



The Review of Self Assessment of Home Care Services

RECOMMENDATION

- 1.1 That the Council Cabinet considers the response of Adult Services and Health Commission to the Council's motion requesting a review of the Self Assessment of Home Care Services.

SUPPORTING INFORMATION

- 2.1 The Full Council agreed the following motion at its 22 November 2006 meeting:

“In view of the public confusion surrounding the self assessment process for Home Care Services the Council requests that the relevant Overview and Scrutiny Commission examine the self assessment process as a matter of urgency and send an urgent report to Cabinet with recommendations for making the process easier to understand and to complete.”

- 2.2 The relevant Commission in this instance is the Adult Services and Health Commission.
- 2.3 The Adult Services and Health Commission considered the Council's request and examined the self assessment process at its December meeting. Members learnt from evidence provided by the Head of Disability and Sensory Services that there is no self assessment process for home care services. The Council has been running a pilot self assessment process in Derby since April 2006 but this applies only to limited number of technical aids and minor adaptations. It was introduced to consider whether the self assessment process could save time and money in providing minor technical aids and adaptations to people who met the FACS criteria as often the applicants had a better understanding of their problems and how these could be met. These items have high demand, are easy to use with low risk to patient and cost under £50.
- 2.4 The list of items for which the self assessment is carried has been agreed and includes:
 - Bannister rails
 - Grab rails
 - Perching stools

- Trolleys
- Commodes
- Urinals
- Raised toilet seats 2” and 4”
- Toilet frames
- Backrests
- Shower chairs
- Signature guide
- Extra loud doorbell
- Big button telephone

- 2.5 The self assessment process involves applicants who meet the FACS criteria contacting the Reception and Screening service of the Council seeking technical aids and/or minor adaptation and being assessed over the phone through a series of questions. If assessor is confident that the applicant knows what he or she requires then the item is offered. However, if during the telephone conversation the assessor feels that applicant may have other needs then a more detailed assessment is arranged through a home visit.
- 2.6 Two weeks after the assessment, staff will ring the service user to check whether the equipment has been delivered and is satisfactory and whether there are further needs that cannot be met. If the needs are identified that cannot be met by a further telephone assessment, a referral for a further assessment will be taken which will be prioritised as normal from the date of original referral.
- 2.7 An evaluation of the pilot scheme has been carried out and found that a majority of disabled people are reluctant to use this process and preferring to have the support of an Occupational Therapist or other worker. To address this issue the Council has successfully bid for Department of Health funding to run a further pilot project in conjunction with Disability Direct for mediated assessment. This aims to support disabled people to be more confident in using the self assessment process.
- 2.8 After much deliberation members decided that since the Council’s self assessment covers minor aids costing less than £50 and does not cover home care services and therefore is no need to proceed any further with this review.

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Background papers:	None
List of appendices:	Appendix 1 Implications

IMPLICATIONS

Financial

1. None arising from this report.

Legal

2. The Adult Services and Health Commission is responsible for the overview and scrutiny of items that fall within its remit.

Personnel

3. None directly arising

Equalities Impact

4. People receiving home care services are amongst some of the most vulnerable members of the community.

Corporate priorities

5. The report accords with the Corporate priorities of building healthy communities by improving the standard of social care for vulnerable adults and older people.