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| Agenda Item | 8. |
| Report No | CLH 18/19 |

HIGHLAND COUNCIL

Committee: Care, Learning and Housing

Date: 14 March 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, has 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 the new approach 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 8 February 2019 with key items as set out in this report.

2. Recommendations

- 2.1 Members are asked to note the update in relation to Adult Social Care.

3. Care at Home

- 3.1 The Care at Home (CAH) Providers Alternative Tariff and Collaborative Agreement has been in place since July 2018. There are a number of operational and business process improvements that have been put in place under the direction and governance of the CAH Project Board, supported by a Project Team who have been delivering on a number of initiatives and improvements in that time.
- 3.2 NHS Highland are working in partnership with the independent sector to deliver the required efficiency savings, improve flow and pick-up and ensure full compliance with the new contract. The primary focus has been on three main areas:
1. Flow and Quality
 2. Containment
 3. Collaboration

The Provider Alternative Tariff is the proposal from the independent sector provider to deliver savings and to address provider pick up. This proposal commenced on 2 July and offered an efficiency rebate/discount on service users before 2 July 2018. For clients placed after 2 July 2018, an increased rate of £19.88 is charged (no efficiency rebate/discount applicable).

- 3.3 The providers have formed a collaboration to deliver their commitments. This collaboration is in the form of 4 provider spokespeople (representing the sector) and supported by Scottish Care, Care at Home Development Officers. The Care at Home Project Board undertook an initial review of the Providers' Alternative Tariff ahead of the planned formal review due at the end of December. The Project Board assessed the following areas with a RAG status.

| Evaluation Criteria | RAG Status |
|--------------------------------|-------------------|
| Flow | Amber |
| Saving | Red |
| Containment | Amber |
| Collaborative Agreement | Red |

- 3.4 Based on this the Project Board would not be able to define the providers' alternative tariff as satisfactory in terms of the decision point and therefore an evaluation of unsatisfactory would need to be recorded. Noting this as the likely position, the Project Board has now initiated discussions with the spokespeople from the care at home sector to provide an early opportunity to work together on a solution to ensure the ongoing sustainability of the care at home sector in Highland; with a desired outcome of reaching agreement on new contract terms to take effect from April 2019.

4. Care Homes

- 4.1 Work continues to progress regarding the development of a care home strategy. It is agreed by Highland Council and the NHS Board that the vision offering better choices for older people living in Highland will require significant change in the delivery of residential based care services. Work is still required to enable community based solutions to be able to be progressed to identify solutions for each locality.
- 4.2 Sector discussions continue within "Business Stream" activity; this being regular

dialogue meetings between NHS Highland staff and nominated care home sector representatives. A number of priority areas have been identified by the sector and they wish to form a 2018-2019 joint work plan. Key issues for resolution include communications around hospital transport, equipment and additional care charges. It is also intended to progress dialogue around what partnership working between the care home sector and NHS Highland looks like to both parties.

- 4.3 The new care home Lynemore Care Home in Grantown which is operated by Parklands Ltd opened on 17 September 2018. This is a 40 bed care home delivering residential and nursing care. In order to promote a successful transition to full operation, a phasing plan has been agreed with the Provider, limiting new admissions to a maximum of 3 in any 7 day period.
- 4.4 At present there are three suspensions of admissions to care homes in Highland. NHS Highland is actively monitoring all of these care homes and supporting as appropriate, to ensure the required issues are addressed.

5. Technology Enabled Care

- 5.1 With over 100 new patients enrolled on Florence every month during 2018, the total number of patients to have benefitted from Home Health Monitoring using Florence has now reached 2986. This exceeds the target set by the Scottish Government – for 2000 patients.
- 5.2 The most rapidly growing Florence protocol continues to be for GP monitoring, while a number of other protocols show a steady rate of take-up over the months – including the protocols for people with severe asthma, with COPD, diabetes, intermittent claudication and chronic pain, as well as those for antenatal and postnatal care, for people attending mental health courses, and for those requiring day case surgery.
- 5.3 26 GP practices have been trained to use Florence (39% of the total), 20 of whom are currently enrolling patients, predominantly for diagnosis of hypertension. Use of Florence has been extensively evaluated with findings including:

Electronic self-management action plans – for asthma, COPD and heart failure:

- An increase in engagement, adherence and medication prescriptions
- Improved self-management – leading to:
- A reduction in DNAs, clinic appointments, hospital admissions and bed days
- Asthma – improved monitoring and safety for patients on biologic medications

6. Third Sector Commissioning Plan

- 6.1 On 28 November 2017, the NHS Board agreed:
- A desired outcome to establish a thriving, self-sustaining and diversified Third Sector
 - A commitment to current Third Sector providers of standstill funding until 31 March 2019;
 - Funding no longer to automatically renew beyond 31 March 2019; and
 - The development and implementation of a three year (2018-2021) Third Sector Alignment, Sustainability and Collaborative Commissioning Plan.

- 6.2 A letter was issued to Third Sector Providers from the NHS's Chief Operating Officer on 31 October 2018 advising that in recognition of the scale and complex nature of this area of activity and to allow sufficient time to undertake further engagement with the Sector, the NHS had agreed to extend current providers contracts until 30 June 2019.
- 6.3 The Project Team meets on a weekly basis to determine:
1. What future services it wants to purchase from the Third Sector that are aligned to the NHS's strategic and mission critical objectives of:
 - Keeping people out of hospital;
 - Expediting their return home; and
 - Helping to keep people living independently at home for as long as possible and
 2. How these future services will be purchased beyond 30 June 2019, ensuring any new process is procurement compliant, transparent and fair i.e. will be available to all third sector providers, current and new.

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 is 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: 13 February 2019

Author: Isobel Murray, Commissioning Officer

Background Papers: