

The Highland Council

Health and Social Care Working Group

Minutes of the meeting of the **Health and Social Care Working Group** held in the Leader's Meeting Room, Council Headquarters, Glenurquhart Road, Inverness on Tuesday, 26 June 2018 at 2.00pm.

Present:

Mrs M Davidson	Mr R Bremner (V/C)
Ms N Sinclair (V/C)	Mr R MacWilliam
Miss J Campbell	Mr C Smith
Mrs J Barclay	Ms K Stephen
Mrs M Smith	Mr R Gale
Mrs M Cockburn	Mrs D MacKay

Officials in attendance:

Mr B Alexander, Director of Care & Learning
 Mrs B Cairns, Head of Additional Support Services, Care and Learning Service
 Ms I Murray, Commissioning Officer, Care & Learning
 Miss J MacLennan, Principal Administrator, Chief Executive's Service

Also in attendance (Item 5 only):

Ms J Macdonald, Director of Adult Social Care
 Mr S Steer, Head of Strategic Commissioning

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mr R MacDonald, Mr D MacLeod, Mr D Macpherson and Mr A Sinclair.

2. Declarations of Interest

There were no Declarations of Interest at the meeting.

3. Minutes of Previous Meeting

There had been circulated, and were **NOTED**, Minutes of the previous meeting held on Thursday, 19 April 2018.

6. Mental Health

The Head of Additional Support reminded Members of the Seminar which had taken place on 21 March 2018, as a follow-up to the Motion to Council in Autumn 2017, to discuss concerns regarding the future of acute Mental Health Services in Highland.

At the Seminar presentations were made by NHS Highland CAMHS, NHS Highland Adult Mental Health Services, Police Scotland and the Council's Housing Service. The annual Needs Assessment completed by NHS Highland estimated that there were 36,000 individuals in Highland with a mental disorder.

Of that number it was estimated that half didn't seek help, half attended their GP and half of those were referred to secondary specialist services. Details of the number of planned appointments to adults through Out-Patient Clinics, General Psychiatry and Clinical Psychologist were provided indicating that adult and children's services was an area of growth. In recognition of that the Scottish Government had provided additional funding to enhance Mental Health services. Police Scotland also reported that they had attended more than 42,000 incidents in 2014/15 involving mental health or distress, 80% of which did not involve a crime. The feedback was that the Seminar was generally considered to have been very constructive and informative.

Since the Seminar the Council had responded to a national consultation on the Scottish Government's suicide prevention policy. In addition, following a number of suicides in the area, an information session had been held for the Black Isle community at Fortrose Academy, supported by Police Scotland and both statutory and 3rd sector Mental Health services. This had been well received and could be rolled out to other areas. Other developments included a new Community Planning Partnership Breakthrough Achievement on suicide awareness training; a Council Mental Health group looking at a range of interventions and supports; 3 further Member seminars; 10 sessions, involving 600 Care and Learning staff, dealing with Adverse Childhood Experiences; and the Audit Commission preparing a report on Child and Adolescent Mental Health services.

During discussion, the following points were made:-

- Mental Health issues would be part of the new Programme for Highland Council, the preparation of which would take place over the summer;
- clarification was sought, and received, regarding the strategic partnership working by Police Scotland both at national and local level to build resilience and support in communities; and
- Housing officers regularly dealt with people with mental health issues, particularly around the homelessness sector, and even those with tenancies often found it difficult to sustain them, resulting in some turning to crime. It was essential that housing support was provided where it was needed but it was also essential to ensure that money was spent well. Consequently a request was made for officers from the Housing Service to attend the next meeting to provide more information on these issues.

The Working Group **NOTED** the presentation and **AGREED** that the Head of Housing and Building Maintenance be invited to the Group's next meeting.

4. Terms of Reference

There had been circulated draft Terms of Reference for consideration.

It was suggested that the Terms of Reference should be more strategic in terms of looking at different health care delivery models in other remote and rural areas and that perhaps the Working Group could lobby the Scottish Government to commission research on this.

Accordingly, the Working Group **AGREED** the Terms of Reference in the interim but that consideration be given at its next meeting to introducing more strategic elements to them with a subsequent review in a year's time.

5. Implementation of Revised Partnership Agreements

A presentation was provided on developments which had taken place in relation to Care at Home Services.

Care at Home could be delivered in 3 different ways: Direct Payment, Independent Service Fund and the traditional Care at Home model. There had been significant growth in the last few years with the first 2 models and a payment card had been introduced which, apart from making the process easier for clients, allowed NHS Highland to monitor arrangements on an on-going basis rather than historically. The introduction of the payment card had not been without issues but these were being addressed and processes were being closely monitored.

Members were then provided with details of how care needs were assessed, the benefits to both the user and NHS Highland of independently choosing a care provider, how to achieve maximum benefit of limited resources with in-house services being significantly more expensive than independent sector provision, the introduction of a tariff arrangement and the consequent shift towards a more flexible locality based arrangement where the needs of individuals could be better met.

During discussion, Members raised the following issues in relation to the presentation:-

- given its large rural area, Highland should lead the country in the delivery of Care at Home services and there were merits on considering commissioning research on this;
- the significant changes that had taken place over the previous 2/3 years was welcomed;
- although there were still issues needing to be addressed, the zoning and tariff rates had proved successful;
- the community delivery of home care, often in partnership with the independent sector, had had phenomenal success, examples of which were cited;
- the recent Care at Home workshop, held in association with NHS Highland, had proved successful and focus had been made on areas where there were little or no resource, i.e. North West Sutherland, and how a better service could be provided to communities;
- the locality approach tied in well with end-of life care packages and also resulted in the upscaling of staff;
- while flexibility of care packages had merits, this could prove unsettling for individuals. However, the message needed to be communicated that care was limited and best use had to be made. Where home care continued when it was no longer required this meant someone else missed out;
- preventative measures were becoming increasingly important;
- assurance was given that there was not an under-reporting of delayed discharge from hospital but it was acknowledged the process could be faster. There were however models of good practice such as the Lawson Memorial where patients were assessed for discharge on admission; and
- the Hospice was keen to extend their end of life care.

The Director of Care and Learning then provided an update in relation to amendments made to the Partnership Agreement with NHS Highland. He also advised that the Adult Services Joint Officer Group was now meeting to develop, by the end of the year, a joint strategic plan and financial framework for integrated adult services. Furthermore, NHS Highland was to review the membership of the Health and Social Care Committee and it was important too for the Council to reflect on how to achieve a good connection between this Working Group, the Adult Services Scrutiny & Development Sub Committee, the Care, Learning & Housing Committee and NHS Highland Board. Work was taking place to provide guidance for Councillors sitting on NHS Committees and the Scottish Government had recognised that this was also an issue affecting the Integrated Joint Boards.

Other developments which had taken place at NHS Highland included the joint transition of service, consideration of developed and learning disability services and independent living accommodation for older people. At a more local level, discussions had taken place about respite care in the Ardnamurchan peninsula.

In discussion, the revised remit of the Health and Social Care Committee was welcomed. However, there were still issues which needed to be addressed in terms of the role of Elected Members and their ability to scrutinise. It was therefore suggested that Members of the Working Group and the Adult Services Scrutiny & Development Sub Committee join together to examine the remit.

The Working Group **NOTED** the update.

7. Public Health

There had been circulated Report on Local and National Public Health priorities which had recently been considered by Council Leaders at a CoSLA meeting.

During discussion, Members raised the following issues:-

- it was proposed to establish a new national public health body but it would be important to understand how this would operate at a local level;
- evidence and feedback had been distilled into a number of public health priorities. Whilst these were welcomed it was suggested that socialisation, rural isolation and community involvement should be included at a local level; and
- it was suggested that Public Health Implications should be considered in Council reports. For example when considering designs for buildings, street layouts etc.

The Working Group **NOTED** the update.

8. Update Reports

In line with the Terms of Reference, verbal updates were provided at the meeting as follows:-

Broadford and Badenoch and Strathspey Hospitals – NHS Highland had confirmed that Outline Business Cases had been prepared. In relation to the latter, there had been issues with land ownership but these had now been resolved. In this regard, it had been mooted in the past that public agencies

have a project delivery mechanism where some projects could be delivered together.

Scottish Government's Announcement on Education Reform – John Swinney, Cabinet Secretary for Education and Skills, had announced that the reform of Scottish Education was to be fast tracked. An agreement between the Scottish Government and Councils had been reached on school empowerment without the need to wait for an Education Bill to be introduced at this time. There was an opportunity to reform schools more quickly through investment in consensus building and collaboration.

Caithness Redesign of Services – 4 large stakeholder meetings had taken place and a short list of options had been drawn up. Once approved by NHS Highland these would go out for public consultation. They included: in Thurso, a Care Hub on the site of the Dunbar Hospital which would include all the existing hospital facilities as well as a Care Home; in Wick, a Care Hub either at the Town and County Hospital or Pultney House Care Home; and the refurbishment of Caithness General Hospital. This would take time to deliver and all the Local Members were on the Working Group to keep up the momentum. Although the consultation process had been arduous at times it had proved to be an excellent model producing significant benefits.

Thereafter the Working Group **NOTED** the updates.

9. Dates of Future Meetings

The Working Group **AGREED** the dates for future meetings as follows –

Wednesday, 19 September – 2pm – Leader's Meeting Room, HQ but with the possibility of bringing this forward to August

Wednesday, 28 November – 2pm - Leader's Meeting Room, HQ

The meeting ended at 4.35 pm.