

**EAST AYRSHIRE COMMUNITY HEALTH PARTNERSHIP LOCALITY
OFFICERS GROUP - ADULTS**

**MINUTES OF MEETING HELD ON WEDNESDAY 19 JANUARY 2011 AT 1400
HOURS IN THE COUNCIL CHAMBERS, COUNCIL HEADQUARTERS,
LONDON ROAD, KILMARNOCK**

PRESENT: Eddie Fraser, Head of Service: Community Care; Alison Findlay, Senior Manager, Community Care; Helen McGee, Senior Manager, Community Care; Katie Kelly, Community Health Partnership Facilitator; John Pickering, Divisional Housing Manager, Andy MacDonald, Planning and Development Manager; Jean Hendry, Healthcare Manager; Dr David Richardson, General Practitioner; David Rowland; Head of Primary Care Development; Cathy Roarty, Lead Public Health Practitioner; Jane Duffy, Service Manager; Shiona Johnston, Rehab Co-ordinator; Marie Currie, Health Care Manager, NHS A&A; Liz Farquhar, NHS Adoc; Ann Gow, NHS A&A; Linda Chisholm, Community Health Development Manager; Joyce Mitchell, Pharmacy, NHS A&A; Seamus McNulty, Consultant Psychiatrist, NHS, Elderly Mental Health; Maureen Murray, NHS A&A; Billy McLean, Allied Health, NHS A&A; Julie Sinclair, Alzheimer's Scotland; Ian McMaster, Scottish Care; Jane Smith, East Ayrshire Carers Centre; Irene Clarke, East Ayrshire Advocacy Services; Christine Little, Citizens Advice Bureau; Lynn MacPherson, Commissioning and Review Manager; Brenda Emmerson, Chair CHP Carer Sub Group; Jane Smith, East Ayrshire Carers Centre; Isabel Marr, Service Manager, NHS Elderly Mental Health; Mihir Pal Chandler, Consultant Geriatrician, Crosshouse Hospital; Andy Watt, Consultant Geriatrician, EACH

APOLOGIES: Mary McGinn, Clinical Nurse Manager, NHS A&A; Linda Boyd, Health Care Manager; Liam Wells, Team Manager

CHAIR: Eddie Fraser, Head of Service: Community Care, East Ayrshire Council

1. Welcome and Introduction

Eddie Fraser welcomed the group and advised that the meeting would be to discuss a single item – Reshaping Care for Older People: Change Fund Guidance for Local Partnerships. He advised that he would like to hear each organisations priorities for this. The rest of the group then introduced themselves.

2. Overview of the Policy Framework for Reshaping Care and Outline of the Change Fund

Eddie Fraser delivered the above presentation to the group and the

following was noted: the number of people over the age of 75 will increase by 84% over 20 years. 9 out of 10 people over the age of 65 don't receive any social care services and 6 out of 10 people over the age of 85 don't receive any social care or health services continuing, so the majority of people don't receive care/support from statutory services other than universal support. Eddie expressed the need for a shift in philosophy, attitudes and approaches and that services should be outcome focussed. A key priority is that we need to accelerate the pace change, of sharing good practice and the importance of aligning partnership resources to achieving policy goals. He advised that £40M is currently being spent on Social Services for Older people in East Ayrshire and that we need to use opportunity of the Change Fund to evaluate current models of care and support changes in the balance of care from hospital/institutional to community based. A Change Fund Plan will be developed in partnership over the next 4-6 weeks.

3. Building on our Work to Date – Overview of Current Local Programmes

Jean Hendry delivered the above presentation to the group. It was noted that the Older Peoples Sub Group is very robust and they reached and sustained over several years a target of zero patients waiting more than 6 weeks for discharge to an appropriate setting. A Single Point of Contact test site for integrated community rehabilitation and enablement has been introduced in East Ayrshire Community Hospital last September which has proved to be effective, coordinated community based response to patient needs. It was noted that Integrate IT is a future aim. There is good partnership working in place across Health, Social Work and Housing to identify individuals at risk due to falls. Key measures are to reduce admissions to hospital, reduced bed days and reduction in falls. Jean stated that she was looking forward to hearing everyone's ideas on how the Change Fund can help us do more for less. Priority is to avoid admissions to hospital.

4. Carers

Brenda Emerson was representing carers. Brenda is Chair of the CHP Carers Sub Group and represents Carers on a number of other national and local forums. She gave some background information on her experience of caring for her daughter, who suffers from Functional Neurological Disorder and her grandson.

The following was noted: over 12,000 carers are missing out on pension credit, East Ayrshire Carers Centre identified this 2 years ago. To this end the employment of an Elderly Carer Support Worker was put forward as a priority. The cost would be in the region of £50k and could be employed through the Carer's Centre.

Brenda feels strongly about carers receiving training and support with regards to medical conditions, she hasn't received any training with regards to her daughter. The carers also feel that rural carers would benefit more with transport. Brenda is encouraged that East Ayrshire Council now use the term Carers Support Package and not Carers Assessment

Brenda also pointed out that telehealthcare is seen as an important element within the reshaping care agenda together with new models of homecare, the personalization agenda and the allocation of named care managers

Brenda concluded by saying- Older carers find it difficult to ask for help but the next generation will see it as their right!

Jane smith stated that she is concerned about the impact on the potential services changes on family relationships and that there is very little money spent on respite.

It was also emphasised that there is a need to prioritise things that are sustainable. It is good that family carers are at the tip of the pyramid. We have to keep in mind that we can't invest on one above the other. Focus needs to be on family carers.

5. Voluntary Sector

Julie from Alzheimer's Scotland felt that it is a priority to provide good post diagnostic support and early intervention through a partnership approach. The focus should be on avoiding problems and crisis, making best use of resources and improving the quality of life.

The suggestion of a dedicated small multi-disciplinary team with links to GP practices would be a good approach. In addition consideration should be given to how Council's contract with the third sector particularly in relation to the personalisation agenda.

6. Scottish Care

Eddie Fraser asked how we work with Scottish Care as an organisation and how we should change to improve.

Ian McMaster advised that Scottish Care represent over 1000 services and expressed his members' enthusiasm to engage with the Re-shaping Care agenda. He felt it important to maximise the use of resources and this could include using care homes as a middle ground for early discharge. There was also a possibility for Scottish Care to assist in

offering training to support carers in terms of medicine and condition management.

Eddie Fraser asked if there are ways we can prevent people dying in hospital rather than at home, including care homes.

Ian advised that there is a working group at the moment which forms part of the care planning and they are also forming a guidance group. Ian also spoke about people building relationships between care homes and the local authority and health sectors and recognising that at end of life older people may want to be in a homely setting and not a hospital. Ian also discussed Step Up Step Down care, using the Change Fund to accelerate and support anticipatory care and consider using care home beds for short terms to stabilise conditions.

Ann Gow talked about the Virtual Ward approach and how this could link with Care Homes and how NHS could support Care Homes in terms of developing new approaches. Ian McMaster stated that he would be willing to work very closely with the issues raised by Ann. Ann then stated that some of it is about cultural change and about improving the relationship between the Care Home Sector, the NHS and the Local Authority

7. Advocacy

Irene Clark stated the following: It is our job to listen and we need to get back to basics and hear about their needs. Very often people are forgotten about, as families etc think they know best. Our job is to make sure that the person is at the heart of the decision making. No person should be labelled and put in a box just because it's cheaper. There is currently a waiting list for advocacy services which can be carried out in a number of settings including homes, hospitals, care homes.

8. Older People

Marie Currie noted that the work which East Ayrshire CHP has been progressing over the last 12-18 months is in keeping with reshaping care for older people agenda. This is not about changing services but about changing culture and ways of working. Our vision is that we keep people in their homes as long as possible and reduce the hospital admissions and stays in hospital. A lot of work is based on rehabilitation and reablement. We're moving to the model of integrated health and social care. We're looking at developing resources including voluntary and independent sectors and we will then be able to shift the balance of care. By doing that we will be able to reduce the number of beds and we will re-invest

resources in the community. Double funding will enable us to make significant changes; the change fund will enable us to accelerate that. We do need to shift the balance of care. We need to be bold and creative. This is a unique opportunity to bring services together which may have taken years.

It was expressed that until we can develop a robust infrastructure in the community, we still have to provide a hospital service. We need to provide skilled nurses/doctors. We need to see gradual move of the resources and there will be a period where we need to double fund. Most services only operate Monday to Friday, if we expand the working week, we will be able to provide far better outcomes for people. This would require additional funding.

Helen McGee advised that East Ayrshire Council is going to spend £40M on older people services and that we need to increase 3% above inflation every year. Our intention is to move the current Home Care Team from Ross Court and utilise these skilled staff as part of the Service redesign. We have a target of 0% delayed discharges. A key priority is that we need to target and reduce readmissions to hospital. We spend £14M on care home premises, we need to be balanced. Only 2% of care home residents are in hospital. £1.6M is spent on services every year such as moving and handling, community alarms etc. These budgets need to be reconfigured to respond to the changing agenda.

Eddie stated that we need to look at how we deliver services i.e. they overlap and managers overlap.

There are gaps, we need to look at enhanced input from services and enhance our workings with private sector.

Ann Gow explained that discussions have taken place over the last months and we have recognised that there is a trigger point, older people get ill quickly and then end up in hospital. We need to reshape the way we provide primary care services and try and resolve the trigger point for hospital admission. Or enable discharge with nursing/ primary care in the community. This approach would require an increase in capacity for primary care services

Eddie Fraser asked how do we look at resources and prioritise the balance between what is consultant led and what is GP led.

9. Elderly Mental Health Service

Seamus McNulty outlined the elderly mental health service and talked

about the positive impact of community based services. Enhanced input from the Community team into the acute sector was highlighted together with the will to assist care homes in the management of complex needs in order to change the culture away from medication and admission to hospital. There is potential to expand this model to incorporate staff from other disciplines.

Isabel advised there is a very small mental health liaison service, which consists of three nurses, one is based in Ayr Hospital, one in Crosshouse Hospital and the other working in Community Hospitals. This team needs to be extended, as three nurses are not enough. A key priority is to diagnose more people earlier and provide appropriate post diagnostic support. There is therefore a need to increase capacity developing elderly mental health liaison team

10. Primary Care Services

David Richardson stated that GPs have got to be pivotal. GPs need support and capacity to take on an increasing number of complex patients which has grown over the last 20 years. There is a desire to extend the Single Point of Contact approach at East Ayrshire Community Hospital and look at the development of the Virtual Ward approach that other GPs can refer to.

11. Consultant Geriatricians

Consultant Geriatricians said that there is scope through an integrated approach for GPs to refer onto a community based Geriatrics service. We need to ensure however that the models can fit together. There is a desire to have experienced geriatric nurses in the community and nursing home settings who gain respect of GPs and Families. Potential for geriatric nurses to follow patients out from hospital with a Care Plan. In addition as long as it is part of the remit there is no reason why consultant geriatricians cannot see patients in care homes

It was highlighted that a full system approach would need to be used and changes might have a positive effect on one service and a negative effect on another.

12. Public Health

Cathy Roarty asserted that there needs to be an upstream approach beginning with early intervention and focus on years in good health. There should be extensive use of leisure services including physical activity for older people and we should maximise green space looking at outdoor

access and green gyms etc. In addition consideration should be given to intelligence around obesity and smoking.

13. Housing and Leisure

It was explained that Leisure has a major role to play in the Re-shaping Care in terms of the provision of active leisure and lifestyle opportunities, the development of community capacity, volunteering opportunities, building up sustainable social networks, support self management of conditions and providing more targeted and focused inputs as part of the rehabilitation and enablement agenda. The East Ayrshire Council Leisure Section has an excellent track record of delivering innovative, effective and targeted services for the community. An investment from the change fund to increase the capacity of Leisure Services to deliver more focused and intensive work for older people as detailed above would be needed.

In terms of Housing Services it was advised that there is a small number of sheltered housing complexes and it is hard for people to meet the criteria to move into these houses. Key priorities are: we need to invest appropriately to get people in and use resources that already exist. We need to make better use of telecare/ telehealth linking to the existing risk management infrastructure. The need to increase the Capacity of the existing Care and Repair service to allow home safety and community alarm checks would be integral to the bid.

14 Allied Health Professionals

AHPs welcome the opportunity to shift the balance of care and to consolidate and accelerate existing work around this agenda. There is some concern about service variations across East, North and South Ayrshire. There will be a need to allow AHPs to move out of hospitals into community based re-ablement teams and it is hoped that the Change Fund can facilitate this.

15. Other Contributions

It was decided that each member of the meeting would write up priorities which will go to CHP committee on 31 Jan which will then be submitted to Scottish government in February.

It was also emphasised that there is a need to prioritise things that are sustainable. It is good that family carers are at the tip of the pyramid. We have to keep in mind that we can't invest on one above the other. Focus needs to be on family carers.

In addition/ summary the following areas were raised

- The need to link together measurable
- Build in sustainability
- Give priority to areas that will generate or release resources on a long term basis
- Training and Development of staff to build capacity, skills and change culture
- Specific work around falls
- Disinvestment in hospital services
- Tiered model including virtual ward/ re-ablement services/ self management and community capacity and wellbeing with interdependency through integrated working and planning