

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 2, Council Headquarters, Glenurquhart Road, Inverness on Friday 4 September 2015 at 11.00 am.

Present:

Mrs C Caddick
Mrs M Davidson
Mrs B McAllister

Mr D Millar
Mr G Ross

In attendance:

Ms F Palin, Head of Adult Services, Care and Learning Service
Mrs I Murray, Commissioning Officer, Care and Learning Service
Ms D Jones, Chief Operating Officer, NHS Highland
Ms J Macdonald, 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
Ms A Johnstone, Complex Case Planning Manager, NHS Highland
Ms J Liddell, See Hear Highland Education and Learning Services
Miss M Murray, Committee Administrator, Corporate Development Service

Business

1. Appointment of Chair

Mrs M Davidson was unanimously appointed Chair of the Sub-Committee and took the Chair.

2. Apologies for Absence

Apologies for absence were intimated on behalf of Mrs I Campbell, Mr A Christie, Mr B Gormley, Mr K Gowans and Mrs M Paterson.

3. Declarations of Interest

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

Mr G Ross declared a non-financial interest in those items that might raise discussion on care homes as his mother resided in a care home 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.

Scrutiny

4. Adult Social Care Summary

There had been circulated Report No ASDS/06/15 dated 26 August 2015 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.

During discussion, the following issues were raised:-

- in relation to the growth of Self Directed Support (SDS), there were challenges around reducing funding for mainstream services and it was suggested that a report on the issues surrounding SDS be presented to a future meeting of the Sub-Committee;
- in relation to adults with incapacity, Power of Attorney was a critical issue and it was necessary to work together to raise awareness amongst staff regarding the importance of enabling people to go through a process that was efficient, timely and reduced the impact on hospital beds. The cost of beds days taken up by people with incapacity was approximately £800k and that resource could potentially be utilised in a much more creative way to pay for Power of Attorney in advance. In addition, reference was made to the Will Aid scheme and it was suggested that there was scope for a similar scheme for Power of Attorney. In relation to care homes, it was important that discussions regarding Power of Attorney were part of the admissions process and it was confirmed that this would be raised at the Adult Services Commissioning Group. It was proposed that a report on the issues surrounding adults with incapacity, including procedures, training and awareness raising of Power of Attorney, be presented to the Education, Children and Adult Services Committee on 8 October 2015. This would also present an opportunity to raise awareness through the media; and
- reference was made to discussions at the recent Resource and Commissioning Group and it was suggested that it would be helpful to bring a report to the next meeting of the Sub-Committee on the financial contribution by NHS Highland to adult social care services. The Chair emphasised the need for a clearer explanation of the financial position and suggested that the financial statements submitted to NHS Highland's Health and Social Care Committee be presented to future meetings of the Sub-Committee for information, with a finance officer in attendance to answer any questions. In response, the Chief Operating Officer explained that the governance arrangements were clear in terms of lead agency responsibility and detailed reports were presented to the NHS Highland Board, Improvement Committee and Health and Social Care Committee. Until such time as the review of governance arrangements had been carried out, reporting to an additional meeting would add to the workload of staff who were already overburdened. However, she undertook to discuss the request with the Head of Financial Planning and the Chair of the Health and Social Care Committee.

Thereafter, the Sub-Committee:-

- i. **NOTED** the contents of the report;
- ii. **AGREED** that a report on the issues surrounding Self Directed Support be presented to a future meeting of the Sub-Committee;

- iii. **AGREED** that a report on the issues surrounding adults with incapacity be presented to the Education, Children and Adult Services Committee on 8 October 2015;
- iv. **NOTED** that the issue of Power of Attorney would be raised with care home partners at the Adult Services Commissioning Group;
- v. **AGREED** that a report on the financial contribution by NHS Highland to adult social care services be presented to the next meeting of the Sub-Committee; and
- vi. **NOTED** that the Chief Operating Officer would discuss the Sub-Committee's request for financial statements with NHS Highland's Head of Financial Planning and the Chair of the Health and Social Care Committee.

5. Health and Social Care Adult Services Performance Scorecard

There had been circulated Report No ASDS/07/15 dated 26 August 2015 by the Head of Care Support which provided a copy of the latest edition of the balanced scorecard presented to the NHS Highland Improvement Committee together with an exception report on respite/short break provision. Members were also asked to consider future reporting requirements.

During discussion, the following issues were raised:-

- in relation to the number of enhanced telecare packages, it was explained that a data cleansing exercise was being carried out and the figures were expected to remain at the same level until such time as it had been completed. With regard to the replacement of old telecare equipment, the Head of Care support undertook to ascertain the current position and report back to Members;
- concern was expressed that some targets were simply an increase from the baseline level and information was sought on whether a process of reviewing performance indicators had begun. In response it was explained that the current indicators were the way in which the Scottish Government had traditionally asked for the data. However, they did not give the full picture and work was underway to revise the way in which data was captured and make it more meaningful, based on outcomes rather than inputs and outputs. Any changes to reporting requirements needed the approval of the Strategic Commissioning Group and it was estimated that the timeframe could be more than six months. However, this allowed time to consider the outcome data and present proposals to the Sub-Committee for discussion. The Chair emphasised the importance of Members being part of the review process;
- in relation to care at home, whilst there had been an increase in provision it had been extremely slow and Highland compared poorly with other parts of the country. Concern was expressed that there were still pockets of unmet need and information was sought on where the plan to increase the quantity of care at home was set out. In response, it was explained that the approach was set out in the Operational Delivery Plans monitored by the Health and Social Care Committee. Progress in the North had been much slower than in the South and Mid and there had been challenging discussions with both the in-house provider and potential new suppliers. With effect from 1 October 2015, to stimulate the market, it was intended to commence the same tariff-based approach as had been introduced in the South and Mid. In addition, discussions would take place with the Area Manager who had been liaising with potential care at home and care home providers and working with communities that had indicated they would be keen to adopt similar models to that of Boleskine Community Care. In response to a request for links to Operational Delivery Plans, it was suggested that a briefing which set out the approach being taken forward, drafted

in collaboration with Highland Home Carers for the Minister for Public Health, be circulated to Members of the Sub-Committee;

- Members were informed of proposals for a modern apprenticeship programme for the care sector and that the aim was to have the first apprentices in Highland by September 2016. However, it was emphasised that discussions were at a very early stage and a meeting of partners would take place towards the end of the month to explore potential specifications and the costs involved. In response to questions, it was explained that it made sense to develop a relationship with UHI and the colleges throughout Highland to discuss opportunities for day release. However, there were a number of providers that could potentially host a virtual academy and a number of people in the third and independent sector that already had the assessor's qualification for SVQ3. It was necessary to explore opportunities for outreach as well as how to get people together. Members suggested that SVQs could be provided in secondary schools and it was confirmed that work was underway in terms of how to reach in to schools and provide placements, recognising regulatory requirements in relation to safety in the workplace;
- with regard to the care at home tariff, providers only received it if they signed up to the full conditions which ensured that quality standards were met and staff had the opportunity to be properly trained. It was not compulsory and providers could continue to receive a lesser rate if they did not wish to sign up to the conditions;
- information having been sought on why some indicators were not broken down by geographical area, the Head of Care support explained that this was how the data had been presented historically and undertook to look in to whether it could be broken down further;
- in relation to Indicator 26b, information was sought on why Carr Gomm home based respite showed a significant drop in delivered hours. The Head of Care Support undertook to investigate and report back to Members;
- information having been sought in relation to delayed discharge, the Head of Strategic Commissioning provided a detailed explanation of the August 2015 census position in comparison with July 2015 and undertook to circulate the latest figures to Members. There were 127 people delayed in hospital on 15 August 2015, an increase of 15 on the July return. The number of short-term delays remained static but longer-term delays had increased as a result of ongoing care home and care at home capacity issues;
- with regard to the lack of care home beds, it was necessary to think about alternative measures. Discussions had taken place with the Scottish Government regarding the possibility of investment to provide extra care housing in the short term and £50k had been pledged. In response to questions, it was confirmed that discussions had also taken place with the Council's Housing Service and a portfolio was being put together, tied in to a review of sheltered housing, of properties that might be suitable for use as extra care housing. However, it was emphasised that the key was not buildings but services and it was essential to grow services within the community, whether through community initiatives, joint ventures or other models. Members suggested that the Housing Service be asked to provide a short briefing on the status of the project;
- in response to concerns that some care homes did not want to take on adults with incapacity, a detailed explanation was provided of the care home market, the national care home contract, which set the current rate, and the risks involved in breaking from it. The number of adults requiring complex care packages was increasing and it was necessary to think about how things might be done differently – for example, a joint venture with the private sector whereby additional skilled support was provided. Members concurred and commented that it was necessary to think about new

financial models for many things – for example, the provision of nursing beds in the community;

- Members questioned whether the service provided by Advocacy Highland represented value for money;
- in relation to respite, it was explained that the review was ongoing and would be concluded by November 2015. It was recognised that the way respite was currently delivered did not support people in the way they wanted and the review included engaging with every community and carers group to obtain their views. The ideas in the report had come from carers themselves and would be examined further to establish what could realistically be taken forward. With regard to the low level of activity by the Highland Carers Centre, it was explained that the situation was complex and formed part of the review. Proposals for redesigning respite provision would be brought forward as part of Phase 2 of the review. As reported at the Health and Social Care Committee, an extra £100k had been allocated to the Carers Improvement Group to fund additional work, particularly in relation to carers support within hospitals and improving uptake of Carer Support Plans. It was confirmed that Improvement Group Minutes were submitted to the Health and Social Care Committee;
- in response to questions, further information was provided on the new Carers legislation which had recently been consulted upon and was likely to impose duties on local authorities in respect of access to respite services for carers. The consultation had examined issues such as whether or not carers should pay for their services and there were significant financial implications. Further information was available online and Theresa James, the NHS Highland Lead for Carers, was leading on this issue. Clarification having been sought, it was confirmed that there was a maximum charge of £400 per week for care home respite and a financial assessment was carried out. Members expressed concern regarding the potential financial impact and, having commented that universal services were predominantly taken up by the middle-classes, suggested that consideration be given to how to increase take up in the areas with the greatest need such as Merkinch;
- in response to concerns regarding the lack of information and guidance on respite entitlement, it was explained that respite provision was based on individual circumstances and assessed need;
- Members referred to the suggestion by carers that minibuses be made available to transport people to and from respite and sought an update on the Lochaber Integrated Transport Project. It was explained that the Project had recently been reviewed and extended until the end of the calendar year. In particular, it had had a positive impact in terms of integrating NHS care home minibuses with hospital transport and providing transport for renal patients. The Chair suggested that it would be helpful for all Council Members to receive a briefing on the project and undertook to raise the matter with the Director of Community Services;
- further information was sought on the suggested use of the nurse bank for home based respite;
- the idea of family-based respite, “Shared Lives”, was welcomed and it was suggested that it be promoted;
- in relation to the idea of developing of small and larger residential units, it was suggested that the use of pre-fabricated units be explored;
- reference was made to the innovative transport initiatives taking place in communities such as Tomatin and the need to raise awareness and share best practice was emphasised;
- the Corbett Centre was underutilised and it was suggested that the possibility of providing day care there be raised at the District Partnership;

- Members commented that local volunteer input had diminished following the appointment of Carr Gomm and that the solution to respite was community based. In response, the Chief Operating Officer suggested that the Head of Care Support be tasked with establishing the current total budget for respite as well as any grant aid. Looking at the total funding available in conjunction with need at a community/district level would allow exploratory discussions to take place in terms of releasing cash into communities and giving them responsibility for commissioning activity to support respite or day care services. Members supported the proposal and suggested that the comments in relation to community based respite be passed on to Connecting Carers; and
- in relation to Carr Gomm, their contract was to the end of the current financial year. It was emphasised that Skye, Lochalsh and Lochaber used more than their allocation of Carr Gomm hours whereas the South and Mid area did not use their allocation. Historical data could be provided if Members so wished.

Thereafter, the Sub-Committee:-

- NOTED** the report and the exception/update report;
- AGREED** that the Head of Care Support ascertain the current position with regard to the replacement of old telecare equipment and report back to Members of the Sub-Committee;
- AGREED** that a briefing setting out the approach to care at home be circulated to Members of the Sub-Committee;
- AGREED** that the Head of Care Support look in to breaking down all indicators by geographical area – ie Mid, North, South and West;
- AGREED** that the Head of Care Support investigate the reasons for the significant drop in delivered hours by Carr Gomm home based respite and report back to Members of the Sub-Committee;
- AGREED** that information on the up-to-date Delayed Discharge position be circulated to Members of the Sub-Committee;
- AGREED** that the Housing Service be asked to provide a briefing to Members of the Sub-Committee on the status of the extra care housing project;
- NOTED** that the Chair would discuss the possibility of a briefing for all Council Members on the Lochaber Integrated Transport Project with the Director of Community Services; and
- AGREED** that the Head of Care Support establish the current total budget for respite as well as any grant aid to allow exploratory discussions to take place regarding community based respite.

6. 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 9 July 2015.

During discussion, the following issues were raised:-

- the situation in the North and how to deal with it in the short and long term was extremely worrying and concern was expressed that there was very little in the report about building up capacity from the ground. In response, the

Chief Operating Officer explained that discussions were ongoing with the Director of Operations and the Senior Management Team in terms of how to create a realistic sustainable service, particularly in Caithness General Hospital. The greatest financial risk related to the recruitment and retention of medical staff, with 40% of established consultant posts currently vacant and being filled by locums at a significant cost. There was also a crisis in terms of GP provision and creative multi-disciplinary solutions were required. Referring to a previous offer by the Chief Operating Officer to meet with Local Members, the Chair commented that she would also like to attend to hear their concerns. It was confirmed that this would be arranged in Caithness;

- the level of detail in the report was commendable and it would be helpful if it could be replicated in the South and Mid Operational Unit Report;
- in relation to the Skye, Lochalsh and Wester Ross Service Redesign, reference was made to earlier discussions regarding the lack of respite care and care home capacity and it was suggested that there was an argument for the provision of respite beds, as well as step up/step down beds, in Portree Hospital. However, the Service Redesign Steering Group was best placed to consider such issues and Members undertook to raise it at the next meeting. In response to questions, the Chief Operating Officer confirmed that creating additional capacity in hospitals was the wrong approach. However, step up/step down beds were slightly different and an explanation was provided for the benefit of new Members. It was explained that it was necessary to think very differently about how to utilise such resources and flex services – for example, there was an argument for Hospital at Home, whereby step up/step down support could be provided in somebody's home environment. It was important to continue the dialogue with the local community so that people understood the opportunities and options and felt content that they were going to gain a better quality service, although it might be different; and
- with regard to the Caithness General Hospital Redesign Project, clarification was sought regarding the proposed relocation of the maternity service. In response, it was explained that there had been a reduction in the number of women having their babies in Caithness and it was necessary to revisit the service and maximise capacity. That might mean a reduction in beds without reducing the overall service.

Thereafter, the Sub-Committee:-

- i. **NOTED** the content of the report; and
- ii. **AGREED** that a meeting be arranged with Local Members and the Chair of the Sub-Committee to discuss the situation in the North.

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 9 July 2015.

The Chief Operating Officer highlighted that Nigel Small had left NHS Highland and Linda Kirkland, Interim Director of Operations, Raigmore Hospital, had been asked to have an overarching responsibility for the South and Mid Operational Unit. In addition, two Deputy Directors had been appointed – one for the South and Mid Operational Unit and the other for Raigmore. The aim was to maximise

the flow between primary community services and Raigmore Hospital and it was suggested that Ms Kirkland be invited to the next meeting of the Sub-Committee to discuss how she proposed to integrate hospital and community teams.

In response to questions, it was explained that there would be one budget and that operational units should not be so divided that money could not be spent in one area to get the benefit in another. For example, increasing capacity in care at home could lead to a reduced number of delayed discharges in Raigmore. However, this year, and possibly the year after, both operational units would continue to report their individual financial positions.

Members emphasised that the ethos of the partnership agreement was to shift the balance of care from acute to community services and reiterated the need for a clearer explanation of the financial position.

During further discussion, the following issues were raised:-

- the action taken in relation to the closure of Cairdeas Cottage was welcomed and it was felt that the redesigned service would work well. In response to questions, it was explained that the service would not be static and would continue to be redesigned to ensure that it reflected the needs of the client; and
- in relation to the Badenoch and Strathspey Service Redesign, the Initial Agreement had been approved and the project would now progress to Outline Business Case. However, this could take two to three years and the Chief Operating Officer undertook to confirm the timetable. With regard to the closure of hospitals in Grantown-on-Spey and Kingussie, discussions were ongoing as to how NHS Highland could divest itself of the buildings. It was emphasised that the cost of maintaining them was in excess of any value they might have and, in response to the suggestion that they could be used for respite, it was highlighted that there were regulators involved.

The Sub-Committee:-

- i. **NOTED** the content of the report;
- ii. **AGREED** that the Interim Director of Operations, Raigmore Hospital, be invited to attend the next meeting of the Sub-Committee to discuss how it was proposed to integrate hospital and community teams; and
- iii. **AGREED** that Members of the Sub-Committee be informed of the timetable for the Badenoch and Strathspey Service Redesign.

Development

7. Resettlement of Adults with Learning Disabilities

Ms Arlene Johnstone, Complex Case Planning Manager, NHS Highland, undertook a presentation during which it was explained that her role was to enable the provision of care and support to individuals with complex needs in homes of their own. Complex needs included learning disabilities, chronic mental health conditions and acquired brain injuries. Priorities were enabling people outwith Highland to return to live nearer their families and preventing people from having to leave the area in the first place. In order to do so, services were commissioned to meet the specific needs of individuals

and detailed information was provided on projects that had taken place within the last 12 months as well as challenges and future developments.

In response to questions, it was explained that recruitment could be challenging and there was a lot of innovative work taking place in that regard.

Thereafter, having commended the excellent work taking place, the Sub-Committee **NOTED** the presentation.

8. See Hear Project

It was **AGREED** to defer the presentation on the See Hear Project to the next meeting of the Sub-Committee, scheduled to take place on 27 November 2015.

The meeting concluded at 1.05 pm.