

**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 Thursday 30 June 2016 at 3.00 pm.

**Present:**

Mrs I Campbell  
Mrs M Davidson  
Mr S Fuller

Mrs B McAllister  
Mr D Millar

**Non-Members also present:**

Ms J Douglas

**In attendance:**

**Highland Council:**

Ms F Palin, Head of Adult Services, Care and Learning Service  
Ms I Murray, Commissioning Officer, Care and Learning Service  
Miss M Murray, Committee Administrator, Corporate Development Service

**NHS Highland:**

Ms G McVicar, Director of Operations, North and West Highland  
Mr S Steer, Head of Strategic Commissioning  
Mr G McCaig, Head of Care Support  
Ms J Campbell, Co-Chair of the Learning Disability Improvement Group

**Mrs M Davidson in the Chair**

**Business**

**1. Apologies for Absence**

Apologies for absence were intimated on behalf of Mrs C Caddick, Mr A Christie, Mr K Gowans, Mrs M Paterson, Ms G Ross and Mr G Ross.

**2. Declarations of Interest**

Mrs B McAllister declared a non-financial interest in those items that might raise discussion on the Highland Senior Citizens Network as she was a Board Member 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.

Ms J Douglas declared a non-financial interest in all items as a Board Member of NHS Highland but, in terms of the Specific Exclusion in Section 5.18(2)(i) of the Councillors' Code of Conduct, remained to participate in discussion.

## Scrutiny

### 3. Minutes and Action Plan

There had been circulated Minutes of the previous Meeting held on 22 April 2016 and the Action Plan maintained by the Care and Learning Service.

During discussion, the following issues were raised:-

- in relation to the Action Plan, the Head of Care Support highlighted that a geographical breakdown of performance figures was now in place, based on the four NHS Highland areas. The Chair explained that the Community Planning Board, at its earlier meeting, had agreed that there would be nine new local community planning partnerships, which incorporated health and social care. It was suggested that the Head of Care Support liaise with the Council's Acting Head of Policy with a view to breaking down performance figures to local partnership level;
- with regard to the Harmsworth Ward in Wick Town and County Hospital, there was no further progress to report at present. However, it was hoped to turn the hospital in to one of two transitional care units which would provide a more homely environment for those waiting for a care home bed. Plans had been drawn up but there were a number of issues in relation to the Care Inspectorate; and
- in relation to the possibility of Portree Hospital becoming a transitional care unit, it was explained that it would not be economical to run and that supporting care home provision was a better option. Discussions were ongoing with two providers who had an interest in extending their provision in North Skye. In addition, the local medical practice had asked to move in to the hospital, along with community and outpatient services, so the buildings would be full. Members commented that expanding care home provision would take time and that not utilising Portree Hospital was a missed opportunity.

Thereafter, the Sub-Committee:-

- i. **NOTED** the Minutes and Action Plan; and
- ii. **AGREED** that the Head of Care Support liaise with the Council's Acting Head of Policy with a view to breaking down performance figures to local partnership level.

### 4. Highland Partnership – Review of Governance

There had been circulated a report by the Director of Adult Care, NHS Highland, on the review of governance of the Highland Partnership as considered by the Joint Monitoring Committee on 19 April 2016 and the Highland Health and Social Care Committee on 5 May 2016.

During discussion, the Chair drew attention to the sample finance report and stated that it was not acceptable that the assurance report at item 5 on the agenda did not include such a report.

The Director of Operations, North and West Highland, explained that the Director of Finance and Heads of Finance in the Operational Units were discussing the format of

the finance report that would be presented to the next meeting of the Sub-Committee. The Chair requested that she be included in the discussions.

Thereafter, the Chair having highlighted the new partnership reporting arrangements as set out in Appendix 2 of the report, the Sub-Committee:-

- i. **NOTED** the report; and
- ii. **AGREED** that discussions take place with the Chair of the Sub-Committee regarding the format of the finance report.

## 5. Assurance Report

There had been circulated Report No ASDS/05/16 by the Director of Adult Care, NHS Highland, appending a report which had been submitted to the NHS Highland Health and Social Care Committee as assurance against delivery of Adult Services within the Lead Agency.

During discussion, the following issues were raised:-

- the performance scorecard presented to the Highland Health and Social Care Committee in May 2016 should have formed part of the report and it was difficult for the Sub-Committee to carry out its scrutiny role without it;
- in relation to recruitment, housing was an issue, particularly for the lowest paid workers; and
- concern was expressed in relation to care homes choosing to take private funders over social care cases.

In response to comments/questions, it was explained that:-

- if an issue was identified in relation to performance indicators or standards and targets an exception report would be included in the next assurance report. In addition, officers endeavoured to explain what was being done to address specific issues in the report narrative;
- in relation to the Substance Misuse Service and the expected drop in performance, there was a significant issue in terms of recruiting specialist nurses. However, work was ongoing looking at different ways of delivering the service and the Director of Operations, North and West Highland, undertook to provide more detailed information to Members of the Sub-Committee;
- with regard to Psychological Therapies and Primary Care, wider reports were available on both issues and could be circulated to Members of the Sub-Committee;
- in relation to delayed discharge, there were currently three care at home delays in the North and West operational area and nine in the South and Mid. There were approximately 40 people waiting for a care home bed, 15 to 20 of whom were in the North where there continued to be a significant issue in terms of care home capacity. Addressing the care home issue was dependent on first addressing care at home and this was being done successfully in the Inner Moray Firth and starting to be done in the North and West. In addition to the proposed transitional care units referred to at item 3 on the agenda, discussions were ongoing with independent care home providers in the North and one in particular had expressed an interest in expansion. However, it was highlighted that negotiations with providers could be challenging in areas where there was a lack of capacity as they might decide to expand at an unaffordable cost;

- with regard to the North and West care at home service, the Care Inspectorate was fully supportive of the application to split the registration into a separate service for each area. Recruitment remained challenging, particularly in remote and rural areas, and negotiations were ongoing with the third and independent sector but they faced the same challenges. In addition, officers were working with communities with a view to implementing community enterprise models, particularly in rural areas;
- the national care home contract negotiations had concluded resulting in a cumulative 6.5% increase in the rates payable to care homes. However, where it was a private contract with a client, care homes could charge what they wished;
- care officer capacity/recruitment remained an area of concern and the Senior Leadership Team was monitoring the position on a weekly basis. Internal restructuring had taken place to create capacity and separate responsibilities as care officers had found it difficult to carry out reviews, supervise and deliver care. An officer had been assigned solely to quality assurance and an extra manager had been put in place to expedite progress;
- the care home staffing restructure in Wester Ross, Skye and Lochalsh was almost complete;
- there were issues in all mental health teams at present, mainly due to difficulties recruiting psychiatric nurses;
- in relation to community nursing on Raasay, whilst the community wanted a nurse on the island 24 hours a day it had not been possible to recruit to that model. The community's main concern was emergency care. However, the district nursing service did not provide that level of care. There was a wider issue in terms of community resilience and it had been agreed to set up a multi-agency steering group that, working together, would strengthen and support the community. Reference was made to Eigg, where there was no longer a resident healthcare professional and the community was providing first response for emergencies with health and care support workers who had been trained as part of a "grow your own" approach. The model was replicable elsewhere in Highland and officers would be keen to speak to other communities such as Raasay in that regard; and
- with regard to the possible provision of care at home through the Howard Doris Centre in Lochcarron, the Director of Operations, North and West Highland, undertook to liaise with the District Manager and report back to Mrs I Campbell.

In relation to the format of the assurance report, the following comments were made:-

- the fact that the information was all together was useful. However, it was obvious it had been pieced together;
- the headings could be clearer and it would be helpful to have the same headings for each operational area;
- Members wished to see future assurance reports focusing very much on key adult social care services, including community-based services, and far less on acute care;
- it would be useful if the report contained information on proposed solutions rather than just the problems;
- in relation to Key Performance Indicators, the Sub-Committee had previously agreed that any red indicators should have an explanatory note. Members would request additional reports when they felt they did not have enough information;
- it would be helpful to provide an explanation of abbreviations, delayed discharge codes etc; and

- the next report must include a finance report, the performance scorecard and any exception reports.

It was confirmed that Members' comments would be taken into account in future assurance reports.

Thereafter, the Sub-Committee:-

- i. **NOTED** the report and the assurance given by the NHS Highland Health and Social Care Committee;
- ii. **AGREED** that information on the issues surrounding the Substance Misuse Service be circulated to Members of the Sub-Committee;
- iii. **AGREED** that wider reports on Psychological Therapies and Primary Care be circulated to Members of the Sub-Committee for information; and
- iv. **AGREED** that the Director of Operations, North and West Highland, liaise with the relevant District Manager regarding the possible provision of care at home through the Howard Doris Centre in Lochcarron and report back to Mrs I Campbell.

## 6. Carers Legislation and Respite Review

There had been circulated draft NHS Highland Self-Assessment document in relation to the requirements of the Carers (Scotland) Act 2016 (the Act) together with an update presented to the Carers Improvement Group on progress towards an Action and Delivery Plan to follow on from the Respite Review.

The Head of Strategic Commissioning explained that the Scottish Government had postponed implementation of the Act for a year due to the range of complexities that existed in terms of adult social care, particularly in relation to care homes, and to allow exploration of the financial implications of the legislation. However, Carer Support Plans were starting to be embedded and there was a lot of activity taking place in terms of improving services for carers.

Following on from the Respite Review, work was ongoing to define the amount of resource available at a local level and discussions were taking place with carers regarding how they saw future services in their area and where investment should be targeted. Initial discussions had focussed on residential respite and work was ongoing to develop a different approach to the carers' respite booking service. However, it was highlighted that whilst carers and carers' organisations were enthusiastic about becoming more involved in the provision of services, they would require support.

In response to comments/questions, it was explained that:-

- in relation to the provision in the Act that carers should not be charged for respite, this was one reason why its implementation had been put on hold. There were significant financial implications and these were being explored nationally. At present, individuals continued to be assessed and, if eligible for support, could choose how they received it;
- the Scottish Government had already provided funding through the Integration Fund and some of that was being used to progress the work on carers/respite;
- breaking down budgets to a very local level was a complex matter, particularly if respite care centres were in another area and people were moving across

boundaries. In addition, some carers might want self-directed support whilst others might want traditional services so there might not be a consensus locally;

- in terms of defining the quantum, work was also underway to try and ascertain how historic expenditure in a particular area fitted in with the needs of the population;
- with regard to Workstream 6, there were two main elements, namely, the role of social work in relation to the booking service etc and assessment. Some Social Workers were spending a significant amount of time organising and it was important that people with professional qualifications were freed up to be professionals.

With regard to the booking service, Members referred to the Skyscanner search engine and suggested that something similar could be done in relation to health and social care.

Thereafter, the Sub-Committee:-

- i. **NOTED** the progress and the role of the Carers Improvement Group in monitoring and ensuring progress; and
- ii. **AGREED** that progress reports on issues such as the booking service be presented to future meetings of the Sub-Committee.

## **Development**

### **7. Learning Disability**

Jennifer Campbell, Co-Chair of the Learning Disability Improvement Group, gave a verbal presentation on Learning Disability including the role of Self-Directed Support Advisors (adults with a learning disability who NHS employed to support the delivery of SDS); the outcome of the Learning Disability Conference on 16 June 2016; the role of the Learning Disability Improvement Group in influencing service delivery in Highland; and engagement with stakeholders, including Elected Members.

During discussion, Members commented that there was a whole area of work in terms of community resilience and how to support people with learning disabilities and mental health issues in the community. Services were changing from the bottom up but self-directed support could only go so far and it was essential to shift funding into preventative services in the community.

In relation to the Conference, it was disappointing that Inverness College had not been represented given that they had a lot of students with learning disabilities.

In response to comments/questions, it was explained that:-

- the Learning Disability Improvement Group fed into the Adult Commissioning Group. Its commissioning intentions related to meaningful opportunities for people with learning disabilities, how to support existing service provision and health and wellbeing;
- it was recognised that there was a need to support people with learning disabilities at community level and this formed part of the commissioning intentions. Reference was made to the former day centre in Brora which had now become an intergenerational hub for the whole community. Reference was also made to the Boleskine Community Care model and it was explained that the next stage was to look at expanding such models to include people with learning disabilities etc.

There were a lot of exciting opportunities and self-directed support, as well as new legislation such as the Community Empowerment Act, supported the intentions; and

- in relation to whether information was available on the number of people in Highland with a learning disability, at present it was only known how many were receiving a service. However, a piece of work had been initiated through the Public Health Team to develop a specific needs analysis of people of all ages with a learning disability and that would be reported to the Sub-Committee when it was available.

Thereafter, the Sub-Committee thanked Ms Campbell and **NOTED** the presentation.

## 8. Key Performance Indicators

George McCaig, Head of Care Support, NHS Highland, gave a presentation on the development of Key Performance Indicators. It was explained that there were currently approximately 65 performance indicators, many of which were historical. In addition, many were input based and did not reflect the quality of a service and how successful it had been.

Work was ongoing to design a new balanced scorecard, based on the nine national health and wellbeing outcomes. The intention was to have a smaller number of higher quality indicators that reflected the quality of a service and whether or not aims and objectives were being achieved. There would be approximately three indicators for each outcome, two of which were likely to be based on data that existed in current systems. The third indicator would provide feedback from service users in terms of the extent to which the outcome was being achieved.

Detailed information was provided on proposed data sources, which included the current balanced scorecard; published public indicators; high level value streams; quality indicators agreed with the Independent Sector; client-centred outcomes; and Personal Outcome Plans.

In terms of timescale, the aim was to have a first draft ready for September. This would be presented to the Highland Health and Social Care Committee on 1 September and the Adult Services Development and Scrutiny Sub-Committee on 9 September for review prior to final agreement by the Joint Monitoring Committee in November 2016.

In response to questions, it was explained that:-

- preventative work/interventions at community level could form part of the indicators relating to the high level value streams;
- to date, performance indicators had tended to be used only for reporting purposes but the aim was that the new indicators would also be used by managers in the field; and
- performance indicators would be a major item at the Sub-Committee on 9 September and Members would have the opportunity to feed in to the process at that stage.

During further discussion regarding the Sub-Committee on 9 September, it was highlighted that Members had previously requested a workshop. The Chair undertook to consider the agenda and whether there was a need to extend the meeting. It was

suggested that Members of the Education, Children and Adult Services who had a particular interest could also be invited to attend. However, the Head of Care Support emphasised that it was important to keep the review group quite small.

Thereafter, having welcomed the focus on outcomes and commended the Head of Care Support and his team for their efforts, the Sub-Committee **NOTED** the presentation and that the Chair would consider whether there was a need to extend the meeting on 9 September 2016.

The meeting concluded at 4.40 pm.