The Highland Council

Adult and Children's Services Committee

Minutes of Meeting of the **Adult Services Development and Scrutiny Sub-Committee** held in Committee Room 2, Council Headquarters, Glenurquhart Road, Inverness on Thursday 21 February 2013 at 3.00 pm.

Present:

Mr A Christie
Mr B Gormley
Mr K Gowans
Mr E Hunter (Video Conferencing)
Mrs L MacDonald
Mrs B McAllister
Ms L Munro
Mrs M Paterson

Non-Member also present:

Ms K Stephen

In attendance:

Mr B Alexander, Director of Health and Social Care
Ms I Murray, Commissioning Officer, Health and Social Care Service
Miss J Maclennan, Principal Administrator, Chief Executive's Office
Miss M Murray, Committee Administrator, Chief Executive's Office

Mrs L Munro in the Chair

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mrs I Campbell, Mrs M Davidson and Mr T MacLennan.

2. Declarations of Interest

There were no declarations of interest.

At this stage, the Director of Health and Social Care explained that, due to unforeseen personal circumstances, the Director of Adult Care, NHS Highland was unable to attend the meeting and no operational managers were available to step in. Discussions had taken place with the Chair of NHS Highland Board and the Leader of the Council and it had been proposed that the meeting be adjourned until such time as an operational manager was available.

The Sub-Committee **AGREED** that the meeting be adjourned to a date to be agreed between NHS Highland and Highland Council.

The meeting reconvened in Committee Room 1, Council Headquarters, Glenurquhart Road, Inverness on Tuesday 19 March 2013 at 2.05 pm.

Present:

Mrs I Campbell
Mr A Christie
Mrs M C Davidson
Mr B Gormley
Mrs L MacDonald
Mrs B McAllister
Ms L Munro

Non-Member also present:

Ms K Stephen

In attendance:

Mr B Alexander, Director of Health and Social Care
Mrs J Baird, Director of Adult Care, NHS Highland
Mr S Steer, Head of Strategic Commissioning, NHS Highland
Ms I Murray, Commissioning Officer, Health and Social Care Service
Miss J Maclennan, Principal Administrator, Chief Executive's Office
Miss M Murray, Committee Administrator, Chief Executive's Office

Mrs L Munro in the Chair

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mr K Gowans, Mr E Hunter, Mr T MacLennan and Mrs M Paterson.

2. Declarations of Interest

There were no declarations of interest.

3. Adult Social Care Summary

There had been circulated Report No ASDS/01/13 dated 14 February 2013 by the Director of Health and Social Care which provided an overview with regard to the delivery of Adult Social Care Services by NHS Highland, including the following key issues:-

- Statement of assurance to Strategic Commissioning Group
- Performance Framework
- Change Plan for Reshaping the Care of Older People
- Preventative Spend
- Service Planning
- Highland Quality Approach
- Financial Settlement
- Changes to the Partnership Agreement
- Officer Liaison

It was highlighted that, since the report had been written, the outcome of the second Strategic Commissioning Group had been reported to the Council and a number of

changes to the Partnership Agreement had been approved. In addition, it had been agreed that the further £1m preventative spend referred to in the report would form part of the budget quantum for NHS Highland and would be used to deliver on overall outcomes, including shifting the balance of care and enhanced community based services, rather than to provide additional services.

During discussion, the following comments were made:-

- in relation to future reports, a clearer format was sought which set out the positives and negatives of integration, lessons learnt and whether service delivery had improved as anticipated;
- a significant proportion of the Council's budget was allocated to commissioned adult services and concern was expressed that there was insufficient scrutiny;
- with regard to shifting the balance of care, there appeared to have been a change in emphasis and an assurance was sought that the underlying philosophy remained the same;
- the Change Plan was central to service delivery and it was essential that Members had a better understanding of the bids being submitted to the Change Fund and how it was being utilised;
- it was important to be clear about what the partnership was trying to achieve, evidence the benefits to service users and ensure that there was continuous improvement;
- the integration of health and social care was an enormous cultural and organisational change and a degree of patience was required; and
- in terms of local service delivery and scrutiny, District Managers had a key role and would be the point of contact for Local Members.

In response to points raised, it was explained that:-

- shifting the balance of care was about delivering more care in the community rather than in institutional settings and there had been no change in philosophy. However, it was a complex area and the focus should not solely be on the acute sector. As the population aged, acute services would be required and it was necessary to be very careful about the balance. A number of contributory elements had to come together including upstream work, prevention work, anticipatory care, service redesign, working with communities and developing community resilience. Whilst Members' frustrations were acknowledged, the five year target was quite tight and to attempt to achieve change more rapidly would not be sustainable. It was important to remember what was involved, to reaffirm the commitment to taking it forward and to take into account the whole range of services; and
- whilst the timescale for the Five Year Plan was quite tight in order that work could progress at an early stage, Members would have an opportunity to comment through NHS Highland's Improvement Committee as well as Operational Units and District Partnerships. In addition, a Members' Seminar would be held in May 2013.

During further discussion, concern was expressed that there was not a common understanding of shifting the balance of care and it was suggested that a session for Members to clarify some of the terminology being used take place at the earliest opportunity.

Thereafter, the Sub-Committee:-

i. **NOTED** the issues raised in the summary report; and
ii. **AGREED** that a session for Members to clarify some of the terminology being used take place at the earliest opportunity.

4. Balanced Scorecard

There had been circulated Report No ASDS/02/13 dated 13 February 2013 by the Director of Adult Care, NHS Highland which combined the full balanced scorecard for Adult Services with exception reports concerning areas of performance that were off trajectory. The exception reports (Items 5 and 6 on the agenda) detailed what actions were being put in place to rectify the deviation.

During discussion, clarification was sought on a number of specific points. In particular, it was explained that:-

- Alzheimer Scotland had appointed a Dementia Nurse Consultant and it was proposed that a presentation be undertaken at a future meeting of the Sub-Committee on the issues surrounding dementia, including the work being undertaken by Dementia Link Workers as part of the Change Plan. In addition, a Dementia Needs Analysis had been published recently which could be circulated to Members;
- the in-house Care at Home service was currently being reviewed with a view to it going out to the operational units which would allow better, more flexible use of the workforce in the community. An assurance was given that there had been no reduction in spend;
- the position with regard to the number of admissions to A&E due to falls would be investigated further and reported to a future meeting of the Sub-Committee;
- in relation to the reduction in enhanced telecare packages, it was important to understand whether it was a service delivery issue or a data management issue and it was proposed that the matter be investigated further and reported to a future meeting. Reference was made to a previous reduction in the figures following data cleansing and it might be that had occurred again;
- with regard to Self Directed Support (SDS), the delay was partially attributable to the development of a Resource Allocation System and discussions were ongoing with a view to that being in place later in the month. There was no budget, the expectation being that resources shifted from existing packages to SDS if service users so wished. It was necessary to have a planned approach to ensure consistency and that operational units understood the expectations in terms of the legislation and a report on the development of SDS would be presented to NHS Highland's Senior Management Team week beginning 25 March 2013;
- instances of reablement workers not receiving sufficient referrals had been addressed immediately. However, reablement was not as effective as it could be and there was an opportunity within integrated teams to examine how it was delivered and re-launch it as a way of working so it was not seen as a single service; and
- in relation to the advocacy service for carers provided by Highland Community Care Forum, it had been agreed that the baseline would be established in March 2013 following the first year of data collection. Thereafter, data would be collected quarterly and incorporated in future reports. In addition, there was a contract monitoring process in place which had been ongoing for the past year.

During further discussion, concern was expressed regarding the reduction in the number of people in receipt of Long Term Housing Support Services, particularly given the advent of welfare reform. It was highlighted that the issue had been raised at NHS Highland's Improvement Committee and the Chair had agreed that a more in-depth analysis be reported to a future meeting.

Thereafter, the Sub-Committee:-

i. **NOTED** the exception reports and the actions identified to address the performance;
ii. **AGREED** that a presentation by Alzheimer Scotland's Dementia Nurse Consultant be undertaken at a future meeting of the Sub-Committee;
iii. **AGREED** that the position with regard to the number of admissions to A&E due to falls be investigated and reported to a future meeting of the Sub-Committee; and
iv. **AGREED** that the reduction in enhanced telecare packages be investigated further and reported to a future meeting of the Sub-Committee.

5. Exception Report – Delayed Discharge

There had been circulated Report No ASDS/03/13 by the Head of Strategic Commissioning, NHS Highland highlighting the performance against the Delayed Discharge target and actions proposed to bring the performance back on target.

During a summary of the report, the Head of Strategic Commissioning explained that the position as of 19 March 2013 was as follows:-

- 16 patients delayed over 6 weeks
- 28 patients delayed over 4 weeks
- 60 patients delayed over 72 hours

The expectation was that, in line with Scottish Government policy requirements, no patient would be delayed over 4 weeks from 15 April 2013.

In relation to the introduction of a 72 hour tolerance, the main reason was quality of service. There was evidence that keeping people in hospital beyond their agreed discharge date caused deterioration and work was ongoing to develop a Highland Quality Approach to safe and effective admission, transfer and discharge and to ensure that appropriate care was being provided in the right place at the right time. In this regard, a set of agreed "rules" had been adopted and these were detailed in the report. It was emphasised that delayed discharge could not be examined in isolation and the complex patient flows were explained.

In addressing delayed discharge, it was essential that people understood they could not choose to remain in hospital beyond their discharge date, thereby denying a hospital bed to another patient. In addition, patients might have to go into an interim care home placement until the home of their choice became available.

If the 72 hour tolerance was achieved, the opportunity cost was approximately 14,500 occupied bed days per year which equated to in the region of 40 beds throughout Highland. However, capturing and releasing those savings was a complex issue and work was ongoing to find a way to do so in terms of strategic commissioning.

During discussion, clarification was sought on a number of specific points. In particular, it was explained that:-

- there had been an increase in delayed discharge cases as a result of guardianship or capacity issues and examples of scenarios were provided. It was an extremely complex area and discussions were ongoing with the Justice Department, particularly in relation to Sheriffs providing more interim interventions;
- whilst the full cost of an occupied bed day could be quantified, the releasable cost was a much more complex issue. For example, simply removing a bed from Raigmore Hospital would result in the remaining beds becoming more expensive because overheads had to be apportioned. Work was ongoing to find a way to release the savings so that resources could be moved into the community;
- delayed discharge reports were now produced on a daily basis and provided a breakdown of the reasons which included waiting for completion of assessment or resource allocation; local authority housing; independent residential home placements; nursing home provision; care at home provision; adaptations such as stairlifts; and guardianship/capacity issues;
- in terms of numbers, these had remained fairly static over the course of the year with between 40 to 60 patients delayed at any given time. If the number of patients delayed by more than six weeks reduced, there tended to be an increase in the number delayed by more than four weeks and so on;
- discussions had taken place at a local level regarding the provision of step up/step down beds in NHS Highland care homes. In addition, discussions had taken place with the Care Inspectorate regarding the intention to include step up/step down provision in the contracted service and with the Independent Sector about the use of intermediate care rather than only thinking of care homes as long term; and
- in relation to monitoring re-admissions, various pieces of work were being undertaken. For example, NHS Highland had provided funding to the Highland Senior Citizens Network to carry out research on the quality of hospital discharge. It was emphasised that 72 hours was not a traditional target but a maximum tolerance and quality of care remained the absolute priority.

Thereafter, having welcomed the assurance that quality discharge procedures were in place and emphasised the importance of realising the opportunity costs and using them to shift the balance of care, the Sub-Committee **NOTED**:-

i. performance in relation to delayed discharge;
ii. immediate and medium term actions being taken to improve performance; and
iii. the development of longer term plans to achieve a maximum delay tolerance of 72 hours from April 2013.

6. Exception Report – Respite Provision

There had been circulated Report No ASDS/04/13 by the Head of Adult Social Care, NHS Highland which was presented to NHS Highland's Improvement Committee as an exception report. The report explained that progress was off trajectory and highlighted the reasons and actions taken to address the matter.

In considering the report, it was pointed out that although a number of respite centres had closed, this was due to a review which had been undertaken of day care services for older people and people with learning disabilities. Services had been redesigned

to empower communities, focus on reablement and support people to maintain independence. Consequently a better way of recording respite provision was needed rather than simply the number of users of formal respite facilities.

Thereafter, the Sub-Committee **NOTED**:-

i. the circumstances requiring a change to the respite provision target and trajectory; and
ii. the proposed actions.

7. Use of the Change Fund: Update Report on Local Impact

There had been circulated Report No ASDS/05/13 by the Head of Strategic Commissioning, NHS Highland which outlined progress in implementing the Change Fund plan with particular reference to building winter resilience. The report explained that each operational unit had supplied examples of how funds had been used to lessen the impact of winter and address needs.

During a summary of the report, the Head of Strategic Commissioning undertook to forward, to Members of the Sub-Committee, a table showing the Change Fund position as at 30 October 2012. In addition, he reported a Strategic Commissioning Plan was being developed, with the aim of being in place in July 2013. As a result, it was felt that the Change Fund should not be spent until there was strategic direction in place against which bids could be considered. Details of how long the funding would be in place, the recycling rates, the return on investment and when it would become available were currently the subject of a NHS Highland review and a first draft of the review was expected by 18 April 2013 which then could be brought to this Sub-Committee.

In discussion, it was pointed out that, as the second year of the fund came to a close, community groups were uncertain if they should be submitting bids. In response, it was explained that it was hoped to build up proposals from local level and District Managers had been asked to involve local communities in developing bids. Some funding had been released over the winter and assurances were given that underspends would be protected.

To make maximum use of the Change Fund it was important that good ideas were promoted so others could bid to provide similar services. This was partially being achieved by adopting a commissioning approach in partnership with various sectors but it was vital to be clear as to what was to be achieved. However, caution was urged at changing the approach to commissioning and procurement as, with only one year left of the Fund, there was little time to have changes implemented.

Thereafter, the Sub-Committee **NOTED** the update on the implementation of the Change Plan with particular reference to actions taken to build winter resilience.

8. Strategic Commissioning

There had been circulated Report No ASDS/06/13 dated 13 February 2013 by the Head of Strategic Commissioning, NHS Highland which provided an update on the development of a Strategic Commissioning approach in Adult Services in line with that set out in the Partnership Agreement. The report had been presented to the NHS

Highland Board on 5 February 2013 when it was widely acknowledged that understanding and interpretation of this approach was variable and a future development session for Board Members was agreed.

Particular attention was drawn to a comprehensive review being undertaken, by the Director of Adult Care, of the various strategic commissioning groups involved with the aim of avoiding unnecessary duplication. In addition, as part of the process of developing Strategic Commissioning, Professor Cam Donaldson, Health Economist at Glasgow Caledonian University was to work with officers in relation to priority setting and a briefing by him to Members would be provided in due course.

During discussion of the commissioning approach, clarification was given that commissioning referred to service planning while procurement was where services were sourced from. It was confirmed that the shift in approach would not necessarily result in longer term contracts, the suggested length being 3-5 years, but would cover all services. In this connection, Members drew particular attention to Care at Home Services where a number of contracts were due for renegotiation. While detailed consideration of the general redesign of the service by a new Older People's Improvement Group was underway, it was proposed all contracts would continue meantime but assurances were sought that regular reports would be submitted to the Sub-Committee informing Members of developments. At present, the intention was that Care at Home Services would be devolved to Districts so that the Integrated Team and Services were together. Districts themselves would then be able to determine what was needed and how best to deliver Care at Home Services in their area to address specific issues, eg sparse geographical nature, difficulty in recruiting staff. The Director of Health and Social Care was able to report on the changes in procurement which had taken place in Care at Home Services in recent weeks in relation to the decommissioning of the Independent Living Service and the additional services being purchased from other agencies. These were progressing well and no concerns had been raised about the transfer of services.

Thereafter, the Sub-Committee **AGREED**:-

i. to acknowledge progress and ongoing work to establish the Commissioning Approach in Adult Services; and

ii. that regular reports be provided to the Sub-Committee on the redesigning and development of Care at Home Services.

9. Five Year Plan – Presentation on Work in Progress

The Director of Adult Care, NHS Highland undertook a presentation on work in progress in relation to the Highland Quality Approach to Adult Care - Five Year Plan.

The Highland Quality Approach put quality first around delivering better health, care and value. An overview was provided during which it was explained that this included more person-centred, cost effective care; giving staff confidence and control of their future; and providing an opportunity to reconfigure services for the future. Examples of the paperwork being used, such as the Project Charter, were shown to demonstrate how this was being achieved together a reminder of the commitments NHS Highland had in delivering Adult Services. An important part of the process was to bring forward an Outcomes approach and the process whereby this was achieved in terms of activities and resources was explained. The Highland Quality Approach also

focused on reducing harm and waste and managing variation, areas of improvement which were necessary to develop quality.

Some initial redesign had already taken place in areas such as Care at Home and Reablement and NHS Education for Scotland had also met the costs of sending a number of staff to Torbay to see how a single point of access system and Integrated Team worked on the ground. However, attention was drawn to small tests of change and the specific example of discharge planning to demonstrate process mapping was used. In this example the process detailing how patients flowed through the system was set out in order that areas of duplication and where patients got "stuck" could be identified so that patients could be pulled through the system in a more effective way to ensure they were in the right place at the right time for the service they required.

The Five Year Plan had commenced in 2012 and the outputs developed over the last year were detailed. Alongside the Five Year Plan were the Strategic Commissioning Plan, the Community Care Plan for Highland People and the firming up of the Performance Plan. In addition, the Strategic Commissioning Group had agreed, for both Adult and Children's Services, that an initial draft of the Five Year Plan would be available by mid April 2013 and that a Members' Seminar would be held in May 2013 followed by an NHS Highland Board Development session. This would allow initial proposals to be brought to NHS Highland's Health and Social Care Committee and a draft to the Council's Adult and Children's Services Committee in May 2013. The Commissioning Plan was due for drafting in July 2013 and it was hoped a revised draft would be in place by August 2013 so it could then be approved by NHS Highland and the Highland Council in September 2013.

In discussion, concern was expressed as to whether there were sufficient resources in Home Care and communities. It was important too that the proposals were properly communicated to people but, in the short term, money was needed at the frontline to meet demand for services. In response, it was pointed out that part of the agreement around the Integration Agenda was that, over time, management would be streamlined and this would allow the frontline to be preserved and developed despite funding either remaining static or reducing. The redesign of the service intended to look at how it could be delivered differently and how efficiencies could be achieved. The District Partnerships would be involved in this so that, as it was being developed, there was input from communities to inform and monitor what was being done.

The involvement of the Housing Development Team in the redesign of Home Care Services was encouraged bearing in mind the need to produce a Housing Impact Statement. Ideally, resources such as Care Homes would have clusters of housing around it. People wanted to be close to the middle of communities but such sites rarely came up and when they did they were usually commercially attractive. However, ideally something should be built in to Development Plans to specifically earmark central sites for housing for older people.

In response to a question as to why the Change Fund could not be used to employ more Home Carers and purchase step up/down beds from the Independent Sector, it was explained that the Fund had to be signed off by the Third and Independent Sector as well as by NHS Highland and the Highland Council. For NHS Highland to use it to buy Care Home Services would conflict with the philosophy of working with the Third and Independent Sector. Other areas had used the Change Fund to plug problems but, when the Fund had come to an end, they had had to withdraw these services. In

addition, there were difficulties in recruiting people, particularly in providing Care at Home and, at a national level, with how the relationship with external providers was managed.

Thereafter, the Sub-Committee **NOTED** the presentation.

10. Health and Social Care Adult Services Performance Framework

There had been circulated Report No ASDS/07/13 by the Head of Care Support, NHS Highland which explained that arrangements were now in place to review and further develop the adult services performance framework and progress the action plan in place. There was to be a further report to the Strategic Commissioning Group on the outcome of those actions and specifically to consider those areas detailed at paragraph 4.12 of the report.

The review of performance indicators, together with the establishment of the Key Strategic Performance Indicator Group, was welcomed. However, it was vital that there was a clear focus on what was specifically important to service users and the annual review involving service users and staff would be particularly helpful in achieving this. In addition, it was suggested that Dr Margaret Somerville, NHS Highland's Director of Public Health and Health Policy, should be included in the Group, bearing in mind the work she had already done around services for older people.

Thereafter, the Sub-Committee **NOTED**:-

i. the establishment of the Strategic Key Performance Indicator Group;
ii. changes in Performance Indicators presented to the Strategic Commissioning Group;
iii. actions underway to address areas where reporting was incomplete; and
iv. indicators which were likely to be submitted to a future Strategic Commissioning Group for consideration.

The meeting concluded at 4.00 pm.