

The Highland Council

Education, Children and Adult Services Committee

Minutes of Meeting of the **Adult Services Development and Scrutiny Sub-Committee** held in Committee Room 1, Council Headquarters, Glenurquhart Road, Inverness on Friday 21 November 2014 at 2.00 pm.

Present:

Mrs I Campbell
Mr A Christie
Mrs M Davidson

Ms J Douglas
Mr G Ross
Ms K Stephen

In attendance:

Ms F Palin, Head of Adult Services, Care and Learning Service
Ms I Murray, Commissioning Officer, Care and Learning Service
Ms J Macdonald, Director of Adult Social Care, NHS Highland
Mr G McCaig, Head of Care Support, NHS Highland
Mr S Steer, Head of Strategic Commissioning, NHS Highland
Miss M Murray, Committee Administrator, Corporate Development Service

Mr A Christie in the Chair

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mr B Gormley, Mr K Gowans, Mrs B McAllister, Mrs M Paterson and Ms G Ross.

2. Declarations of Interest

The Sub-Committee **NOTED** the following declarations of interest:-

Item 3 – Mr A Christie and Ms J Douglas (non-financial)

Mr G Ross declared a non-financial interest in those items which might raise discussion on home care as a family member received a home care package but, having applied the test outlined in Paragraphs 5.2 and 5.3 of the Councillors' Code of Conduct, concluded that his interest did not preclude his involvement in the discussion.

3. Adult Social Care Summary

Declarations of Interest:

Mr A Christie declared a non-financial interest in this item as, in his role as General Manager of Inverness, Badenoch and Strathspey Citizens Advice Bureau, he advised people who were subject to delayed discharge. However, having applied the test outlined in Paragraphs 5.2 and 5.3 of the Councillors'

Code of Conduct, he concluded that his interest did not preclude his involvement in the discussion.

Ms J Douglas declared a non-financial interest as a Director of High Life Highland but, having applied the test outlined in Paragraphs 5.2 and 5.3 of the Councillors' Code of Conduct, concluded that her interest did not preclude her involvement in the discussion.

There had been circulated Report No ASDS/17/14 dated 12 November 2014 by the Director of Care and Learning which provided an overview with regard to the delivery of the Commission for Adult Social Care Services by NHS Highland. The report summarised key issues including Delayed Discharge; Improvement Groups; Strategic Commissioning; a Joint Inspection of Social Work and Health Services for Older People; and Falls Prevention.

The Head of Adult Social Care, NHS Highland, highlighted that progress had been made in relation to people with or affected by a disability/condition chairing and taking responsibility for the various Improvement Groups, currently chaired by officers. For example, work was underway in relation to the Autism Group being chaired by a carer and supporting an adult with a learning disability to chair the Learning Disabilities Group. In relation to the Older People Group, Members requested that there be representation from the Older People's Community Mental Health Team.

In response to questions, it was explained that:-

- the cost of delayed discharge, based on a person over 65 years of age and not including medical costs, was approximately £344.31 per person per occupied bed day;
- in relation to the Joint Inspection of Social Work and Health Services for Older People, a draft Partnership Position Statement had been submitted and the final version would be submitted today. It was confirmed that this could be circulated to Members of the Sub-Committee. The inspection would be challenging and officers had expressed concern to the Care Inspectorate and Health Improvement Scotland that the traditional social work inspection process did not fit in with the Lead Agency Model. In addition, the questions related to plans for integration whereas integration in Highland had taken place over two years ago;
- a showcase event, attended by both the Care Inspectorate and Health Improvement Scotland, would take place at Council Headquarters on 16 January 2014. Invites would be issued to Elected Members and the invitation list also included community groups such as Boleskine Community Care Group. It was recognised that, post-integration, there was a sense of disconnection between Elected Members, NHS Highland and District Partnerships and the aim of the event was to begin to address that and demonstrate to the Council, communities and others what the NHS was doing in terms of adult health and social care. In addition, the Chief Operating Officer and the Head of Adult Social Care, NHS Highland, and the Council's Director of Care and Learning would be visiting District Partnerships in the spring of 2015 to discuss local issues and promote communication;
- in relation to the Change and Improvement Plan, it had been felt that the appropriate protocol was for the Council's Education, Children and Adult Services Committee to consider the Plan before rolling out District Plans to District Partnerships; and

- with regard to the Otago Exercise Programme, which had led to demonstrable reductions in falls, the proposed new programme venues would be in the Inverness area. The original project had started outwith Inverness to allow mapping to be carried out in the City to ensure there was no duplication. In addition, there had been a bid for Lottery funding to cover the Inverness area. However, that had been unsuccessful and there was now a gap in provision.

During further discussion in relation to the showcase event, Members commented that the original intention had been for it to be an event for community groups to show what was happening in their area and exchange information. Many community groups were models of forward thinking and best practice and it was suggested that consideration be given to a separate event. In addition, there was a need for more information in relation to Self Directed Support (SDS) and it was suggested that that could be incorporated.

Thereafter, the Sub-Committee:-

- NOTED** the issues raised in the report;
- AGREED** that the final Partnership Position Statement be circulated to Members of the Sub-Committee; and
- AGREED TO RECOMMEND** that consideration be given to a separate event for community groups to showcase what was happening in their area and exchange information/best practice.

4. Health and Social Care Adult Services Performance Framework

There had been circulated Report No ASDS/18/14 dated 13 November 2014 by the Head of Care Support, NHS Highland which provided the latest edition of the balanced scorecard presented to NHS Highland's Improvement Committee together with an exception report on delayed discharge. Members were also asked to consider future reporting requirements.

It was highlighted that an exception report on respite would be presented to the next meeting of NHS Highland's Improvement Committee. However, indications were that the reduction in the number of respite bed nights was due to an increase in SDS packages. In relation to Indicator 8 – the time taken to access drug or alcohol treatment services – it was highlighted that the percentage of clients waiting no longer than three weeks from referral to appropriate treatment was now 94%. With regard to Indicators 56a and 56b, following a change to the complaints system, work was ongoing to address an issue in terms of extracting the data relating solely to adult social care complaints.

During discussion, the following issues were raised:-

- in relation to the number of enhanced telecare packages (Indicators 16a and 16b), it having been confirmed that the figures provided were the current position, information was sought on why the numbers were not greater. The Chairman requested that a response be emailed to Members and confirmed that an item on telecare would be added to the agenda for the next meeting of the Sub-Committee;
- information was requested on where Highland stood in comparison with the rest of Scotland in terms of care at home provision. In response, it was confirmed that

- this would be investigated and a graph demonstrating the increases in care at home in Highland would be circulated to Members of the Sub-Committee;
- in relation to the Highland Carers Centre, the number of people accessing the service was disappointing and information was sought on whether there had been a marked increase in activity. In response, it was explained that a significant amount of work had been undertaken in terms of advertising as many people were unaware of the service and the fact that there were outreach carers in each district to support carers in their caring role. However, it was recognised that further work was required and it had been prioritised by the Director of Adult Care, the strategic lead for respite;
 - with regard to Indicator 34a, concern was expressed that the number of people receiving an SDS package appeared to be quite static. In response, it was explained that the Indicator related solely to SDS Option 1 – Direct Payments. There were three other SDS options and it might be that they should also be reported on;
 - information was requested on whether there was a plan for disinvestment in traditional services as SDS packages increased. In response, it was explained that there was not a separate budget for SDS. For example, if someone received a direct payment for care at home, it came from the care at home budget. The Chairman requested a Briefing Paper in that regard as it was being managed differently within the Council; and
 - information was also sought in relation to disinvestment in acute services as more people were cared for in their local communities. The Chairman confirmed that this had been alluded to at the recent Education, Children and Adult Services Committee and would be discussed at a forthcoming meeting with the Director of Adult Care.

Turning to the exception report on delayed discharge, detailed information was provided on the work of the Community Pull Team, led by a community nurse, which had been in operation since 1 October 2014. In particular, it was explained that, between 9.00 am and 5.00 pm Monday to Friday, every person over 65 years of age admitted to A&E with a physical disability or support need was immediately seen by a social worker and nurse to assess them and discuss supporting them to return home. Those admitted during the night were seen first thing in the morning. The Team had initially focused on Raigmore and the outcome was that, as of today, there was only one delayed discharge case waiting for a care at home package as opposed to 30 on 1 October 2014. There were currently 20 delayed discharge cases waiting for a care home placement. However, it was emphasised that this was due to the robust approach being taken to care homes and there was no simple solution without reducing quality standards. Work had also been undertaken in Nairn, using an SDS approach, and it was now intended to focus on the Royal Northern Infirmary. This would be challenging and resources were an issue so it was essential to target them appropriately and change attitudes and cultures. Significant progress had been made and it was emphasised that NHS Highland was committed to having no delayed discharges by 1 April 2015.

During discussion, the following issues were raised:-

- the outstanding work of the Community Pull Team was commended;
- care home capacity was an ongoing issue and it was essential that the embargo situation was addressed;

- it was necessary to publicise the predicted requirements in terms of care home beds to give the private sector the confidence to invest;
- it was requested that Members be informed if recruitment fairs were taking place so they could tell people in their local communities;
- people wanted good locally based jobs and it was necessary to provide care at home at a community level;
- concern was expressed regarding the poor wages in the care sector; and
- there was innovative work taking place in communities and the earlier request for a showcase event was reiterated.

In response to questions, it was explained that:-

- in relation to discussions at NHS Highland's Health and Social Care Committee regarding changes to the policy on embargos, it was not intended to place people in care homes that were performing poorly. Rather, discussions had taken place regarding whether NHS Highland had the right to prevent someone going in to a care home that was performing poorly if it meant being closer to their loved ones. The plan was to take a patient centred approach on an individual basis;
- commissioning intentions were currently being developed which would explain to the provider base what was required in terms of volume and type – ie residential versus nursing care. In addition, they would specify the expectation in terms of quality that, over the next five years, 95% of care home beds in Highland would be grade 4 and above;
- the issue of care home placements was complex in that the beds made available to NHS Highland might not necessarily be all the vacant beds a care home had. For example, some care homes might have beds but be unable to staff them or there might be an agreement in place so that a home did not become overstressed. In addition, popular care homes with high quality grades might choose to keep some or all of their beds for self-funding clients rather than accept the national care home rate;
- with regard to care at home, the market was saturated with demand and was unable to provide all the hours required. Recruitment was taking place but it was now reaching a point where, with the exception of community generated initiatives, everyone who would be interested in becoming a home carer had been enlisted. It was therefore intended to make dynamic changes through the provision of a fair rate for care at home. It was emphasised that Highland was the only area in Scotland proposing such a step and, whilst there would be cost implications, it was the only way to move from the current position to a sustainable care at home market;
- in relation to recruitment, discussions were taking place regarding an apprenticeship scheme which it was hoped would attract school leavers and young people;
- zoning was now taking place to create more care at home capacity. This was working well in more urban areas and a better service was being delivered; and
- Highland was ahead of the rest of Scotland in terms of listening to communities and thinking differently but it was acknowledged that there was a lot of work to be done. One of the most challenging areas was working with communities to support them to understand why things were being done in a different way.

Thereafter, the Sub-Committee:-

- i. **NOTED** the report and the exception report on delayed discharge;
- ii. **AGREED** that further information in relation to the number of enhanced telecare packages (Indicators 16a and 16b) be emailed to Members of the Sub-Committee and that an item on telecare be added to the agenda for the next meeting;
- iii. **AGREED** that information on Highland's position in Scotland in terms of care at home provision and a graph demonstrating the increases in care at home in Highland be circulated to Members of the Sub-Committee; and
- iv. **AGREED** that a Briefing Paper be provided to Members of the Sub-Committee on how NHS Highland budgets were being managed to allow for the increase in SDS packages and the subsequent reduction in traditional services.

5. Operational Director Reports

i. North and West Operational Unit

There had been circulated report by the Director of Operations in respect of the North and West Operational Unit as considered by NHS Highland's Health and Social Care Committee on 6 November 2014.

In response to a question, it was confirmed that the Harmsworth Ward in Caithness was still not in use, the Care Inspectorate having deemed it unsuitable. However, discussions had taken place with the relevant Scottish Government Minister and the Depute Director of the Care Inspectorate had been invited to visit the ward and take a facilitative approach. It was requested that Members be kept informed of progress.

Thereafter, the Sub-Committee:-

- i. **NOTED** the content of the report; and
- ii. **AGREED** that Members be kept informed of progress in relation to the Harmsworth Ward in Caithness.

ii. South and Mid Operational Unit

There had been circulated report by the Director of Operations in respect of the South and Mid Operational Unit as considered by NHS Highland's Health and Social Care Committee on 6 November 2014.

During discussion, the following issues were raised:-

- clarification was sought in relation to finance, particularly the shortfall of £1.4m in the Adult Social Care savings target and how that would be achieved. In response, the Chairman explained that it would not be appropriate to discuss the detail until such time as the NHS Board had had the opportunity to consider the matter. That would take place, in public, on 2 December 2014. Thereafter, there would be an opportunity to discuss it at the Council's Education, Children and Adult Services Committee on 14 January 2014; and
- reference was made to the draft Recovery Plan presented to the last meeting of NHS Highland's Health and Social Care Committee which contained a proposed saving of £0.5m against care package reviews. An assurance was

sought, and received, that these savings would be reinvested in frontline services.

In response to questions, it was explained that the reassessment of care at home packages was a standard care management process which should take place more often. In the past, large care packages had been put in place and made people dependent. Now the aim was to maximise what people could do for themselves. As previously discussed, instead of people being discharged from hospital with a static care package for six weeks, a discussion regarding their discharge plan would take place within 24 hours of admittance and care would be provided on a sliding scale. Engagement with families took place by a variety of means but in person or by telephone was preferable.

During further discussion, Members commented that a perceived reduction in care would be concerning for those who had had long term care packages. In addition, the importance of asking people how they found the reassessment process and learning from it was emphasised.

Thereafter, the Sub-Committee **NOTED** the content of the report.

6. Care at Home and Care Homes

The Sub-Committee **AGREED** that a further verbal update was not necessary, Care at Home and Care Homes having been discussed during the previous items.

7. Integrated Care Fund

The Head of Strategic Commissioning, NHS Highland, gave a verbal update on the Integrated Care Fund (ICF) during which it was explained that the ICF for Highland amounted to £4.13m, approximately the same as the Change Fund. The expectation of the Scottish Government was that the development of work in relation to the ICF would not be an additional bureaucratic strain. A key point was that it should be incorporated within other strategic commissioning work being undertaken and it therefore tied in to the development of the Strategic Commissioning Plan (SCP) and Improvement Groups. However, the SCP related solely to older people and it was emphasised that the ICF covered all adult care.

In response to questions, it was explained that Highland was in a different position to the rest of Scotland as integration had already taken place. The view of the Scottish Government was that the ICF simply formed part of the overall budget for adult services. A meeting with the Chairs of the various Improvement Groups would take place on 1 December 2014 and they had been asked to submit their strategic priorities. The priorities for each Group would be examined to see how they matched up and, on the basis of those discussions, strategic commissioning intentions would be produced and incorporated in to the SCP. A report on the ICF and how it tied in with the SCP would then be presented to the Adult Services Commissioning Group which, in turn, reported to the Health and Social Care Committee on 9 January 2015. It was emphasised that the ICF was not a bidding fund.

The deadline for submission of an Integrated Care Plan to the Scottish Government was 12 December 2014. However, given the committee cycle, it had been accepted that a final version could not be submitted until it had been considered by the Health

and Social Care Committee. In terms of Council input, the Council was represented on the Adult Services Commissioning Group and the various Improvement Groups as well as the Health and Social Care Committee.

During further discussion, the Chairman, whilst recognising that there were three Members on the Health and Social Care Committee, emphasised that he would like Councillors to have the opportunity to discuss the Integrated Care Plan prior to submission. It was suggested that it could be considered at the Education, Children and Adult Services Committee on 14 January 2015. Highland was unique in Scotland and it was important to truly work as a partnership and think about how decisions made by one partner impacted on the other. In addition, it would make a far more powerful approach to the Scottish Government if the Plan had the support of both organisations.

The Head of Strategic Commissioning explained that, in terms of the Partnership Agreement, there was no requirement to have a dual sign-off of the Integrated Care Plan. However, it was suggested that he revert to the Scottish Government and inform them of the timescale necessary to allow consideration by the Education, Children and Adult Services Committee.

Thereafter, having emphasised the importance of investment in communities and linking the ICF to districts, the Committee **NOTED**:-

- i. the update; and
- ii. that the Scottish Government would be informed of the timescale necessary to allow consideration of the Integrated Care Plan by the Council's Education, Children and Adult Services Committee on 14 January 2015.

The meeting concluded at 3.10 pm.