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 2 May 2013 at 2.00 pm.

Present:

Mrs I Campbell
Mr A Christie
Mrs M Davidson
Mr B Gormley
Mr K Gowans
Mr M Green (Substitute)
Mr E Hunter (Video Conferencing)
Mrs L MacDonald
Mr T MacLennan
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 B Robertson, Head of Adult Social Care, NHS Highland
Mr S Steer, Head of Strategic Commissioning, NHS Highland
Mr G McCaig, Head of Care Support, NHS Highland
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 B McAllister and Mrs M Paterson.

2. Declarations of Interest

There were no declarations of interest.

At this stage, the Director of Adult Care alerted Members to the Inspection Report on the Care at Home service, available on the Care Inspectorate website. It had been the first inspection of the Care at Home service since the integration of health and social care and, whilst the report acknowledged the hard work of frontline staff, a number of issues had been identified relating to delays in reviews and care plans. A follow-up inspection would take place within six months and the Chief Executive of NHS Highland had taken ownership of an Action Plan to address the issues raised.

In response to questions, it was explained that, in the short term, administrative support had been put in place to release officers to carry out the outstanding reviews.

In the longer term, it was necessary to examine the best way to provide the capacity to deliver the service within the care standards, whether that be through recruitment of frontline staff, officers or a combination of the two. The Action Plan undertook to ensure that every service user had a review and that the relative documentation was in place within six months and the Care Inspectorate was content with that timescale. In addition, questionnaires would be sent out to all service users seeking feedback in order to establish a baseline against which to measure improvement. If Members identified local anecdotal issues, they should be brought to the attention of the District Manager.

During further discussion, Members expressed concern that there were not enough staff in the Care at Home service and that managers were not communicating effectively with their teams. The scrutiny role of the Sub-Committee was emphasised and it was suggested that a presentation take place at the next meeting setting out the current position and how it was intended to move forward and sustain the service. In addition, it would be helpful to have sight of the Action Plan and the findings of the proposed survey of service users. Whilst the Inspection Report was disappointing, NHS Highland's response had been positive, robust and transparent and this was welcomed. The partnership with the Council was emphasised and both parties had an obligation to ensure that improvements were made.

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

i. that a copy of the Action Plan in respect of the Care at Home service be provided to Members of the Sub-Committee;
ii. that a presentation on the Care at Home service, including the findings of the survey of service users, take place at the next meeting of the Sub-Committee.

3. Adult Social Care Summary

There had been circulated Report No ASDS/08/13 dated 29 April 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:-

- Strategic Commissioning
- Performance
- Change Plan
- Revenue Budget

It was highlighted that a provisional date of 6 June 2013 had been identified for a joint Members' Seminar on the Community Care Plan and the Integrated Children's Services Plan.

The Sub-Committee **NOTED** the issues raised in the report.

4. Performance Framework

i. End of Year Balanced Scorecard

There had been circulated the End of Year Balanced Scorecard for Adult Services.

Further to discussions at the previous meeting, the Director of Adult Care informed Members that the Dementia Nurse Consultant would undertake a presentation at the next meeting of the Sub-Committee.

During discussion, information was sought on why the number of younger adults in institutional care settings (Indicator 23) had increased. In addition, clarification of the methodology behind the quarterly and cumulative figures was sought in relation to the number of people in receipt of long term housing support services (Indicator 21).

In response to questions, it was explained that:-

- with regard to Care at Home, the way data was currently collected was flawed. For example, if a home care package increased, not by the number of hours but by the number of home care workers, it was not recorded. Steps were being taken to address this to ensure that the data being presented was robust;
- in relation to Self Directed Support (SDS), a report had been presented to NHS Highland's Senior Management Team describing proposals to implement a five year plan which would address issues such as maintaining an appropriate balance of traditional services and potential decommissioning of services to shift investment to SDS. It was intended to carry out a period of stakeholder engagement commencing in June/July 2013 to raise awareness and ascertain people's aspirations. In some areas where there were challenges in terms of traditional service provision it was being seen as a possible alternative and demand would increase as people became more familiar with the concept; and
- with regard to the number of A&E admissions due to falls, there was a data issue in that the reason for attendance at A&E was poorly recorded. Work was ongoing with a view to implementing a system change to record falls more accurately. An update would be presented to the next meeting of NHS Highland's Improvement Committee and would then be shared with the Sub-Committee.

Thereafter, the Sub-Committee:-

i. **NOTED** the position;
ii. **AGREED** that information on the reasons for the increase in the number of younger adults in institutional care settings (Indicator 23) be provided to Members of the Sub-Committee; and
iii. **AGREED** that clarification of the methodology behind the quarterly and cumulative figures in relation to the number of people in receipt of long term housing support services (Indicator 21) be provided.

ii. Health and Social Care Adult Services Performance Framework

There had been circulated Report No ASDS/09/13 dated 22 April 2013 by the Head of Care Support which detailed the arrangements in place to scrutinise and review the Performance Indicators used for the Performance Framework. It was intended that this process would be completed by August 2013 for presentation to the Strategic Commissioning Group. The Indicators would then form the basis for ongoing review of performance.

During discussion, Members expressed disappointment regarding the proposal that some of the qualitative indicators should be removed from the scorecard. Whilst it was recognised that they were difficult to measure, how people perceived themselves was one of the best indicators of how a service was performing and it was suggested that consideration be given to how to capture the necessary evidence so that such indicators could be reintroduced. In addition, it was suggested there might be merit in examining the methodologies used by other Health Boards or agencies.

In response, Members were assured that although some indicators may be removed from the scorecard, qualitative data remained extremely important. A significant amount of data was collected by the Public Health team and NHS Highland was committed to carrying out specific audits and surveys of service users and carers. With regard to the methodologies used by other Health Boards, Directors of Public Health had regular meetings and shared information across Scotland. The information collected would be fed back through the Director of Public Health's Annual Report as well as through Management Teams, the Improvement Committee and the Health and Social Care Committee.

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

i. progress in improving and refining the performance framework indicators;
ii. actions underway to address areas where reporting was incomplete; and
iii. areas requiring further investigation.

iii. Exception Report – Enhanced Telecare

There had been circulated Report No ASDS/10/13 dated 24 April 2013 by the Head of Adult Social Care which provided an update on the provision of basic and enhanced telecare services to support people to live safely in their own homes. There was a need to ensure there was continued growth in the promotion and uptake of this important service.

Considerable discussion took place, during which Members expressed concern regarding the prohibitive cost of personal alarms. Charges in Highland were said to be the highest in Scotland, with many authorities providing them free of charge, and it was suggested that consideration be given to not charging people over 80 years of age, although some Members felt it should be more inclusive. In addition, the alarms were unsightly and cumbersome and it was proposed that alternatives be investigated. They were, however, an effective preventative measure and it was important to identify the savings being achieved in terms of keeping people out of hospital or care. It was suggested that an options report be presented to a future meeting of the Sub-Committee setting out the types of equipment available and the financial implications. In addition, it would be helpful to consult with groups such as Age Concern and the Highland Senior Citizens' Network and reach a consensus on the best way forward. Although the service was commissioned from NHS Highland, it was important to find a way to facilitate it and it appeared to be an appropriate use of preventative spend.

In response, whilst acknowledging Members' concerns and the scrutiny role of the Sub-Committee, it was emphasised that it was NHS Highland's responsibility

to deliver on the agreed outcomes in respect of the services commissioned from them. The charging regime had been inherited from the Council and it was explained that the weekly charge covered not only the alarm itself but the necessary back-up support including the call centre. It was highlighted that the same charge applied to any installation, including enhanced telecare packages, some of which were quite costly. The income stream was £460k so the impact would be significant if charges were cut. There was a mechanism in place for financial assessment and, if there was deemed to be hardship, it would be addressed. With regard to other local authorities, whilst they may charge less for telecare, they charged considerably more for other services such as day care.

Following further discussion as to the most appropriate way forward, during which Members expressed concern that people who only required an alarm were subsidising more expensive packages, the Director of Adult Care undertook to raise Members' concerns regarding charges and the efficiency of the equipment with NHS Highland's Management Team. However, it important that the issue of telecare was driven by the Operational Units as part of integration as a whole and linked to the implementation of integrated teams. As a first step, it was suggested that the cost of not charging people over 80 years of age for personal alarms be investigated and presented to NHS Highland's Management Team for consideration as a measure which, if agreed, would have to be funded from elsewhere. The alternative was that the Council met the cost. In addition, it was suggested that a demonstration of telecare equipment and the DALLAS (Delivering Assisted Lifestyles Living at Scale) system be undertaken at a future meeting of the Sub-Committee.

Members welcomed the proposal although it was suggested, in the interests of partnership working, that any additional costs should be shared.

The importance of links with schemes such as the Scottish Ambulance Service's Community First Responders Scheme was emphasised and it was explained that this was being taken forward by the Community Safety, Public Engagement and Equalities Committee.

Thereafter, following further clarification in relation to unit costs and the overall cost of providing the service, the Sub-Committee:-

i. **NOTED** the current position regarding uptake of telecare services;
ii. **AGREED TO RECOMMEND** that the cost of not charging people over 80 years of age for personal alarms be investigated and presented to NHS Highland's Management Team for consideration, following which an update be provided, in six months, to the Sub-Committee; and
iii. **AGREED** that a demonstration of telecare equipment and the DALLAS (Delivering Assisted Lifestyles Living at Scale) system be undertaken at a future meeting of the Sub-Committee.

5. Investment in Preventative Spend – Impact on Outcomes

There had been circulated Report No ASDS/11/13 dated 24 April 2013 by the Director of Adult Care which explained that additional resource allocated to NHS Highland at the end of 2012 by Highland Council was in response to the Council's commitment to invest in preventative spend services for the elderly.

Much of this work, now underway and evidencing improvements in outcomes, continued to develop across the Highland area and was inextricably linked with strategic commissioning, working more closely with communities and the public in determining needs and capacity and supporting people to make healthy choices in life.

Evidence of improvements in outputs (activity) for older people continued to be gathered and some was presented in the report. The impact on outcomes for older people in terms of remaining safe, healthy, independent, active etc was apparent as a result.

Considerable discussion took place regarding reablement and care at home, during which Members expressed concern regarding unmet need and that preventative spend was not being utilised to recruit more home care workers.

In response, whilst acknowledging Members' concerns, it was emphasised that it was important to focus on the outcomes set out in the Partnership Agreement and there was no evidence that simply increasing the number of home care workers would help to achieve them. However, Members were assured that NHS Highland was committed to increasing care delivered at home in the wider sense and that home care would be examined as part of the ongoing work to redesign services. It was essential that any new funding or funding arising from the redesign was targeted in the right place.

Discussions were ongoing regarding whether reablement should be a separate service or be seen more as a philosophy of care. Funding had been allocated from the first tranche of Change Fund money to provide additional capacity within the care at home service, specifically to deliver reablement. However, this depended on the implementation of integrated teams to provide a mechanism for assessment, planning and delivery. Integrated teams were now developing at pace and it was anticipated that, over the coming year, they would begin to deliver services in a much more integrated way to deliver the agreed outcomes, some of which related to targeted intervention to restore people's ability to live confidently, safely and independently.

In addition, there was increased investment in the Adult Social Care budget to commission care at home services within the independent sector and discussions were ongoing regarding working in partnership to increase capacity.

During further discussion, Members referred to the wide range of local activities available to older people and emphasised the importance of mapping of services in a coordinated way. Particular reference was made to the "Men's Shed" initiative and it was highlighted that funding was being sought to establish one in Inverness.

In relation to home care, it was emphasised that reablement was only part of the issue and that, as the population aged and became more frail, there was going to be an increasing demand.

Thereafter, the Sub-Committee **NOTED** the impact on outcomes for adults on the investment targeting prevention in 2012/13.

6. Discussion Paper – Delayed Discharge

There had been circulated Report No ASDS/11/13 by the Chief Operating Officer which explained that Members requested a discussion to develop understanding of the delayed discharge agenda. Two recent reports to NHS Highland's Improvement Committee were appended which introduced the concept of the Highland Quality Approach to Safe and Effective Admission, Transfer and Discharge. These reports outlined some of the practice, process, capacity, cultural changes and developments currently being taken forward and were accompanied by a verbal report on the thinking behind the approach being taken.

Detailed information was provided on the various reasons for delayed discharge and the codes used to categorise them. There had been an increase in the number of delayed discharges prior to the national census due to a high number of complex cases as well as a number of embargoes on care home admissions. However, as a result of the concerted approach being taken, there had been no delayed discharges over 28 days at the national census point. The reasons behind delayed discharge were now being examined much more closely by officers, including the Chief Operating Officer. A weekly meeting took place with Operational Managers which had identified issues such as inaccurate coding. In addition, a report on the current position was produced daily. There had not been the usual rebound following the national census which indicated that there was a shift from "target" behaviour to integrated service behaviour.

During discussion, Members welcomed the management action being taken and commended staff on hitting the census target.

In response to questions, it was explained that:-

- in relation to those who had been in a delayed discharge position prior to the census, some were now in care homes or receiving care at home whereas others had been awaiting aids and adaptions, such as stair lifts, which had now been installed;
- with regard to care homes, there was still some capacity which could not be utilised as a result of embargoes on admissions due to quality grades and work was ongoing to address that. There was a collective duty of care to ensure that residents were safe and received good quality care and the service improvement lead officer had a very focused role in terms of working both in-house and with the independent sector to ensure that contracts were delivered and improvements made; and
- work was ongoing to encourage people to discuss their statutory right of choice at a much earlier stage so it did not lead to delayed discharge.

Thereafter, clarification having been provided in relation to a number of delayed discharge codes, the Sub-Committee **NOTED** NHS Highland's practice, process, capacity, cultural changes and developments currently being taken forward in relation to delayed discharge.

7. Implementation of Integrated Teams and Single Point of Access

The Director of Adult Care explained that the position in relation to the implementation of integrated teams was variable throughout Highland, dependent on factors such as where there were opportunities for co-location. Some rural areas, where joint working had already been taking place, were further forward than urban areas.

Sites had been established in Nairn, Invergordon, Fort William and Skye to test an integrated model with a single point of access. The model had been developed in Torbay and, on the basis of the work done there, four Health and Social Care Co-ordinators would be appointed who would be the sole point of contact for referrers, usually GPs, and would gather the necessary information, liaise with appropriate members of the team and decide what care was required. Evidence from Torbay was that this accelerated the process which was important as admittance to hospital was often the default position if GPs did not receive a quick response.

The sites had been chosen because they had premises where the teams could be co-located as well as the necessary IT infrastructure. They would operate for a year, with an evaluation being carried out in Spring 2014, but the intention was to roll the model out across Highland. Particularly in rural areas, it was hoped to build on virtual work such as teleconferencing and telecare which helped to keep people at home and support them on their return from hospital.

The Community Development Officer would have a key role in terms of mapping not only the resources within the immediate control of the team but the full range of services available in the local community to support people before they escalated into acute services. District Managers were already managing Care Homes within their districts and would shortly be managing the Care at Home service. In addition, a mechanism was being put in place to allow District Managers, where appropriate, to have effective contract monitoring with external service providers. These elements, combined with a single point of access, created a powerful team setting which would allow the right services to be deployed at the right time in the right way.

In response to questions, it was explained that work was ongoing with the Estates team with a view to co-locating the integrated team in Inverness although there were some challenges to be addressed.

Members were also informed that 21 June 2013 was Care Homes Open Day throughout Scotland and, in order to capitalise on it, events would be taking place in Highland.

Thereafter, the Sub-Committee:-

i. **NOTED** the position in relation to the implementation of integrated teams and a single point of access; and
ii. **AGREED** that information on the national Care Homes Open Day be circulated to Members of the Sub-Committee.

8. Sensory Services – National Strategy and Local Response

The Director of Adult Care undertook a presentation on the implications for Highland in relation to See Hear, the Strategic Framework for meeting the needs of people with a sensory impairment, which was currently out for consultation.

The national context covered services from cradle to grave and recognised that there was increasing demand as well as a need for greater efficiency and effectiveness. There were a number of emerging themes including outcome focus; targeted preventative strategy – redirection of resource; early diagnosis and intervention;

greater choice and control – improved information; self-management – community capacity; pathways – covering transitions; effective partnerships – all sectors; skilled workforce; and performance framework.

A schematic was provided which demonstrated the "one stop shop" approach being developed in Highland as part of a two year project, funded by the Scottish Government, to move from deaf and hard of hearing services and vision impaired services to a combined sensory approach. This was very welcome and reflected the Highland Quality Approach and the views of the Strategic Group on Sensory Issues.

The Framework included a number of recommendations relating to spending patterns; screening; awareness; effective local services; data collection; and barriers and these were summarised. In addition, detailed information on the Highland position was provided in relation to each recommendation.

In conclusion, Highland was moving in the right direction with the one stop shop approach although there were a number of outstanding challenges to be addressed. It was important to ensure that there was not too much focus on conditions people might be admitted to hospital for and that, where there was a sensory impairment, it was clearly identified and supported at an early stage. Consideration also required to be given to how best to measure that in terms of outcomes.

Thereafter, having welcomed the informative presentation, the Sub-Committee:-

i. **NOTED** the presentation; and
ii. **AGREED** that a copy of the Strategic Framework document be circulated to Members of the Sub-Committee.

9. Glossary

There was tabled a glossary of acronyms and terms which would be an ongoing piece of work to support staff and Members. The Director of Health and Social Care explained that it was a first draft and invited Members' comments. It was intended that the glossary would be updated regularly and be appended to each Sub-Committee agenda.

Members welcomed the glossary and suggested that it should include the Adult and Children's Services Committee, Highland Health and Social Care Committee and Adult Services Development and Scrutiny Sub-Committee.

Thereafter, the Sub-Committee **APPROVED** the glossary subject to the suggested additions.

The meeting concluded at 4.50 pm.