Agenda Item 21v.

The Highland Council

Care, Learning and Housing Committee

Minutes of Meeting of the **Adult Services Development and Scrutiny Sub-Committee** held in Committee Room 1, Council Headquarters, Glenurquhart Road, Inverness on Thursday 7 June 2018 at 2.00 pm.

Present:

Mr B Boyd
Mrs M Cockburn
Mrs M Davidson
Mr T Heggie
Mrs I MacKenzie
Mr R MacWilliam
Ms N Sinclair (video conferencing)
Ms K Stephen (Chair)

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:
Mr D Park, Chief Officer
Ms J Macdonald, Director of Adult Social Care
Ms G Haire, Deputy Director of Operations, Inner Moray Firth
Ms T Ligema, Deputy Director of Operations, North and West
Mr S Steer, Head of Strategic Commissioning
Mr K Rodgers, Interim Head of Financial Planning
Mr G McCaig, Planning and Performance Manager

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mr A Baxter, Mr R MacDonald and Mr C Smith.

2. Declarations of Interest

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

Item 4 – Ms K Stephen (financial)

3. Minutes and Action Plan

The Sub-Committee **NOTED** the Minutes of the previous Meeting held on 28 March 2018 and the rolling Action Plan maintained by the Care and Learning Service.

Scrutiny

4. Assurance Report to Commissioner – Adult Services

Declaration of Interest: Ms K Stephen declared a financial interest in this item as she was undertaking research work on behalf of UHI Department of Nursing 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/09/18 by the Chief Officer, NHS Highland.

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

Finance Report

- in response to a question, it was confirmed that brokerage had been agreed for 2017/18. In relation to 2018/19, it was estimated that the budget gap would be in the region of £22-23m and discussions were ongoing with the Scottish Government in that regard;
- Members having commented that the breakdown of health and social care expenditure and savings at page 15 of the papers was a step in the right direction, it was explained that there was further work to be done in terms of modelling in order to adequately compare like for like. Whilst this was welcomed, Members commented that it was important to take account of the different factors in different areas and not use a blunt tool to compare, for example, service delivery in North West Sutherland and Inverness East; and
- reference was made to a new retirement home development in Inverness, and information was sought and provided on how the impact of a sudden influx of residents on services such as GP practices was managed. It was emphasised that there was a need for better links in terms of housing development and care provision, particularly primary care.

Strategic Plan

- it was suggested that Strategic Plan was not the right description for this section of the report, and it was clarified that it did not relate to what would be agreed by the Council and NHS Highland as a joint strategic plan for integrated adult services;
- further information was sought and provided regarding the findings of the unannounced inspection of Belford Hospital by Healthcare Improvement Scotland;
- detailed discussion took place regarding the closure of Fairfield Care Home in Inverness, including the impact on delayed discharge and the issues associated with re-registration by a new provider. It was highlighted that a major new care home was coming to Inverness, the opening date for which had not been confirmed at this stage. However, whilst this was positive for those in need of a nursing care environment, there was also a risk in terms of people who were low in need choosing to move in and subsequently developing higher levels of need that NHS Highland was required to fund;
- in relation to the new care home opening in Grantown-on-Spey, the purchase of placements by NHS Highland would be dependent on need and, whilst discussions had taken place, a position had not yet been reached;

- supporting people at home for longer was better for individuals and for the system as a whole. It was important to achieve the right balance of care provision, and to carry out modelling to understand where new care homes were actually needed;
- in terms of rural provision, there was a lack of understanding about what the alternative to a care home might look like and it was hoped that this would form part of the strategic plan. In that regard, information was provided on Dail Mhor in Strontian, which had had to close as a care home but, following constructive dialogue with the community, was reopening as a respite care facility. It would continue to be run by NHS Highland but discussions were ongoing with the community regarding their aspirations for the future and developing community services, recognising the need to reassure those who were anxious that local need was being met. Discussions were also taking place with housing services regarding future demand for accommodation. Members added that it would helpful to see the associated financial model, querying whether it was sustainable and could be delivered in other rural areas, and it was suggested that an update on the development of community services be provided to a future meeting;
- the need not only for financial modelling but for workforce planning was emphasised;
- reference was made to the success of the falls prevention work taking place in Badenoch and Strathspey, and the need to divert resources to support people at home was emphasised. Discussion ensued on the difficulties associated with demonstrating the success of preventative work, during which it was explained that, whilst there were outcomes that could be measured, such as the number of hip fractures in a particular period/area, there was no direct measure of a near miss. Members suggested that capturing the data in a particular area was a potential project for a UHI student;
- if communities took ownership of care provision it was extraordinary what could happen and reference was made to the success of Black Isle Cares in particular;
- the imminent increase in childcare provision presented workforce opportunities, and joined-up thinking was required in that regard;
- in response to a question, it was explained that NHS Highland funded two posts within Scottish Care that provided support to community providers in terms of training, developing services, developing business cases etc. In addition, it was highlighted that providers were registered with the Care Inspectorate and staff that provided personal care were registered with the Scottish Social Services Council. Members added that running a registered care service was a significant undertaking for a community, and welcomed the provision of support;
- reference having been made to the significant number of Registered Mental Nurse vacancies, it was explained that this was a national issue and consideration was being given to new roles and ways of incentivising people to go into mental health work. Community posts were generally more attractive to potential candidates and it might be necessary to remodel services to match the posts that could be recruited to. Members commented that UHI had taken over nurse training for Highland and the Western Isles and it was necessary to grasp that opportunity and promote mental health work as a career. Upgrading salaries would be a solution but it was recognised that that was challenging in the current financial climate. Creative thinking was required and rural areas in particular lent themselves to working with partners such as the Scottish Fire and Rescue Service and the Scottish Ambulance Service. In addition, it was suggested that, where there was capacity within a team, staff could undertake areas of work that did not require a mental health professional such as behavioural activation and guided self-help. In that regard, information was provided on primary care modernisation and the

associated workstreams, some of which related to collaborative working around shared posts; and

- in response to a question, it was explained that the reason for the low level of births in Caithness related to the clinical criteria for giving birth in a community midwifery unit. A related report had been presented to a recent meeting of the Highland Health and Social Care Committee and it was requested that it be circulated to Members of the Sub-Committee for information. Local Members added that approximately 80% of expectant mothers in Caithness were classed as high risk and concern was expressed regarding health issues in the area.

Balanced Scorecard

- considerable discussion took place regarding Self-Directed Support (SDS), during which it was explained that, following Audit Scotland's report in 2017, the Scottish Government had commissioned a further review of SDS and representatives would be visiting Highland to explore how the four options were being delivered, particularly Option 2. In addition, Social Work Scotland had recruited, on a temporary basis, an SDS Development Manager who would explore what was working well nationally and share good practice. An update would be provided at the next meeting. Members commented that the findings would be interesting, particularly if broken down into different client groups, as SDS appeared to be working better for some than for others. In that regard, it was explained that take up of Options 1 and 2 was much greater in younger adults, and that there could be a reluctance by older adults who were already in receipt of care to change how it was provided. Members added that older adults were frail and vulnerable at the point they started to need support, and it was not the best time for them to consider service delivery options. There was an opportunity for community care providers to be set up in such a way that they could react quickly to meet demand and reassure older people that their needs were going to be met, not necessarily by NHS Highland;
- Members having emphasised the need to make performance indicators meaningful, it was explained that the balanced scorecard was made up of indicators that had been requested or were required to be monitored, and there was an opportunity to change those that were not mandatory. In addition, if there were indicators on which Members would like more in-depth information at a future meeting, that could be arranged; and
- Members having suggested that the reasons for hospital readmissions would be a useful measure in addition to readmission rates, a detailed response was provided during which it was explained that an analysis of readmissions was carried out. However, it was done as an audit rather than forming part of the balanced scorecard.

Thereafter, the Sub-Committee:-

i. **NOTED** the report and the assurance given by the Highland Health and Social Care Committee;
ii. **AGREED** that an update on the Dail Mhor initiative, particularly the development of community services, be provided to a future meeting of the Sub-Committee; and
iii. **AGREED** that the recent report to the Highland Health and Social Care Committee regarding maternity services in Caithness be circulated to Members of the Sub-Committee for information.

In terms of Standing Order 18, it was **AGREED** to consider item 8 at this stage.

8. Ministerial Strategic Group Integration Indicators

There had been circulated Report No ASDS/11/18 by the Planning and Performance Manager, NHS Highland.

During discussion, the following issues were raised:-

- in response to a question, it was explained that the Ministerial Strategic Group integration indicators were national indicators, the figures for which were produced centrally by the Information Services Division. The data, which was issued by local authority area, allowed benchmarking to take place and trends to be monitored over time;
- Members commented that it would be interesting to see the impact of free personal care for under 65s;
- in relation to Graph 7 – Reasons for Delayed Discharge in North Highland - information was sought and provided on the differing trajectories for code 9, health and social care reasons, and parent/carer/family-related reasons, as well as the reason for the sharp decline in January/February 2018. In relation to code 9 in particular, which related to patients with complex needs, it was explained that the data was useful in terms of future commissioning. Whilst the number of delayed discharge bed days had reduced considerably, it was emphasised that there was an ongoing challenge in terms of the timescale from identifying need to being able to meet it; and
- in relation to Graph 8 – Percentage of last 6 months of life by setting – Members commented that, if people could not die at home, community hospitals should be able to deliver good end of life care and this should form part of service planning. However, it was explained that the aim was to offer more local solutions and increase the number of people being supported to die at home. In that regard, reference was made to successful initiatives in Badenoch and Strathspey which it was suggested could be rolled out elsewhere. It was a difficult message to convey but it was important to let communities know that people could have a good end of life experience at home, and that volunteers could have a role in it.

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

5. Care at Home tariff: update on discussions with sector

There had been circulated Report No ASDS/10/18 by the Head of Strategic Commissioning, NHS Highland.

During discussion, the following issues were raised:-

- the proposed changes to the tariff, which presented a real opportunity in terms of care at home provision in the North and West, were welcomed;
- shared training provision that was recognised by every provider would eliminate the duplication that existed at present and help the sector and communities;
- Members having queried Wick and Thurso being classed as urban, an explanation of the pricing structure, which was based on travel time between appointments rather than proximity to Inverness, was provided. It was added that some areas had both an urban and rural element and that, given the geography in the North and West, there would be care at home “clusters” rather than zones as there were in Inverness;

- Members having emphasised the need for breaks between visits due to the nature of the work, it was confirmed that this was accounted for in the algorithm used;
- there was incentive in the rates for remote and rural areas, which were higher than anywhere else in Scotland in recognition of Highland's unique geography; and
- it would be interesting to see what effect the changes had on in-house care at home provision.

The Sub-Committee otherwise **NOTED** progress in discussions with the care at home sector.

Development

6. Place of Care: follow-up to Care at Home seminar

There had been circulated a summary, by the Council's Head of Policy and Reform, of the facilitated Care at Home workshop that took place on 26 April 2018.

Members commented that the joint discussions had been helpful and that more collaborative working between Councillors and NHS officers was required in terms of care at home in specific areas. In that regard, it was suggested that local workshops be arranged.

i. **NOTED** the summary; and
ii. **AGREED** that local workshops be arranged to discuss care at home in specific areas.

7. Capital Planning

The Director of Adult Social Care, NHS Highland, provided a verbal update during which it was explained that, as Members were aware, the Council had allocated £1m per year for capital planning. Discussions were ongoing, both within NHS Highland and with officers of the Council, as to how best to use the funding. It was necessary to be cautious given that redesign work was ongoing. However, Members were assured that essential maintenance would be carried out. It was hoped to present a more detailed update to the next meeting of the Sub-Committee.

On the point being raised, an update was provided on the position in North West Sutherland, during which it was explained that further discussion and engagement had taken place with the community to reach an agreed position, and the outlook was much more positive. A mixed model, similar to that of the Howard Doris Centre in Strathcarron, was in the process of being worked up.

The Sub-Committee **NOTED** the position.

9. Joint Transitions Team Implementation Update

There had been circulated Report No ASDS/12/18 by the Transitions Project Manager on behalf of the Director of Adult Social Care, NHS Highland.

During discussion, the following comments were made:-

- there was a lot of interest in the model by Members and a visit to see the transitions team in action would be useful;

- it was necessary to get some press coverage to inform the public of the new model;
- it would be interesting to see integrated working at this level, particularly in terms of budget management, and whether the model helped with planning a seamless transition.

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

In concluding the business, the Chair referred to imminent changes to the Sub-Committee and the Highland Health and Social Care Committee, and looked forward to seeing how they materialised. She commented that it would be useful to set out explicitly what was to be monitored and scrutinised by each group.

The meeting ended at 3.55 pm.