

Leicester, Leicestershire & Rutland: Health and Social Care Protocol

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1. Introduction

Individuals in receipt of health and social care services are the only reason that such services exist.

The needs of individuals are therefore paramount and should always be the driving force at the centre of delivery of services by us all. Agencies must work together in a spirit of co-operation. We must engender and demonstrate a collective belief that the needs of individuals come before process and bureaucracy; we must nurture a relentless determination to ensure that this is the true experience of individuals in receipt of our services.

The purpose of this document is to promote constructive co-operation between staff of different agencies in the interests of good quality care for individuals. The document sets out the responsibilities of the National Health Service (NHS) that, with the right oversight and training, can be delivered by social care agencies, whilst remaining the responsibility of the NHS. Implicit in this working arrangement is the understanding and expectation that health agencies will also deliver services that are primarily the remit of social care. Put simply, the overriding principle is:

“If you are there and you are competent to do it, you do it.”

This is a working document which will be updated as new situations arise, are resolved and become absorbed into standard practice.

We ask you to embrace, promote and work to the principles that have been agreed and adopted by our agencies in the interests of the people you care for.



(Signature)

Strategic Director - Adult Social Care and Health
Leicester City Council

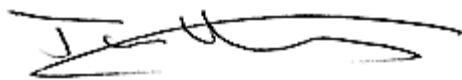


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2. Guiding Principles

The aim of the Protocol is to ensure delivery of services which are responsive to need and which make the best use of limited resources. Health and social care agencies throughout Leicester, Leicestershire and Rutland are committed to working together to ensure that services for all the people who need our support are:

- Effective – delivered at the correct level of intervention and in the right environment
- Appropriate – able to meet people’s health needs to ensure recovery and maintenance of good health and wellbeing
- Timely – available when people need them to promote independence, choice and control
- Safe – provided with regard to clinical responsibilities and professional competence

The following principles apply¹:

- Activities of agencies will be well planned and co-ordinated to avoid duplication of effort and to maximise use of staff time and skills
- Staff from all agencies will be flexible about undertaking tasks, subject always to the requirement that the worker must be competent to do the task – “If you are there and you are competent to do it, you do it”
- The legal and professional limits on what staff can and cannot do will be carefully observed and explained, both to colleagues and to individuals in receipt of services, to avoid any impression of shirking responsibility
- Problems are a shared responsibility and will be dealt with in a spirit of partnership and co-operation with the aim of finding practical solutions to “get the job done”
- Where agreement cannot be reached about the undertaking of a task, interim arrangements will be made to ensure that the tasks are carried out and the case will be referred to the Health and Social Care Oversight Board which will discuss the case and make a decision on how to proceed

¹ These have been adapted from Nottinghamshire’s partnership document “*Working in Health & Social Services Partnership – Responsibilities for Care in the Home*”

- Action will be guided by common sense and by the test of public opinion – how do we explain and justify our approach to the person in the street?
- The views of individuals in receipt of services and their family and carers are important and will be fully taken into account, but are open to discussion, exploration and negotiation

3. Background and Purpose

3.1. The purpose of this Protocol is to provide practice guidance for health and social care staff on the operational arrangements needed to provide care in a co-ordinated and cost effective way to the benefit of individuals in receipt of services and their carers.

3.2. The definition of delegation in this Protocol is as follows:

Delegation is the process by which a health worker (the delegator) allocates treatment or care to a social care worker (the delegatee). The delegator will remain responsible for the overall management of the individual, and accountable for the decisions they delegate. The delegator will not be accountable for the decisions and actions of the delegatee.²

3.3. This Protocol is underpinned by a training plan which exists to ensure social care workers are competent to carry out delegated tasks.

3.4. This Protocol does not include arrangements for the provision and maintenance of equipment or the support required to use equipment which is covered in a separate document called Protocol for the Provision of Equipment into Residential and Nursing Homes.

3.5. The following principles underpin the basis for joint working arrangements when a person needs health and social care services.

- i) The responsibility for the provision of assistance with social care lies with the relevant Adult Social Care Department, but social care tasks may be delivered by health workers. These tasks will be clearly described in the individual plan of care but will remain the responsibility and liability of the relevant Adult Social Care Department.
- ii) The responsibility for the provision of health care lies with the NHS, but some tasks (as defined within this Protocol) may be delegated to social care workers by the NHS who will provide the training and supervision to ensure the social care worker has the appropriate knowledge, skill and competence to carry out the task. These tasks will be clearly

² Definition adapted from the Royal College of Nursing's *"The principles of accountability and delegation for nurses, students, health care assistants and practitioners"*

described in the individual plan of care but will remain the responsibility and liability of the NHS.

- iii) Where the individual has health care needs that cannot be delegated to social care workers, the health worker will take on social care tasks as agreed between the two agencies.
- iv) Where the individual has health care needs that can be delegated to social care workers, the social care worker will take on the health care tasks only when they are already there to deliver social care tasks.
- v) Where the individual's level of dependency is such that a high input, on a regular basis, may be required from both agencies, the health worker and social services' commissioner will work together in arriving at a package of care that meets the individual's needs whilst ensuring a cost-effective use of resources by avoiding the number of overlapping or duplicated visits.

3.6. Once agreement has been reached and both agencies are clear about their level of input:

- i) The lead agency will inform the individual in receipt of services or their carer of the outcome.
- ii) Each worker will ensure their respective agency's plan of care for the individual is completed or amended, a copy given to the individual and another copy left at the individual's home.
- iii) Relevant training and competence sign off is undertaken as required and records are maintained for delegated tasks.

4. Delegation of Health Tasks to Social Care Workers

Social care workers do not hold responsibility for health care tasks. Some health care tasks may be delegated to social care workers in line with the following conditions:

- i) The health care tasks defined in this Protocol may be delegated to social care workers providing services to people in all settings (i.e. people's own homes, day care centres, registered care homes, supported living units) except those detailed under headings specific to individual settings.
- ii) If there is a requirement to delegate a health care task that is not defined in this Protocol, interim arrangements will be made to ensure that the tasks are carried out and the case will be referred to the Health and Social Care Oversight Board which will discuss the case and make a decision on how to proceed.

- iii) Where services are being provided to people in their own homes, delegated health tasks will only be performed during visits previously planned in order to meet social care needs.
- iv) Assistance with bathing or showering in day care centres will only be provided if this can be accommodated within the centre's ordinary staffing levels and arrangements and appropriate equipment is available. In addition, the individual will be assisted, if required, to wash soiled clothes using day centre equipment.
- v) Before any task is delegated a full assessment must have been undertaken by the health worker.
- vi) The NHS remains responsible for the health tasks it delegates and it is the responsibility of the health worker to monitor and manage the risk of the health care being given to the individual by social care workers.
- vii) Health workers must agree a regular review process with social care workers where any health care tasks are delegated so that both agencies are clear about where their respective responsibilities begin and end. This should be further clarified within the plan of care and any changes agreed by both agencies where delegated tasks are altered in any way.
- viii) Tasks that can be delegated from the NHS to social care are categorised as either Generic or Specific. These terms relate to the type of training that is required to be undertaken by social care workers before they are deemed competent to carry out the task.
 - Generic – once a social care worker has undertaken training for a Generic task, they will be deemed competent to carry out that task with all and any individuals that require it
 - Specific – these are tasks that require social care workers to undertake one to one training for each and every individual person before they are deemed competent to carry out that task only with the individual that requires it

5. Lines of Communication

- 5.1. Health and social care workers will record any relevant information which impacts an individual's health and social care package but which does not require urgent attention in the record of care. These notes will remain within the individual's home and will transfer with the individual should he or she move into alternative accommodation or a registered care home setting.
- 5.2. Local health and social services' managers should aim to foster good working relationships to ensure that services can be delivered in the most cost-effective way and disputes resolved quickly and co-operatively in the best

interests of the individual. In order to achieve this aim, lines of communication should be followed, as detailed below.

5.3. Concerns regarding Health Care Packages

In situations where social care workers have concerns about an individual's health care package, they should, through normal line-management channels:

- a) refer to the individual's General Practitioner if there is no health worker involvement, or
- b) refer to the worker named in the plan of care in the individual's home where there is known health worker involvement.

If concerns are not resolved by this first course of action they should be referred to the social care worker's line manager.

5.4. Concerns regarding Social Care Packages

In situations where health workers have concerns about an individual's social care package they should, through normal line-management channels:

- a) for individuals under the care of Leicester City Council refer to the worker named in the plan of care in the individual's home, or to the responsible Locality Team if known, or the Single Point of Contact, or
- b) for individuals under the care of Leicestershire County Council's in house Home Care Assessment and Reablement Team (HART) refer to the responsible person within the Locality Team if known, or the HART service, or
- c) for individuals under the care of Leicestershire County Council where services are being provided by an independent agency refer to the Customer Services Centre, or
- d) for individuals under the care of Rutland County Council refer to the Adult Care Duty Team

6. Disputes

If there is a dispute over delegation of tasks between agencies, interim arrangements should be made to ensure that the tasks are carried out and the matter should be referred to the Health and Social Care Oversight Board which will discuss the case and make a decision on how to proceed.

7. Monitoring and Review

The Health and Social Care Oversight Board will:

- i) Receive reported issues from staff having practical problems with the use of the Protocol
- ii) Discuss and rule on how reported issues should be dealt with
- iii) Oversee dissemination and promotion of rulings made and issue new guidance
- iv) Oversee updates to the Protocol and issue and promote new versions of the Protocol
- v) Monitor use of the Protocol, with particular regard to its impact on the six equality strands
- vi) Oversee training and delegation/competence sign off processes and programmes
- vii) Identify new areas for joint and delegated working

The Health and Social Care Oversight Board will include one member from each of the following organisations:

Leicester City Council, Rutland County Council, Leicestershire County Council, University Hospitals of Leicester, Leicester Partnership NHS Trust, Leicester City Clinical Commissioning Group, East Leicestershire and Rutland Clinical Commissioning Group, West Leicestershire Clinical Commissioning Group, Provider representative.

8. Personal Care Tasks

- 8.1. This section includes tasks within the heading of Personal Care and includes sub headings of Skin Integrity and Stoma Care and Continence.
- 8.2. There are different reasons for someone to be incontinent. Both health and social care will play a role in good continence services; the cause of the incontinence and the response that is needed, will determine which agency accepts responsibility in each situation.

- i) Health Responsibility

Incontinence caused by a clinical, medical or unexplained reason, which affects the ability to retain faeces or urine. The cause must be established through investigation by assessment followed by treatment and/or followed by a management programme overseen by a Health professional.

- ii) Social Care Responsibility

Incontinence caused by incapacity to get to the toilet because of disability or a specific condition, which is not related to a medical/clinical problem with urinary or faecal retention but is caused by a social care need. This would include, for example, mobility or forgetfulness and is where the response would be overseen by a social care worker.

8.3. Table of Personal Care Tasks

Task	Generic	Specific
Personal Care		
Observe the health of individuals with a chronic progressive disease where there is an identified NHS health action plan and refer them to a health worker when there is a change in condition or a referral indicator occurs		✓
- Skin Integrity		
Use of NHS provided equipment to lower the risk of pressure sores	✓	
Position individuals under the ongoing care of a health worker to lower the risk of pressure sores		✓
- Stoma Care and Continence		
When prescribed by a GP or Nurse Practitioner, apply creams or lotions to the skin when a pad management system is in use by individuals with incontinence	✓	
Assist with base line charting of urinary incontinence initiated with carers in order to identify appropriate care	✓	
Monitor signs as identified by the plan of care for individuals with a catheter where there is a specific health need - Specific		✓
Assist renal patients on home dialysis to hang up / take down fluid bags from the stand and empty bags as per urinary catheter drainage bags		✓
Manage stoma, colostomy, ileostomy, urostomy care systems	✓	
Manage stoma, colostomy, ileostomy, urostomy with individuals with specific needs in accordance with the plan of care		✓
Check stoma, colostomy, ileostomy, urostomy care systems, recognise and report any concerns to a health worker	✓	

9. Nutrition and Hydration Tasks

9.1. Table of Nutrition and Hydration Tasks

Task	Generic	Specific
Nutrition and Hydration		
Assist individuals to eat who are at risk of choking and where the risk is managed by a standard plan of care (e.g. thickened fluids, softened diet)	✓	
Monitor and assist individuals with the administration and storage of feed and equipment, and care of their enteral feeding tube (e.g. PEG, PEJ, NG, RIG, etc)		✓

10. Medication Tasks

10.1. The tasks in this Protocol should be undertaken in accordance with the medication policies, guidance and procedures of the relevant authority. Social care workers should make themselves familiar with these documents.

10.2. Table of Medication Tasks

Task	Generic	Specific
Medication		
Apply steroid based creams above 1%	✓	
Administer eye / ear drops, for individuals that need artificial tears or medication except pre or post operatively	✓	
Apply and remove medicated pre-dose transdermal skin patches not including controlled drugs		✓
Help individuals to put on surgical stockings	✓	
Re-apply simple dressings in an emergency and as a short term measure until health workers can be contacted, i.e. when a dressing becomes dislodged	✓	
Assist the individual to access their oxygen in accordance with their plan of care	✓	
Administer oxygen to individuals in accordance with their plan of care		✓
Insertion of rectal valium in emergency situations and as an urgent response only in line with agreed procedure		✓
Administer buccal (oromucosal) midazolam in emergency situations and as an urgent response only in accordance with the plan of care		✓
Assist individuals to use a nebuliser in accordance with their plan of care	✓	
Undertake blood sugar finger prick tests for diabetics where included in their plan of care and take appropriate follow up action	✓	
Administer epi-pen to individuals in accordance with their plan of care		✓
Administer vagus nerve stimulation for individuals with epilepsy via a swipe card machine in accordance with the plan of care		✓

11. Tasks Specific to Registered Care Homes

- 11.1. In registered care homes assistance with social care tasks is provided by social care workers and is subject to legislation, guidance and inspection by the Care Quality Commission. A health care assessment will be required where health care needs impinge on the individual's ability to perform activities of daily living.
- 11.2. Health workers will not usually be involved in providing personal hygiene services to people in registered care home settings unless a health care need is identified. In such

cases, a health worker will undertake a health care assessment and, by agreement, delegate tasks to social care workers where appropriate or provide a health care package.

- 11.3. Tasks that may be delegated from health to social care in registered care homes are the same as those given above in sections 8, 9 and 10. Additional tasks that apply specifically to registered care homes are given below.

- 11.4. Table of Tasks Specific to Registered Care Homes

Task	Generic	Specific
Tasks Specific to Care Homes		
Monitor the condition of the skin where there is a risk of pressure ulcers developing and refer to a health worker if required	✓	
Administer insulin injections		✓

12. Tasks Specific to Day Care Centres

- 12.1. Health workers will not usually be involved in providing personal hygiene services to people in day care centres unless a health care need is identified. In such cases, a health worker will undertake a health care assessment and, by agreement, delegate tasks to social care workers where appropriate or provide a health care package.

- 12.2. Tasks that may be delegated from health to social care in day care centres are the same as those given above in sections 8, 9 and 10. Additional tasks that apply specifically to day care centres are given below.

- 12.3. Table of Tasks Specific to Day Care Centres

Task	Generic	Specific
Tasks Specific to Day Care Centres		
None at this time		

Appendix 1 Training Tasks

During the development of the Health and Social Care Protocol a number of tasks were identified that were not the remit of health and were therefore not delegatable from health to social care, but were nonetheless considered to be important in terms of helping to inform the training that underpins the Protocol. These tasks are reproduced for information below.

Task	Generic	Specific
Personal Care		
Assist with the application of prosthesis and appliances		✓
Promote active treatment to maximise / maintain functional ability following a disabling illness and promote preventable deterioration and ill health resulting from chronic or degenerative illness		✓
Recognise and prompt individuals who, because of disorientation, need assistance to self care	✓	
Recognise and refer individuals to a health worker who are having a new, ongoing or acute need, because of disorientation, for assistance to self care	✓	
Carry out personal care of acutely ill individuals		✓
Recognise distorted or abnormal fingernails and refer to a health worker	✓	
Recognise when individuals require assessment or treatment by a qualified Podiatrist and refer them to a health worker	✓	
Recognise when assessment for equipment is required, provide information to the individual and signpost and refer them to the appropriate organisation	✓	
- Sub heading: Skin Integrity		
Recognise when individuals have a change in skin condition requiring treatment, e.g. broken, discoloured or sore skin, and refer them to a health worker	✓	
Recognise that a pressure sore exists and refer to healthcare professional	✓	
Assist and maintain skin integrity and recognise when to report to health worker	✓	
- Sub heading: Stoma Care and Continence		
Assist individuals with incontinence with their personal hygiene at each pad change to maintain healthy skin	✓	
Promote continence by completion of baseline charts, regular toileting and changing of pads	✓	
Support the guidance and recommendations made by health workers in relation to diet and fluid intake of an individual with incontinence	✓	
Recognise when significant changes occur in diet and fluid intake of an individual with incontinence and refer to a health worker	✓	
Recognise when changes in urinary incontinence occur and refer to a health worker	✓	

Support the guidance and recommendations made by health workers in relation to urine specimen collection	✓	
Support the guidance and recommendations made by health workers in relation to faecal incontinence	✓	
Recognise when significant changes in faecal incontinence occur and refer to a health worker	✓	
Recognise when there may be a need for the provision of continence equipment and refer to a health worker	✓	
Recognise if assessment of individuals for toilet equipment is required and refer to a health worker	✓	
If an individual is unable to undertake personal hygiene, assist with urinary catheter/drainage bag care as instructed by health worker in their plan of care	✓	
Recognise concerns relating to male sheath drainage systems and refer to health worker	✓	
Nutrition and Hydration		
Check and report on nutritional needs against the plan of care	✓	
Medication		
Prompt / remind individuals to take their medication	✓	
Administer over the counter medication for individuals that have capacity		✓
Administer prescribed medication from the original container or pharmacy compliance aid (e.g. blister pack, dosset box)		✓
Apply creams including steroid based cream, 1% or less	✓	
Tasks Specific to Care Homes		
Tasks Specific to Day Care Centres		