

The Highland Council

Care, Learning and Housing 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 10 August 2018 at 9.30 am.

Present:

Mr B Boyd
Mrs M Cockburn
Mrs M Davidson

Mrs I MacKenzie
Mr C Smith
Ms K Stephen (Chair)

In attendance:

Highland Council:

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, Head of Community Services, South and Mid Division
Mr D Garden, Interim Director of Finance
Mr S Steer, Head of Strategic Commissioning
Mr G McCaig, Planning and Performance Manager
Ms M Johnstone, Area Manager - North

Business

1. Apologies for Absence

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

2. Declarations of Interest

There were no declarations of interest.

3. Minutes and Action Plan

It having been confirmed that local workshops to discuss care at home in specific areas, as agreed at item 6 of the Minutes, had yet to be arranged, the Sub-Committee **NOTED** the Minutes of the previous Meeting held on 7 June 2018 and the rolling Action Plan maintained by the Care and Learning Service.

Scrutiny

4. Assurance Report to Commissioner – Adult Services

There had been circulated Report No ASDS/13/18 dated 1 August 2018 by the Chief Officer, NHS Highland.

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

Strategic Plan

- on the point being raised, it was explained that there were clauses in the care at home contract to ensure that, if a provider withdrew from a specific area, the work was picked up by other providers;
- detailed information was provided on the issues surrounding delayed discharge and the work taking place to address it, as well as the recruitment of volunteers, through the Royal Voluntary Service, to spend time with and support people in hospital, which would complement the care at home work;
- information having been sought on whether there was any software that could be utilised in relation to delayed discharge, it was explained that data would be gathered manually in the first instance;
- in relation to opportunities for step-down beds, it was explained that a piece of work was underway looking at community hospitals;
- it was necessary to look at where the care at home shortages were and what would help to improve patient flow;
- it was suggested that briefings be provided to Area Committees on both care at home and what respite options were available locally. The Strontian model had demonstrated that people did not need residential care but rather they needed to be supported with occasional respite;
- it was necessary to gather statistics to inform care provision in communities;
- information was provided on the work being undertaken by District Managers to estimate housing requirements, based on local knowledge and demographics, and identify potential areas for large scale developments such as care villages, smaller developments such as clusters/hubs, and staff/carer accommodation. Members recognised that the requirements were an estimate and that an element of risk was necessary in the circumstances;
- the Chief Officer provided an overview of the Value Management approach which had been being rolled out for the past 18 months and, it was explained, was an empowering process that allowed staff to self-manage, analyse the context in which they were operating and make changes. Members expressed interest in the approach and whether it freed up management time. It had many of the elements of community empowerment and it was suggested that consideration be given to carrying out pilots whereby community representatives were involved in the decisions being made. Information having been provided on the format of the weekly report-outs, Members commented that a visual demonstration would be helpful and it was suggested that they be invited to a specific report-out relating, if possible, to adult social care;
- detailed discussion took place regarding Primary Care Modernisation and the new GP contract which, it was explained, presented a number of practical challenges given the large and geographically diverse nature of Highland. Members referred to the premises element of the contract, which it was hoped would have a positive impact in terms of recruitment and retention of GPs in rural areas. However, it was explained that there was some opposition to the contract amongst GPs in

Highland. Members having commented on the significant repercussions for communities, disquiet already having been expressed regarding the vaccination programme, it was suggested that Primary Care Modernisation should be a standing item on future agendas. Reference was also made to the success of social prescribing by Community Links Workers in England and Members queried whether there was scope to do something similar in Highland. In response, it was explained that the Community Links Workers workstream, which was being led by the Public Health team, was in the early stages and a consultation event would take place to gather ideas about what would work in Highland. Members suggested that consideration be given to joint work and emphasised the importance of links with High Life Highland;

- on the point being raised, it was confirmed that the alternative care at home provider in Drumnadrochit had now commenced service provision;
- Members commended the Inverness Overnight Care Service and queried whether there was any ambition to roll out the model or provide satellite provision. In response, it was explained that a complete overnight service would not be sustainable outwith Inverness but consideration was being given to which aspects of the model could be rolled out. Different options were being considered in different areas – eg extending community nursing provision into the evening or flexible agreements with local providers;
- reference having been made to learning disability sleepovers, information was provided on the “waking night” pilot involving a cluster of individuals in Inverness. It was added that the review of high-cost care packages had highlighted that there were a number of individuals receiving one-to-one overnight support in their own home and consideration was being given to how one support worker could support several people. However, this was challenging as there was a sense of loss amongst those who had previously received a one-to-one service;
- it was highlighted that a consultation had commenced on learning disability day care provision;
- information was sought and provided regarding the closure of Fairfield Care Home and Achvarasdal House;
- Members having commented that it would be interesting to explore a volunteer approach in respect of respite provision, information was provided on the Shared Lives programme whereby people were supported in a family home as opposed to a care home. The relationships that developed were positive for both carer and recipient and the model was much more affordable than traditional residential respite. Work was in the early stages in Highland but the programme was well-established in other areas such as Moray. Members welcomed the approach and emphasised the need to use local connections to drive it forward. On the point being raised, it was confirmed that steps were being taken to make joins with other services such as the befriending service;
- 700 people having been trained in applying The Decider Skills was commendable and it was hoped it would benefit a lot of people;
- concern having been expressed regarding the lack of adult psychiatry provision in Caithness and North West Sutherland, it was confirmed that protocols and links were in place with the Community Mental Health Team and New Craigs to ensure that somebody was on call. In addition, it was explained that recruitment to psychiatric posts was a national issue; and
- in relation to telecare, there had previously been a lot of waste in the system and the introduction of an Electric Loan Management System was welcomed.

Finance Report

- Members welcomed the improvements to the report layout and the realistic approach to financial planning;
- information was provided on the work taking place in relation to adult social care including the introduction of thresholds, the aforementioned review of all high-cost care packages, changes to the management team, and exploring charging for day care. Members commented that there was a lot of good, creative work taking place but it could be difficult to make change happen as people were cynical that it was solely to make financial savings. In addition, the review of high-cost care packages was welcomed. However, reference having been made to a particular case, it was suggested that it was necessary to minimise the number of staff involved and have a discussion with the relevant home carer in the first instance. In response, it was explained that, routinely, reviews were carried out by a social worker. It was important to recognise that the process of transition for those who had had a care package for a long time was challenging for everyone involved and social workers had a difficult job to do. Members added that it was a matter of using the available funding in a different way and phraseology was key;
- concern was expressed that, as had happened in the past, drugs savings could be achieved only to be negated by increasing prices and demand; and
- for information, the Interim Director of Finance explained that, as part of the ongoing work to balance the budget, NHS Highland had engaged KPMG to carry out some financial modelling and they would be liaising with senior Council officers in that regard. In addition, because brokerage had been required in 2017/18, Audit Scotland would be submitting a report to the Parliamentary Audit Committee which would be scrutinised in public later in the current year.

Balanced Scorecard

- in relation to indicator 3.4 – the proportion of care services graded “good” or better in Care Inspectorate inspections – Members commended the continued increase. However, officers expressed a note of caution in that changes to the inspection regime, which it was understood were being considered in relation to care at home, could lead to a downturn in grades despite improvements having been made. Members added that, particularly when moving to different models of care involving volunteers etc and an outcome-based approach, it was difficult for an independent organisation to evaluate it in one visit and it was suggested that discussions were necessary at a national level about how care was inspected. It was important to have confidence in services when they were doing well, whilst being open to poor services being highlighted and addressed;
- as the Council and NHS Highland planned together for adult services, it was necessary to have a clear view of what was going on and what needed to change, and it was suggested that it would be helpful to distribute the Highland Health and Social Care Annual Performance Report 2017/18. The Chair confirmed that the report, which included information on the nine adult services indicators and three children’s services indicators that the Scottish Government used to measure integration, would be presented to the Care, Learning and Housing Committee; and
- the reduction in the falls rate was a good news story and it was necessary to keep working on it and developing programmes for others to assist in preventing falls.

Thereafter, the Sub-Committee:-

- i. **NOTED** the report and the assurance given by the Highland Health and Social Care Committee;
- ii. **AGREED** that Members of the Sub-Committee be invited to attend a Value Management report-out relating, if possible, to adult social care; and
- iii. **AGREED** that Primary Care Modernisation be a standing item on future agendas.

5. Strontian – Description of Model and Business Case

There had been circulated Report No ASDS/14/18 dated 30 July 2018 by the Area Manager – West, NHS Highland.

The Sub-Committee:-

- i. **NOTED** the current position and the testing approach to new models; and
- ii. **AGREED** to endorse the flexible approach being developed.

6. Update on implementation of Carers Act and Short Break Services Statements

There had been circulated Report No ASDS/15/18 dated 1 August 2018 by the Director of Adult Social Care, NHS Highland.

In addition to the report, which provided assurance in terms of implementing the legislation, information was provided on the work taking place to deliver services differently. Particular reference was made to the MacKenzie Centre and photographs were presented which demonstrated the activities taking place, including trishaw cycling and gardening, and the difference in the user experience. The long-term goal was that the Centre was not a registered service but owned by the community, and Members were encouraged to visit.

During discussion, Members commented that, historically, the reported number of carer assessments bore no relation to the true number of carers and it would be interesting to know if there was a plan to ensure that assessments reflected unmet need without raising unrealistic expectations, and where reporting would take place.

In addition, whilst welcoming the work taking place in the Mackenzie Centre, there were many other day centres and information was sought on how best practice would be rolled out. In response, it was explained that the Chief Officer had requested a map setting out NHS care homes/day centres and where various initiatives were taking place – eg intergenerational work with nurseries. This would be helpful when it was populated and it was suggested that it be presented to a future meeting of the Sub-Committee.

Thereafter, the Sub-Committee:-

- i. **NOTED** the report; and
- ii. **AGREED** that the map setting out NHS care homes/day centres and the various initiatives taking place be presented to a future meeting of the Sub-Committee.

7. Adult Services Planning Group

There had been circulated Report No ASDS/16/18 dated 31 July 2018 by the Head of Strategic Commissioning, NHS Highland.

During discussion, concern having been expressed regarding commissioner and commissioned being in the same group, the difference between commissioning and procurement was explained and an assurance was provided that, at the point of procurement, the relationship changed and a very clear contractor/provider model came into operation. It was added that both Audit Scotland and the Scottish Government had commended the approach taken by NHS Highland in terms of working with the sector. Members welcomed the assurance that safeguards were in place.

In terms of the Council's role on the Group, this was being discussed with the Council's Head of Resources. Whilst it was recognised that collaboration was essential, it was also recognised that, in terms of capacity, it was necessary to be selective about which groups Elected Members were actively involved in. Members were welcome to be involved or, alternatively, progress could be reported through the Sub-Committee.

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

8. Transitions Update

There had been circulated Report No ASDS/17/18 dated 1 August 2018 by the Director of Adult Social Care, NHS Highland.

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

Development

9. Caithness Redesign

Michelle Johnstone, Area Manager – North, NHS Highland, gave a presentation on the redesign of health services in Caithness during which detailed information was provided on the history of health services in the area, the case for change, the initial opposition to the proposals by the community, and the subsequent independently facilitated options appraisal exercise, the outcome of which would inform a formal public consultation exercise commencing on Monday 20 August 2018. It was added that the consultation documentation would be circulated to Members of the Sub-Committee.

During discussion, the following issues were raised:

- the turnaround in public opinion was remarkable and information was sought on the key elements so it could be learned from going forward. In response, it was explained that it was a combination of the various elements that had led to a positive outcome. However, particular reference was made to the support of Local Member and founder of the Caithness Health Action Team, Councillor Sinclair; the independent facilitator; and the dedication of the NHS team in Caithness. In addition, the importance of communication/engagement and listening to and respecting the views of the community was emphasised;
- there were wider issues to be addressed in terms of talent attraction and it was suggested that Caithness be a test area in that regard;
- it was suggested that Highland Hospice be utilised to provide end of life care in the Caithness area;

- the importance of briefing all Elected Members was emphasised;
- a “grow your own” approach was key, and it was important to communicate to young people that there were quality jobs available locally;
- concern was expressed regarding the misuse of drugs and alcohol in the Wick area and the associated issues such as an increased number of Looked After Children, increased suicide rates etc. The need for immediate multi-agency planning to address the issue was emphasised;
- conveying a positive message would attract more people to the area and it was necessary to utilise both the Council and NHS Highland’s public relations teams in that regard;
- it was explained that the same redesign engagement process had commenced the previous day in Lochaber, and that the first meeting had been well attended and very positive; and
- there was a tendency to use traditional services in Caithness and it was necessary to enthuse communities to take more control and build social care services from the base up.

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

The meeting ended at 11.40 am.