Agenda Item	8.
Report	CLH
No	05/19

HIGHLAND COUNCIL

Committee:	Care, Learning and Housing
Date:	24 January 2019
Report Title:	Adult Social Care Update
Report By:	Interim 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, agreed a new approach to the governance and management arrangements across NHS Highland and the Highland Council. This was further endorsed by the Highland Council on 10 May 2018 and the NHS Highland Board on 29 May 2018.
- 1.2 One aspect of which 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 Adult Services Development and Scrutiny Sub-Committee was held on 30 November 2018 with the following key items having been identified. The Health and Social Care Working Group met on 28 November 2018 where it also explored related matters.

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 and Health and Social Care Working Group.

3. Care at Home

- 3.1 As previously reported, significant change has taken place over the past 3 years with the zoning and tariff rates proving successful. A Care at Home workshop was held with NHS Highland with focus being made on areas where there is little or no resource. The community delivery of home care, often in partnership with the independent sector, has been successful but it is recognised that more requires to be done in this area with Members having a key role to play. With clearer frameworks being established Members of the sub-committee are keen to assist NHS Highland in the development of new models, and assess the costs, savings, outcomes and sustainability of these.
- 3.2 Members continue to wish to see a clear vision and strategy for the delivery of care in Highland. Clarification has been sought on what areas are most affected in terms of lack of availability of care workers. The Providers Alternative Tariff is a model which was proposed by independent sector care providers in Highland as a solution to deliver cost containment whilst facilitating growth within independent sector provision. Work is ongoing to improve communication between those commissioning the services and the providers to ensure that a complete picture of service provision is available.
- 3.3 At the Members Working Group on 28 November, Boleskine Community Care and Black Isle Carers were invited to discuss their respective provision of services. There had been a lack of home carers in South Loch Ness and the use of Self Directed Support was seen as offering a potential solution. Highland Home Carers were contacted for support for this and Boleskine Community Care was formed.
- 3.4 Self Directed Support has given those that are cared for and the home carers some flexibility. Whilst Boleskine advertised for its own home carers it is Highland Home Carers who train and pay them. The service has seen large numbers of people being able to remain at home for longer, preventing hospital admission. The service now has 11 home carers looking after 20 people. Good working relationships have been forged with local GP's, Social Workers and District Nurses. With strong community support they have a number of volunteers who also help out with the service in a variety of ways. In addition further premises have been identified where it is hoped a day care service will be established and where the community can hold local events.
- 3.5 Difficulties had also arisen in the acquisition of home carers within the Black Isle area. Using the Boleskine model, Black Isle Carers was formed and they now have 34 home carers and 36 service users. The main appeal for community home carers is the ability to stay local, care for people in their own community and have flexibility. In addition to the provision of home care they have also established a 'meals on wheels' service. This they discovered, also had the benefit of tackling social isolation as these volunteers are sometimes the only human contact service users have had that day or week. Night time care has also been piloted on the Black Isle in order to provide respite care which would assist in preventing service users entering residential care. This in turn would represent a significant cost saving to NHS Highland.
- 3.6 There was general agreement amongst Elected Members that the role of the Highland Council and NHS Highland was to assist and support communities to provide services such as home care. Members were keen to see the rolling out of community-based care in urban settings as well as rural areas and are keen to understand the challenges this may present. Community-based care is based on Self Directed Support Option 2 and whilst it is agreed that the Highland Council would wish to see greater roll out, it is acknowledged that the rate currently being paid may require to be reviewed.

4. Learning Disability/Day Centres/Services Update

- 4.1 The Keys to Life (2013) reviewed progress across Scotland and noted considerable change in the way in which day services were delivered across Scotland. A range of models are now in place across Scotland some of which involve little or no contact with day centres, and others that involve a balance of centre based and community activities.
- 4.2 In Highland there has been a gradual decline in the number of people with learning disabilities attending day centres and an associated increase in the number of with alternative day opportunities. The Corbett Centre in Inverness, for example, had at one time in excess of 100 registered attendees. It now has 29.
- 4.3 Day centre provision for adults with a learning disability has not been systematically reviewed across North Highland for nearly 30 years. This has resulted in a lack of clear definition of what they should be providing and inequity of service provision across North Highland. Current day service provision is a mix of in-house and commissioned services.
- 4.4 The Keys to Life (2013) recognised that for people with more complex needs and people with profound and multiple learning disabilities, day centres may continue to be an important part of their overall support arrangements. However, it also highlighted the importance of services continuing to make progress towards community-based models of care and to support people currently dependent on buildings-based support to graduate into alternative opportunities that would better meet their individual interests, talents and aspirations.
- 4.5 The report reflected that the goal for many people with learning disabilities should be employment and meaningful activities and highlighted that services can have a role in supporting people towards this goal through close partnership working with colleagues in further education, training, supported employment and the independent and third sectors. Self-Directed Support gives people a range of options for how their social care is delivered following an assessment of need and allows for more control and responsibility over their own support arrangements.
- 4.6 NHS Highland do not currently have a local Learning Disability Strategy. The new post "Head of Service – Learning Disabilities and Autism" will lead on the development of a Highland Learning Disability Strategy in partnership with people with a learning disability. A Draft Strategy will be available for comment early 2019. This document will support the need for redesign of Learning Disability Day Services and opportunities in accordance with the Keys to Life Strategic Outcomes with a view to ensuring greater equity, fairness and transparency in the provision of support and targeting of limited resources.

5. Performance

5.1 Members will be aware that review of the performance scorecard takes place on a quarterly basis at the Adult Services Scrutiny and Development Sub-Committee. For a detailed explanation of the relevant measures Members should refer to the minute of the Sub-Committee and the Balanced Scorecard. If Members require any further information regarding reports to the Sub-Committee please contact the author of this report.

6. Implications

- 6.1 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.
- 6.2 Legal: nothing to highlight within this report.
- 6.3 Community: The new arrangements will better support the intended shift towards the delivery of more community based services.
- 6.4 Climate: No implications.
- 6.5 Risk: The Joint Monitoring Committee retains the oversight of continuing implementation of the Integration Scheme and associated risks.
- 6.6 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:	Interim Director of Care and Learning
Date:	21 December 2018
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Background Papers: