

*Health & social care: what future for joint planning*

## **Health and social care: what future for joint planning?**

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The ideas presented in this workshop reflect issues and concerns pertinent to joint working as a general theme. We will not be basing the workshop directly on the *Caring for People who Live at Home* Initiative, as the topic is not a central feature of the Liverpool projects.

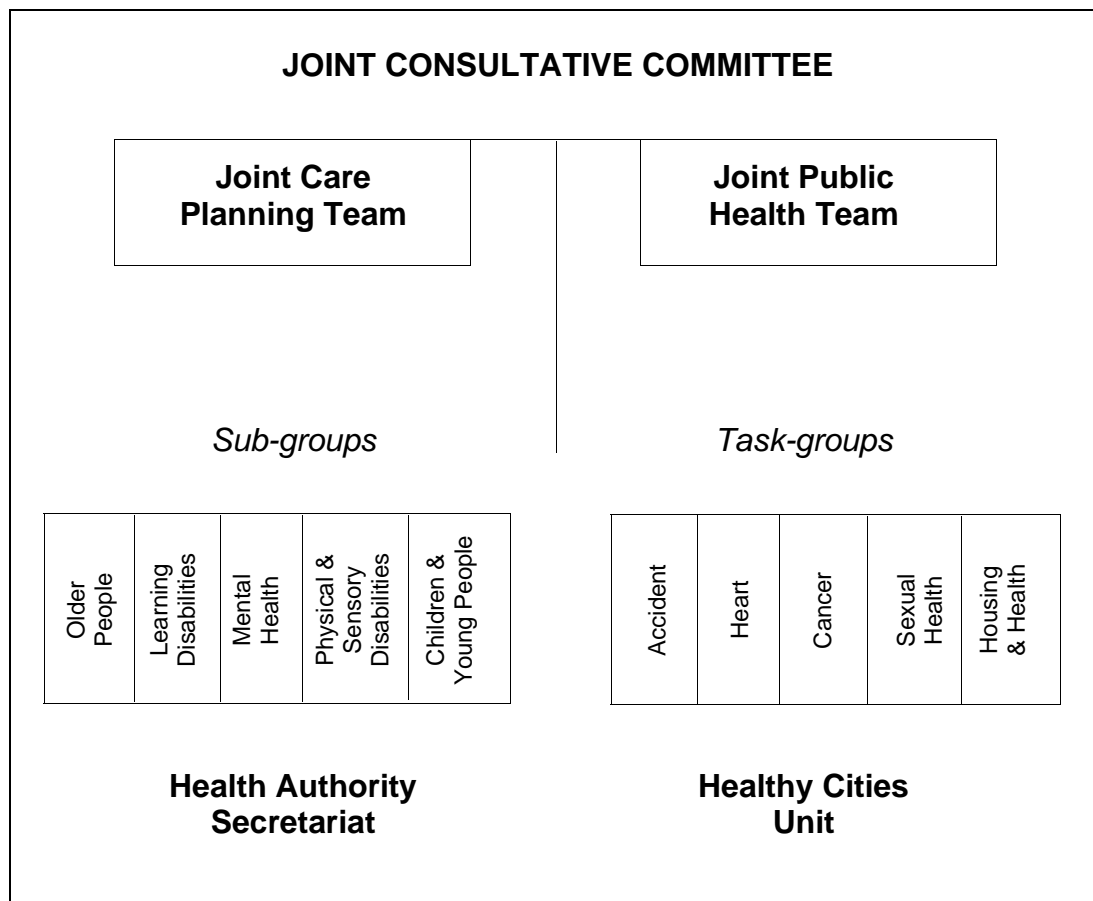
The first issue to consider is that of definitions. As community care was being fully implemented in April 1993, we spent a lot of time and energy discussing the distinctions between health and social care. We came to the conclusion that they do not matter to individual consumers, as long as they receive appropriate care and support and as long as there are no cost implications for them in terms of charges. It must be remembered, however, that whereas health care is something that we all need at some stage during our lives, and illness is acceptable, social care is often perceived to signify inadequacy and failure to cope. This may explain why there is a high demand for nursing home placements from older people and their carers.

Distinctions do not matter to the agencies involved as long as there is local agreement about the broad parameters and a mechanism to resolve any disputes. However, the debate about definitions is now very much at the top of the agenda, not least because of concerns about specific issues such as terminal care, domiciliary support and long-term health care. Distinctions and definitions do matter, therefore, because of decisions about purchasing and providing responsibilities.

These differences are reflected in the differing organisational and funding structures of the NHS and local government. In the former, there is a clear separation of the purchasing function into distinct organisations – located in district health authorities, FHSAs and (increasingly) GP fund holders – and the providing function – located in Trusts and directly

provided units. Local authorities on the other hand, have both functions, plus the responsibility for assessment of community care needs, within the same organisation.

The local joint care planning structure in Liverpool is detailed below:



This structure is probably familiar to most of you and it is fairly typical of how joint care planning is organised.

In addition to this planning structure, Liverpool has also established a joint management group – JMG – which consists of the head of social services operations, the director of joint commissioning from Liverpool health authority and the chief executive of the FHSA. Its purpose is to provide a forum where the joint agreements required by the Department of Health can be agreed and reviewed; to pursue discussions concerning the areas of difficulty outlined earlier (terminal care, home support and continuing care); and to discuss individual cases where agreement about payment responsibility cannot be resolved locally.

These are the strategic uplands of health and social care. But what about the operational valleys? What do people actually do? What is the difference in role, skills and abilities between a care assistant and a nursing assistant

or auxiliary? What is nursing care? To try to resolve some of these difficulties, the provider services of Liverpool SSD and the local NHS Community Trust joined forces to produce a schedule of community care tasks.

Broad agreement has been reached on what is a social care task, to be performed by social care staff, what is a health care task, to be performed by health services staff, and which tasks could be performed by either, depending on the circumstances of the individual service user and on appropriate advice and training being available from the community nursing service. This schedule is now awaiting endorsement from the purchasers.

### **Conclusions**

As community care unfolds, there are many areas of difficulty emerging in the interface between health and social care. As budgets begin to bite, definitions of health and social care will become increasingly important in determining responsibilities. The different organisational cultures, political priorities and financial structures make the possibility of meaningful joint planning seem ever more remote. The future is, therefore, an uncertain one.