judgment on whether to explain to a patient the nature of an illness and the implications of any treatment. The judgment will be respected by Home Care staff.
- 11.3 Home Carers must not discuss or disclose a Service User's medical history or treatment to a relative or to another person. Any questions from others must be re-directed to the Service User or their G.P.

APPENDIX 1

APPLICATION OF SKIN CREAMS BY HOME CARERS

The creams listed below may be applied to Service Users by Home Carers. They are all either emollients i.e. softening/soothing or barrier creams. This is not an exhaustive list.

Disposable gloves must be worn when applying creams.

E 45 Cream

Unguentum Merck

Aqueous Cream

Dermamist Spray

Diprobase Cream

Diprobase Ointment

Sudocream

White Soft Parafin

Vaseline

Metanium Ointment

Aveeno

Calmurid

Univate Cream

Salcaplic Acid

Siopel Cream

APPENDIX 2

ASSISTANCE WITH THE USE OF TENS EQUIPMENT FOR PAIN RELIEF

Transcutaneous Electrical Nerve Stimulation or TENS is the application of low level pulsed electrical current through surface electrodes placed on the skin. It activates a pain suppression system, which restricts the amount of pain signals reaching the brain. It also encourages the body to increase its production of Endorphins, which again reduce the number of pain signals from reaching the brain.

Examples of conditions treatable by TENS-

Low back pain, lumbago, sciatica, rheumatoid arthritis, osteoarthritis, muscle spasm, musculoskeletal disorders, metastic bone pain, neuralgia, amputation pain, acute trauma, post operative pain, obstetric (labour pain)

Traditional placement of electrodes involves locating the painful or tender points and applying the electrodes on or around these areas.

Home Carers may assist by thoroughly washing and drying the unbroken skin where the electrodes are to be positioned, and then applying the electrodes to the prepared skin, at least a few centimetres apart.

The Service User will control the output and frequency of the treatment.

The equipment is supplied with full instructions for use.

APPENDIX 3

GUIDELINES ON THE USE OF HYPOSTOP GEL FOR DIABETICS

Product Description

Hypostop Gel is a fast-acting dextrose (glucose) gel for energy.

It is composed of 80 gms of 40% Dextrose concentration (32 gms glucose) It is readily absorbed.

Total calories in the dispenser are 128 cals.

Not recommended for children under 2 years.

It can be administered by Home Carers if a diabetic Service User appears to be very drowsy, incoherent, confused, disorientated, very slow or unrousable.

Directions for use

- Turn the white tip counter clockwise to open.
- Place the dispenser tip in the mouth and slowly squeeze in one third of the contents (10 gms glucose)
- Turn clockwise to close.

If the Service User is unable to swallow, the gel will still be absorbed into the mouth.

It takes effect after approximately one minute.

Inform the District Nurse immediately following use.