

Agenda Item	14.
Report No	CLH 45/18

## HIGHLAND COUNCIL

**Committee:** Care, Learning and Housing

**Date:** 18 October 2018

**Report Title:** **Adult Social Care Update**

**Report By:** Director of Care and Learning

### **1. Purpose/Executive Summary**

- 1.1 The Joint Monitoring Committee, the legal entity which has responsibility for the commissioning arrangements for both Adult and Children's integrated Health and Social Care, has agreed a new approach to the governance and management arrangements across NHS Highland and the Highland Council. This was endorsed by the Highland Council on 10 May 2018 and the NHS Highland Board on 29 May 2018.
- 1.2 One aspect of this is that key items will be identified at the Adult Services Scrutiny and Development Sub-Committee for presentation at the Care, Learning and Housing Committee.
- 1.3 The most recent Adult Services Development and Scrutiny Sub-Committee was held on 5 October, with key items as highlighted within this report.

### **2. Recommendations**

- 2.1 Members are asked to:
  - i. Note the contents of the report, and the highlighted items from the Adult Services Scrutiny and Development Sub-Committee.

### **3. Dail Mhor, Strontian Update**

- 3.1 Dail Mhor care home in Strontian was operating as a 6 bed residential home with one bed being utilised for respite care. The building suffered some plumbing and heating issues that required significant repairs. Following completion of these and in discussion with the community, the community stated a desire to see the home reopened on the same basis as it previously operated. Discussions with the local GPs at this time indicated a need for local respite care both at this time and into the future. All clients from the area were reviewed by Social Workers and GPs to determine their needs.
- 3.2 A range of requirements for respite was identified both locally and also within other care settings. The level of local need was not at a level that needed a full time service and so discussions have moved toward a planned respite service. This should take the form of defined weeks (or fortnights) of care with a compatible mix of clients to ensure a good experience of the service.
- 3.3 The review of clients by social work and GPs identified a range of people requiring a range of support. A proposal to utilise the staffing resource available within Dail Mhor to try and provide more local support to individuals was developed. A range of services were discussed including home based respite, traditional care at home services, more tailored individual support where this enables individuals to remain at home as well as general support around maintaining people at home. It is hoped that by utilising the resource in a more flexible way will allow many more people to remain in the area than would have been possible through having 6 residential beds.
- 3.4 Dialogue within the community is ongoing and positive with work continuing to develop models of care for older people which are more sustainable. A Community Development Worker has been appointed, funded by NHS Highland and employed by the Community Development Trust. This role will support the exploration of options for the future and development of new service delivery models.

### **4. North (Sutherland) Coast Redesign**

- 4.1 Caladh Sona in Melness near Tongue and Melvich Community Care Unit in Melvich operate as six bed residential care homes with one bed being utilised for respite/Bluebell bed care. Neither home is purpose built and neither is in good condition. A review of and redesign of services in 2015/16, followed by a formal three month consultation recommended their replacement with a purpose built care hub to be sited in the Kyle of Tongue area. The Board of NHS Highland at its meeting of 31 January 2017 approved the recommendation to move to a new model of service i.e a hub facility in one location.
- 4.2 The 'hub' model will comprise nursing and residential care, step up/step down, respite and palliative care provision under one roof. It will also form the base for staff working on the north coast as part of the North & West Sutherland Integrated Team. A treatment room will support the delivery of "out of hours"/unscheduled care by a team of appropriately trained advanced practitioners. The treatment room can also be used for NHS Near Me.
- 4.3 A site has been identified in the Kyle of Tongue. It is adjacent to the GP Surgery and Kyle Centre (Day Centre run by North Coast Connections). Funding for the "hub" would come from within the Highland Council's Adult Social Care Capital Budget. An architect and Project Managers have been identified and the community in North

Sutherland remains involved with a local steering group having been formed.

## **5. Care at Home Tariff Update**

5.1 Work has been undertaken by the NHS Highland project team to develop a new pricing model which would have replaced the single rate tariff with 3 rates covering urban, rural and remote locations. This was rejected by independent sector providers who proposed their own model. The providers' alternative tariff introduces a number of key commitments from providers which are to be monitored over the coming months. These are:

- Achievement of 4 weekly financial targets via the application of the agreed rebate
- Provider pickup
- Provider collaboration, this includes picking up where providers exit the market
- Commitment to a phasing plan to ensure coverage across all of North Highland.

The new model is due to be reviewed in December.

5.2 The introduction of a request for service form, allows all care at home referrals to be issued to providers via a standard form. The provider completes and returns the form by email advising if they are accepting the package or not and if not explaining why not. The form also advises the provider of the type of referral and whether it is an emergency or not. Emergency requests should be picked up within 48 hours, other referrals within 7 days. From 1 October 2018 where providers are not picking up, the evidence provided by the request for service form will allow default charges to be initiated where this is considered appropriate.

## **6. Joint Strategic Plan**

6.1 The Joint Officers Group continues to work on a joint Strategic Plan for Adult Social Care, including the financial framework. The philosophy and strategic direction was shared with members at the Adult Services Scrutiny & Development Sub-committee.

6.2 A Members' seminar has been arranged for 16 November, which provides an opportunity to share the developing detail of the plan, which will also have been considered by NHS Highland's Health & Social Care Committee.

## **7. Implications**

7.1 Resource: The aim is to more closely connect joint planning, monitoring and reporting on the financial framework to deliver the strategic plan for integrated services.

7.2 Legal: The new arrangements will be incorporated into the formal Integration Scheme, which is the legal document that underpins the lead agency arrangement.

7.3 Community: The new arrangements will better support the intended shift towards the delivery of more community based services.

7.4 Climate: No implications.

7.5 Risk: The Joint Monitoring Committee retains the oversight of continuing implementation of the Integration Scheme and associated risks.

7.6 Gaelic: There are no Gaelic, Community (Equality, Poverty and Rural) or Climate Change/Carbon Clever implications arising as a direct result of this report.

Designation: Director of Care and Learning

Date: 5 October 2018

Author: Isobel Murray, Commissioning Officer

Background Papers: