

## **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 16 September 2016 at 3.00 pm.

#### **Present:**

Mrs M Davidson  
Mr S Fuller  
Mrs B McAllister

Mr D Millar  
Mr G Ross

#### **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:**

Dr D Alston, Chair of NHS Highland Board  
Ms J Macdonald, Director of Adult Social Care  
Ms G Haire, Deputy Director of Operations, Inner Moray Firth  
Mr G McCaig, Head of Care Support  
Mr S Steer, Head of Strategic Commissioning  
Ms M Johnstone, Area Manager (North)  
Mr I Thomson, Lead Social Work Officer, North and West Operational Unit  
Mr D Holloway, Learning Disability Lead, West Highland  
Ms L Johnson, Learning Disability Manager, Montrose Centre, Fort William

#### **Mrs M Davidson in the Chair**

#### **Business**

##### **1. Apologies for Absence**

Apologies for absence were intimated on behalf of Mrs C Caddick, Mrs I Campbell, Mr A Christie (OCB), Mr K Gowans, Mrs M Paterson and Ms J Slater.

##### **2. Declarations of Interest**

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

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

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.

### 3. Minutes and Action Plan

There had been circulated the Minutes of the previous Meeting held on 30 June 2016 and the rolling Action Plan maintained by the Care and Learning Service.

The Chair having queried when the workshop on key performance indicators would take place, it was explained that opportunities were being considered towards the end of October to coincide with the Education, Children and Adult Services Committee or the full Council. Noting that the seminar on learning disability had been postponed, it was suggested that a lunchtime session for Members of the Sub-Committee take place at the Education, Children and Adult Services Committee on 26 October 2016.

For information, the Chair of NHS Highland Board highlighted that Sir Harry Burns had been asked by the Scottish Government to carry out an independent review of NHS targets and would be exploring what appropriate targets might be. It was assumed that this would include social care.

In relation to the follow-up report on respite, it was confirmed that work was ongoing and it would be presented to the Sub-Committee on 18 November 2016.

Thereafter, the Sub-Committee:-

- i. **NOTED** the Minutes and Action Plan;
- ii. **AGREED** that a lunchtime session on key performance indicators take place at the Education, Children and Adult Services Committee on 26 October 2016; and
- iii. **NOTED** that the follow-up report on respite would be presented to the Sub-Committee on 18 November 2016.

## Development

### 4. Learning Disability Services

Joanna Macdonald, Director of Adult Social Care, Dave Holloway, Learning Disability Lead, West Highland, and Lyn Johnson, Learning Disability Manager, Montrose Centre, Fort William gave a presentation on services for people with learning disabilities in Highland, during which information was provided on population, the current position, challenges and future plans. In relation to the Montrose Centre, information was provided on past and present services, as well as the future vision. Finally, information was provided on the health outcomes of people with a learning disability, including the steps being taken to achieve health equality.

During discussion, the following issues were raised:-

- there were still gaps in terms of activities for people with a learning disability and it was suggested that greater use be made of community centres;
- every village in Highland had people with learning disabilities and it was necessary to reflect on how to involve them in the community from day to day;
- benchmarking data was needed to measure the effectiveness of the steps being taken to improve health outcomes;

- reference was made to the number of people with a learning disability receiving social work services and it was suggested that a survey be carried out with a view to targeting resources;
- it was suggested that consideration be given to key performance indicators relating to learning disability; and
- not enough employers were supported and encouraged to employ people with a learning disability. The Community Planning Partnership (CPP) had recently made a commitment to employ care leavers and it was suggested that there was a need to examine how employability funding was being used and target other groups. The Chair undertook to liaise with appropriate officers and the Chair of NHS Highland Board with a view to taking this forward through the CPP.

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

- placing people with learning disabilities in care homes was not supported. Many people wanted their own tenancies and a significant amount of work was taking place in terms of supporting them within the community – eg intergenerational work and support hubs. Particular reference was made to the Forse House development in the North area which afforded people much closer links to the community;
- the Corbett Centre was not suitable as a drop-in centre due to the high level complex needs of the service users but it was emphasised that people did not need to go to a centre to take part in activities/socialise. The biggest take up of Self-Directed Support (SDS) had been by people with learning disabilities and the aim was to provide a much broader range of provision so that there was an element of choice. However, this presented significant challenges as it was not possible to provide new services whilst also continuing to provide traditional services for a limited number of people;
- in relation to New Craigs, there were eight learning disability beds in a discreet unit and a Complex Care Manager whose role was to provide appropriate housing and support. When people with a learning disability were admitted to hospital, it was often because they had high level complex needs and their care package had broken down. The size of the package they required in the community was often significant and there were issues in terms of attracting independent providers with the necessary staffing;
- as Personal Outcome Plans came up for annual review they were being used to work with service users and understand their needs. An analysis of outcomes would be carried out in March 2017 and presented to a future meeting;
- the Learning Disability Improvement Group had recently agreed commissioning intentions and it was suggested that they be circulated to Members of the Sub-Committee for information; and
- the District Manager in Lochaber was looking at how NHS care services could support people with a learning disability in to work and positive feedback had been received from the Scottish Social Services Council in that regard.

Thereafter, the Sub-Committee:-

- i. **NOTED** the presentation; and
- ii. **AGREED** that the learning disability commissioning intentions be circulated to Members of the Sub-Committee for information.

## Scrutiny

### 5. Assurance Report to Commissioner – Adult Services

There had been circulated Report No ASDS/06/16 by the Director of Adult Care, NHS Highland, appending the report submitted to the Highland Health and Social Care Committee on 1 September 2016 as assurance against delivery of Adult Services within the Lead Agency.

During discussion, the following issues were raised:-

- there were communities in rural Inverness that were keen to build or adapt housing to provide nursing care in the community and it was necessary to overcome the obstacles to allow that to happen;
- Members commended the falls prevention work taking place in partnership with High Life Highland;
- it was necessary to increase the volume of care at home to create more capacity in the community and improve the delayed discharge position;
- back-up support at the base was vitally important in terms of creating care at home capacity;
- whilst recognising the importance of reasonable wages, it was necessary to develop a career structure to attract people to work in the care sector. The Council and NHS Highland needed to work together to enhance capacity and to encourage young people to consider the care sector as a career;
- communities did not want the traditional model of care at home but something more preventative and the skills to help them provide it;
- concern was expressed that organisations such as Pulteneytown People's Project and the Laurandy Centre were not receiving SDS referrals. A shift in mindset was required in terms of delivering care at home in the North and West and further discussions were required as to how to support and evolve community initiatives;
- Members commended the work being carried out by the Skye and Lochalsh Mental Health Association. However, they had not received a funding increase for several years, despite an increasing number of clients, and it was requested that consideration be given to how to support them. In addition, concern was expressed regarding recruitment/retention of staff and the lack of continuity for clients;
- there appeared to be recruitment issues in various sectors in Skye and discussion took place on affordability and availability of housing. The Chair suggested that there was a need for concentrated sessions on employability at the new Community Partnership;
- in relation to lead agency commissions, the Chair requested that a detailed breakdown of how the additional funding of £8m had been spent be provided by email;
- it was requested the future reports be checked for acronyms prior to submission; and
- an assurance was sought that the budget pressures had not led to a reduction in care at home. In addition, reference was made to the performance scorecard which indicated that, in some areas, less people were receiving a care at home service than at the same time last year.

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

- in relation to delayed discharge, the totality as of 6 September 2016 was that over 100 people were delayed in hospital. The number waiting for care at home in the North and West had reduced. With regard to care homes, lack of capacity continued to be an issue and embargoed beds added to the challenges. In the Inner Moray Firth there were currently 25 people waiting for a care home bed, 12 of whom were in Raigmore. It was highlighted that there was an increasing number of people who could not be moved on until such time as legal disputes relating to choice had been resolved;
- with regard to Power of Attorney and Guardianship, the volume of applications meant that the process currently took approximately five months. The Office of the Public Guardian was reviewing its internal processes to accommodate the growing number of applications and an update was expected by the end of the financial year. Cost was a barrier but it was suggested that the outcome of the review be awaited before considering any action in that regard. It was highlighted that there were instances where someone who had been granted Power of Attorney did not fully understand the responsibilities it entailed and this could be a significant challenge for staff;
- in relation to concerns regarding the lack of interaction for people delayed in hospital, there was a limit to what could be done in a hospital environment and rather it was necessary to address delayed discharge. Information was provided on a number of pieces of work including potentially using flats close to Raigmore as transitional accommodation; working with care home providers to try and have more influence over who they accepted; and discharging to assess/reablement;
- independent care home providers could choose self-funders and were under no obligation to sell beds to NHS Highland, even when they had unused accommodation;
- mileage was included in the care at home tariff which was being phased in in the North and West. The Sector had been consulted and the vast majority had confirmed that this approach worked for them;
- with regard to the care at home restructure, the new Care Co-ordinator posts were not a managerial role but a support role to create capacity for Care at Home Officers to be more involved in staff support, supervision, reviewing and training. The situation was being closely monitored and improvements could be demonstrated across a number of areas of the quality assurance framework;
- positive discussions had taken place with the Scottish Social Services Council regarding the provision of foundation apprenticeships/modern apprenticeships tied to Professional Development Awards (PDA) and National Progression Awards. A proposal was being put together and further information would be presented to the Sub-Committee in due course. It was highlighted that the Council in-house training team ran the PDA in dementia and it was necessary to work together in that regard;
- in relation to Portree Hospital, recruitment continued to take place. However, as with any service redesign process, there could be a reluctance to apply for jobs. An update would be sought from the Director of Operations and provided to Mr D Millar;
- with regard to the income and expenditure report, some budgets had been rebased by Finance but other budgets sat centrally and discussions were taking place with Operational Units in terms of how to move funding into the districts;
- it was intended to manage the financial pressures without impacting on services by making the system more efficient and a significant amount of work was taking place in terms of improving understanding of demand and capacity and eliminating waste;

- with regard to care at home, spend was greater than it had been previously and it was confirmed that figures could be provided. The zoning of care at home had been a success but delivery of care at home hours had increased significantly, hence the budget pressure. Information was provided on the steps being taken to address it, including looking at how people with low level needs could be better supported in the community. Attention was also drawn to the significant rise in SDS Option 1 (Direct Payments) and Option 2 (Individual Service Funds). In relation to the performance scorecard, the number of people receiving care at home did not adequately reflect the service being provided as it did not take varying levels of need into account – eg an increasing number of people had complex care packages and required up to four visits a day; and
- in relation to wait times for alcohol and drug treatment, there were still issues in Lochaber but elsewhere staff had been recruited and the position had improved significantly, particularly in Inverness, although this would not be evident in the performance figures for a few months.

Thereafter, thanks having been expressed to officers for a much improved assurance report, the Sub-Committee:-

- NOTED** the reports and the assurance given by the Highland Health and Social Care Committee;
- AGREED** that an update be provided to Mr D Millar in relation to long-term absence and recruitment at Portree Hospital;
- AGREED** that a detailed breakdown of how the additional funding of £8m had been spent be emailed to the Chair of the Sub-Committee;
- AGREED** that future reports be checked for acronyms prior to submission; and
- AGREED** that care at home spend figures be provided to Members of the Sub-Committee.

**At this stage, Mrs M Davidson having indicated that she had to leave for another meeting, Mr D Millar was unanimously appointed Chair for the remainder of the meeting.**

## **6. Adult Social Care Commissioning Intentions 2016/17 – Performance Indicators Update (Quarter One)**

There had been circulated report by the Heads of Strategic Commissioning and Care Support, NHS Highland, as considered by the Highland Health and Social Care Committee on 1 September 2016.

Referring to earlier discussions, the Director of Adult Social Care highlighted the increase in the number of SDS option 2 packages and the additional capacity within care at home, emphasising that the number of people receiving a care at home package was not an effective performance indicator.

During discussion, Members welcomed the introduction of the Living Wage as part of the care at home tariff and hoped this would attract more people to work in the care sector. The Head of Strategic Commissioning explained that there were areas such as support work where further work was required. In addition, it was highlighted that a letter had been issued to the care home sector regarding how to achieve the Living Wage within care homes.

In relation to the target of Care Inspectorate grade 4 or above, it was explained that this was one of the most difficult to achieve. An assurance was provided that care homes that did not achieve the required grade were given the highest level of support and instant remedial works might be carried out but the home would then have to wait for a re-inspection. The target had been used to emphasise to the sector that high quality care was required but work was ongoing to develop more patient-centred outcomes and proposals would be presented to the Sub-Committee in due course.

With regard to the Boleskine Community Care model, it was confirmed that it was being rolled out and that there were at least two similar models in the South and Mid operational area. However, it was dependent on local communities wanting to take on the provision of services. The Chair emphasised the need for communities to help themselves and highlighted that the Head of Strategic Commissioning and the Area Manager (South) had been invited to attend the Skye Ward Forum in December to give a presentation on the Boleskine model.

The Sub-Committee otherwise **NOTED** the performance against the commissioning intentions for Quarter One 2016/17.

## **7. Monitoring the Delivery of Adult Social Care Contracted Services**

There had been circulated report by the Head of Care Support, NHS Highland, as considered by the Highland Health and Social Care Committee on 1 September 2016.

The Sub-Committee **NOTED** the outcomes of the first quarter reviews and progress made in resolving issues highlighted in previous reviews.

## **8. Contract Monitoring - Care Inspectorate Care Home Gradings**

There had been circulated report by the Head of Care Support, NHS Highland, as considered by the Highland Health and Social Care Committee on 1 September 2016.

In response to a question regarding whether the Care Inspectorate took the fabric of the building into account, it was explained that there was an environmental aspect to inspections. However, the area of greatest risk was care and support and that was the focus in terms of improvement.

The Sub-Committee otherwise **NOTED** the average Care Inspectorate grades for care homes over the period April 2015 to June 2016.

The meeting concluded at 5.00 pm.