

SERVICE DEFICIT REPORTING

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1. Purpose

- 1.1 To describe and inform members about the number and nature of service deficits reported from June until September 1999 and proposals for improving reporting systems in the future.

2. Summary

- 2.1 During this reporting period 24 individual deficits were received. Eleven reports concerned older people assessed as needing day care, but where no place was immediately available for them.

Ten reports referred to difficulties in providing personal domiciliary care. Most deficits for care at home of older people stated that a resolution was agreed with the client, so that the need was in fact met in the context of the Care Plan.

- 2.2 Proposals are being developed for an additional project based approach to service deficits.

3. Recommendations

- 3.1 To note the report.

4. Background

- 4.1 The deficit collection system was revised and re-launched in October 1998. Since this system has been in operation most reports have been made in respect of Community Care services for older people.

- 4.2 During this reporting period a total of 24 deficits have been collected.

- 4.3 During this period:

- (a) 12 reports were made by the Older People's Social Work Team;
- (b) 1 report was made by the Home Care Service;
- (c) 9 reports were made by the Hospital Social Work Team; and
- (d) 2 reports were made by the Adult Disability Team.

4.4 During this period:

- (a) 11 reports were made that were about older people's care at home;
- (b) 10 reports said that older people were experiencing delays in accessing a day centre place;
- (c) 2 reports said that equipment was needed for people in nursing care; and
- (d) 1 report said that there had been a difficulty in storing frozen meals in a Sheltered Housing scheme.

4.5 Of the deficits reporting difficulties with care of older people at home, the majority of reports said that the in-house home care service had been unable to make the numbers of visits requested. In some cases this was resolved by accessing private or voluntary care agencies in other cases families made up the shortfall in care. On two occasions however the inability to provide the required level of care resulted in a delay of discharge from hospital.

4.6 The deficits forwarded in respect of day care all relate to physically frail older people waiting for access to Red Cross Day Centres.

4.7 The reports detailing equipment that was thought required within a nursing home were previously forwarded to Buckinghamshire Health Authority and the Nursing Home owners. The equipment provision would not be the responsibility of Milton Keynes Council.

4.8 The difficulty in storing frozen meals was resolved with help from the Sheltered Housing Warden.

4.9 Previous reporting periods have identified these issues:

% Deficit type reported in each reporting period

DATE →	Dec '98	June '99	Sept '99
TYPE ↓			
Personal Care	43.75	43.5	44
Rehabilitation in Community	25	4.3	4
Day Care	12.5	17.4	40
Residential Care	12.5	Nil	Nil
Meal Preparation	6.25	26	4
Ethnic Minority Issues	Nil	Nil	Nil
Housing Services	Nil	8.7	Nil
Equipment	Nil	Nil	8

5. Issues and Choices

- 5.1 Domicillary care, in particular personal care has consistently been reported as the primary deficit area. This is an increasing concern and is particularly due to labour market difficulties. The work following the Best Value Review of Home Care will need to fully acknowledge the local labour market situation.
- 5.2 There has been an increase in the percentage of day care deficits reported. This reflects pressure on the Red Cross Day Centre provisions. This situation is being closely monitored to ensure that the available resources are being used as efficiently as possible. The opening of additional day care in Olney should have some effect on this situation, as will the opening of day care facilities within the proposed Extra Care resource centres. A working group has also been formed to look at day care needs and options in the Newport Pagnell area – this area has been targeted as the next area requiring further development.
- 5.3 Overall, the service deficit system is clearly not recording the whole picture of deficits. Individual social workers working under pressure are not generally motivated to fill out forms unless they can see a direct possibility of some change happening as a result of their actions. With the formation of the new Adult Social Care Commissioning Unit, it is proposed to develop a more project based approach to service deficits, to enhance the existing system. Projects would often need to be carried out in conjunction with Health. Known areas of unmet need will be investigated in detail, resources in Milton Keynes compared to those in other areas and options brought forward.
- 5.4 An example of this project based approach could include services for people with learning disabilities who exhibit challenging behaviour. It is well known that existing day and respite resources are very limited in their ability to respond to different behaviours, but the size of the problem and the possible cost of finding a solution have yet to be well quantified. Individual social workers are not filling in forms every time they come across this problem. Indeed, there is likely to need to be some debate about which part of the problem is “health” and which “social”. Yet until this work is done, policy makers can barely begin to consider options.
- 5.5 A further example would be the lack of mental health services specifically geared at the needs of young people (say 17 to 25). Again this would be widely acknowledged within the system as a problem and one that spanned health and social care. A form based service deficit system will not take us much further forward. (The lack of service is likely to mean some young people find the service is not very relevant to their needs and either don’t self-refer, because they have low expectations of the system, or alternatively make do with what is there, because that is all there is).
- 5.6 The new Commissioning Unit, working with health service colleagues, needs to develop this project based approach across all client groups, researching known gaps in services to quantify needs and develop possible options. The aim of this work is to make debates about policy and financial priorities as informed and transparent as possible.

6. **Implications**

6.1 Environmental

A small number of reports have identified deficits in Housing Services.

6.2 Equalities

The deficits do indicate possible service inequalities that require further investigation.

6.3 Financial

The correction of service deficits may require additional funding.

6.4 Legal

None.

6.5 Staff and Accommodation

None.

7. **Conclusion**

7.1 There is a relatively low level of reporting service deficits, but those that are reported can assist in the identification of key areas for further investigation. Additional systems need to be established that are more project based.

Background Papers: None