

The Highland Council

People Committee

Minutes of Meeting of the **Adult Services Development and Scrutiny Sub-Committee** held in Committee Room 2, Council Headquarters, Glenurquhart Road, Inverness on Wednesday 7 February 2018 at 3.00 pm.

Present:

Mr A Baxter (video-conferencing)
Mr B Boyd
Mrs M Cockburn
Mrs M Davidson

Mrs I MacKenzie
Mr R MacWilliam
Mr C Smith
Ms K Stephen

In attendance:

Highland Council:

Mr B Porter, Head of Resources, Care and Learning Service
Ms I Murray, Commissioning Officer, Care and Learning Service
Miss M Murray, Committee Administrator, Chief Executive's Office

NHS Highland:

Ms M Newdick, Vice Chair of NHS Highland Board
Mr D Park, Chief Officer
Ms J Macdonald, Director of Adult Social Care
Ms T Ligema, Deputy Director of Operations, North and West
Mr JP Sieczkarek, Area Manager/Special Projects Lead, South and Mid
Mr K Rodgers, Head of Financial Planning
Mr S Steer, Head of Strategic Commissioning
Mr G McCaig, Planning and Performance Manager

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mr T Heggie, Mr R MacDonald and Ms N Sinclair.

2. Declarations of Interest

Ms K Stephen declared a non-financial interest in any items that might raise discussion on the Howard Doris Centre as the manager was a relative 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 M Newdick, Chair of NHS Highland Board, declared an interest in any items that might raise discussion on Self-Directed Support (SDS) as two family members were in receipt of SDS.

3. Minutes and Action Plan

There had been circulated the Minutes of the previous Meeting held on 1 December 2017 and the rolling Action Plan maintained by the Care and Learning Service.

During discussion, the following issues were raised:-

- the workshop on NHS Highland finances had been informative and useful, and it was suggested that other Members would benefit from it; and
- discussions were ongoing regarding the Assurance Report format, some of which was fixed, and the Council's Commissioning Officer had offered to prepare a template for consideration.

The Sub-Committee otherwise **NOTED** the Minutes and Action Plan.

Scrutiny

4. Assurance Report to Commissioner – Adult Services

There had been circulated Report No ASDS/01/18 by the Director of Adult Care, NHS Highland, appending the report submitted to the Highland Health and Social Care Committee on 11 January 2018 as assurance against delivery of Adult Services within the Lead Agency.

Discussion then took place on the various elements of the report, as follows:-

Strategic Plan

On the point being raised, detailed information was provided on the development of care at home, particularly in the North and West, and the steps being taken, in discussion with the sector, to develop a plan with timelines. Key issues included zoning, trajectory, identifying the gaps in provision, what NHS Highland could afford to pay, and the need to be much clearer about what NHS Highland did and did not provide. It was necessary to renegotiate the existing tariff arrangements and develop a realistic, affordable commissioning model, and it was anticipated that outline plans could be described in the next few weeks. During further discussion, the following issues were raised:-

- the need for community-based services was emphasised and it was suggested that, given Members' community connections and local knowledge, joint work be undertaken on a plan to encourage care at home provision;
- it was essential that local Members were kept informed so they understood the models they could be promoting. In that regard, attention was drawn to the recent unannounced inspection of the Howard Doris Centre in Lochcarron, which was an exemplar of care provision and had received maximum grades for care and support and management and leadership;
- taking into account the Council's wider health and wellbeing agenda, it was necessary to join up unpaid and paid care and move away from the idea that all support was commissioned;
- if the care at home plan was led solely by NHS Highland, people would expect traditional models of care that might not be appropriate or sustainable;

- it would be helpful to clarify what was and was not provided by NHS Highland so that people had realistic expectations;
- gaps in provision presented opportunities for communities to step in;
- rural communities did not want their older people to have to move to a town to receive care. However, it was not simply a matter of providing care at home and it was suggested that an analysis be carried out of the types of support communities needed with a view to then encouraging it;
- in response to a question, it was explained that it was difficult to look elsewhere for case studies as Highland was ahead of other areas in its approach, and the lead agency model differed to the Integrated Joint Board model in place in other authorities;
- the discussions were timely given that there would be changes to free personal care legislation in April 2019;
- further to the suggestion of joint work, it was proposed that it take the form of a facilitated workshop and action plan. Whilst recognising the importance of working in collaboration with the sector, it was suggested that independent and third sector providers should not be involved in the initial discussions given the need to first articulate a strategy, and that there was an element of commercial sensitivity; and
- information was sought and provided regarding Lucerne, a new care at home provider in Lochaber that had recruited approximately a dozen people at a recent recruitment roadshow. On the point being raised, it was explained that the recruitment event in Skye had been to raise the profile of the recruitment issues in the area rather than care at home specific.

Finance Report

- information having been sought on the significant difference in spend in Inverness East and Inverness West, it was explained that each area provided different services. One of the main budget pressures was adult social care independent sector spend and most adult learning disability clients were in Inverness East, predominantly due to proximity to Drummond School. Budgets were set on an annual basis and the Inverness East budget had been increasing for a number of years but demand continued to exceed the budget. Steps were being taken to move to a budget setting process that was much more linked to spend but that presented challenges in terms of delivering greater savings;
- in relation to the recovery plan, Table 4 of the report set out the current position. Savings amounting to £28.4m had been delivered with a further £3.7m planned. It was forecast that £7.5m would not be achieved and that formed part of the £15.5m projected overspend; and
- information having been sought on the unscheduled care budget for acute services, it was explained that this was incorporated within the Raigmore budget as set out in the Income and Expenditure Report. The Chair referred to the discussions taking place nationally and suggested that it would be helpful to include a figure for unscheduled care for acute services in future finance reports.

Balanced Scorecard

- discussion took place regarding the low uptake of SDS in the North which, it was explained, was a reflection of the strength of the in-house provision. Whilst the options were offered to everyone, and some external provision, including community enterprise and third sector provision, had been developed, the pace of change was slower than in the South and Mid and people were still choosing to take up traditional services. On the point being raised, it was confirmed that the

work to develop care at home provision was being done in partnership with communities;

- the provision of care at home by Pulteneytown People's Project was welcomed;
- a payment card was being introduced which would reduce the bureaucracy associated with direct payments and, it was hoped, encourage more people to take up SDS throughout Highland;
- in relation to the role of neighbourhood teams it was explained that, far from propagating the in-house model, they had accelerated the process of change. Independent sector providers were partners in the weekly huddles and had much more opportunity to prepare themselves for the end of an individual's enablement process. As a result, the number of people waiting for care at home in hospitals had reduced significantly. Members welcomed the positive result, which was an excellent example of integration working;
- the Director of Adult Social Care highlighted that the Scottish Government measured performance around six essential actions and suggested that it might be helpful for Members to have sight of the graphs in that regard; and
- in relation to the internet site for performance reporting, it was explained that the information was in place and could be accessed from within NHS Highland. However, there were some technical issues to be addressed to allow non-NHS personnel to access it and work was ongoing in that regard.

Thereafter, the Sub-Committee:-

- i. **NOTED** the report and the assurance given by the Highland Health and Social Care Committee;
- ii. **NOTED** the ongoing development of the reporting arrangements for the Health and Wellbeing performance framework;
- iii. **AGREED TO RECOMMEND** that joint work be undertaken with NHS Highland, in the form of a facilitated workshop and action plan, to encourage care at home provision;
- iv. **AGREED** that a budget figure for unscheduled care in acute services be provided in future finance reports; and
- v. **AGREED** that graphs relating to the six essential actions measured by the Scottish Government be circulated to Members of the Sub-Committee for information.

5. High Cost Social Care Packages

There had been circulated Report No ASDS/02/18 by the Director of Adult Social Care, NHS Highland.

During discussion, the following issues were raised:-

- reference was made to the joint transitions team, which presented an opportunity to work better together to manage expectations and provide the appropriate level of care as people moved from children's services to adult services;
- whilst it was to be celebrated that people's life expectancy had increased, it meant that the cost of providing care had also increased and it was necessary to manage it in a different way, ensuring that clients and their families felt supported but in a way that was sustainable. Given that the average length of a care package was 25 years, some level of re-provision of service would be required;
- in response to a question, it was confirmed that the average age of a service user specified in the report (36.9) related solely to adults with a learning disability;

- older people with complex needs presented challenges in that there were a limited number of facilities where they could be cared for;
- in response to a question, it was confirmed that NHS Highland's Complex Case Manager was working with Children's Services with a view to identifying a more sustainable, affordable model of care for both children and adults. In particular, it was necessary to reduce the number of out of authority placements. In terms of housing options, cluster accommodation presented opportunities to share care and support, and to provide different types of support. In addition, work was taking place to address the challenges associated with the provision of overnight support, details of which were provided;
- there were some examples of good work and it would be interesting to see an evaluation of a cluster model;
- it was necessary to accelerate the work taking place and there was no reason why SDS option 2 could not be utilised;
- every community would take steps to retain its vulnerable members if it could, and it was a matter of how to go about it;
- reference was made to the work taking place in Glenurquhart in terms of housing provision for older people and those with learning disabilities/complex needs. This could happen in other communities, both small and large, if it was encouraged, and the importance of working with Elected Members in that regard was emphasised;
- to make care sustainable in small communities it was not feasible to look at one client group. It was a matter of having a network that could provide support for a range of needs. However, this presented challenges in terms of registration; and
- information was provided on the implementation of thresholds, which would enable fairer, more equitable delivery of care. Members commented that the transparency thresholds would provide would be welcomed by families.

The Sub-Committee otherwise **NOTED** the report.

Development

6. NHS Highland's "Reach Out" Campaign

There had been circulated Report No ASDS/03/18 by the Director of Adult Social Care, NHS Highland.

During discussion, the following issues were raised:-

- in relation to the Scottish Government draft strategy on loneliness and social isolation, the online consultation appeared somewhat detached and it was questioned whether those affected would participate;
- a community bottom-up approach tended to be more human;
- through working in partnership and looking at communities and the different generations therein, there was potential to have much more of an impact on softer outcomes that were more difficult to measure;
- there was a lack of monitoring in relation to communities and building social networks;
- as agencies, it was a matter of enabling people to come together and establish friendships/informal support networks; and
- reference was made to the daily social activities that took place at the Howard Doris Centre. However, it was recognised that no model met every social need.

The Sub-Committee otherwise **NOTED** the report.

7. Carers Legislation Update

There had been circulated Report No ASDS/04/18 by the Director of Adult Social Care, NHS Highland.

Having recognised the significant contribution of carers, the implications of the legislation, and the challenges in terms of managing expectations and providing sustainable support, the Sub-Committee **NOTED** the report.

The meeting concluded at 4.30 pm.