Agenda Item 24v.

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 5 October 2018 at 9.30 am.

Present:

Mr B Boyd
Mr R Bremner (Substitute) (video conferencing)
Mrs M Davidson
Mrs I MacKenzie
Mr R MacWilliam
Ms N Sinclair (video conferencing)

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
Mr S Steer, Interim Director of Adult Social Care
Ms G Haire, Head of Community Services, South and Mid
Ms T Ligema, Head of Community Services, North and West
Mr G McCaig, Planning and Performance Manager

Business

Preliminaries

Following the resignation of Ms K Stephen, the Sub-Committee **AGREED** that Mrs M Davidson Chair the meeting and a permanent Chair be appointed at the next meeting of the Sub-Committee.

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mr A Baxter, Mrs M Cockburn, Mr T Heggie, Ms L Munro and Mr C Smith.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes and Action Plan

There had been circulated the Minutes of the previous Meeting held on 10 August 2018 and the rolling Action Plan maintained by the Care and Learning Service.

During discussion, an update on progress was sought and provided in respect of the Caithness redesign process. In relation to the Action Plan, the need for a map setting out NHS care homes/day centres was emphasised.

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/18/18 by the Chief Officer, NHS Highland.

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

Strategic Plan

- information was sought and provided on how the reduction in patient falls had been achieved, and it was suggested that, going forward, it was necessary to focus on the near misses. Members commended the improvements that had been made, both in respect of falls and ventilator acquired infections in hospitals. In addition, it was highlighted that there had been a significant improvement in drug and alcohol treatment waiting times;
- technology enabled care was going to benefit remote and rural communities enormously and information was sought on whether there were any plans to increase the increase the percentage of outpatient appointments to be delivered by NHS Near Me in order to minimise patient travel. In response, it was explained that the rollout had been undertaken in a very controlled way to gain the confidence of both clinicians and patients, and to ensure that the necessary processes were in place to handle increases in volume. Additional funding was in place to continue the rollout and phase two of the project was now underway. In addition, it was intended to trial how Near Me might be delivered on a more mobile basis so that people could consult from their own homes. On the point being raised, it was confirmed that feedback from clinicians who had used Near Me was positive and they could see the opportunities it presented. The Chair urged officers to ask if there was anything the Council could do to help in terms of video conferencing, broadband, access to premises etc. In that regard, it was highlighted that there might be opportunities in relation to the installation of ultrafast broadband in Inverness, Fort William, Wick and Thurso, and the refresh of school networks throughout Highland; and
- discussion took place regarding care home provision during which it was highlighted that, whilst Fairfield and Achvarasdal House had closed, two new care homes were opening in Grantown-on-Spey and Inverness. The Inverness care home would have 90 beds but it was not known at this stage what the business model was and what impact it would have on the market.

Finance Report

- reference having been made to the recent Scottish Government announcement on NHS finances, it was confirmed that the brokerage of £15m requested by NHS Highland in 2017/18 would no longer have to be repaid. The announcement also referred to plans for Boards to set out finance and improvement plans that broke even over a three year period. If this condition was met, Boards would be offered the flexibility to underspend or overspend by up to 1% of budgets in any one year.

However, NHS Highland was forecasting a deficit of between £19 and £23m in the current financial year, which was significantly greater than 1%, and was not forecasting a break even position in the next three years. Nevertheless, the announcement acknowledged the national situation with regard to the number of health boards forecasting deficits, and was welcomed. Members emphasised the need for debt relief on a recurring basis and added that it would be helpful to get a clear picture of the proposals, once there had been an opportunity to peruse the financial framework that accompanied the announcement, in case Members wished to add to any lobbying that might take place;

- detailed information having been provided on the approach to prescribing, Members emphasised the need for the realistic medicine debate and some of the resulting conclusions to be continually restated, and commented that people needed to challenge the amount of drugs they were prescribed;
- in relation to the 2018/19 pay settlement, Members queried whether the shortfall in funding had been challenged. It was confirmed that discussions were ongoing and, it was hoped, would be concluded within the next month;
- in response to a question, it was explained that the £9.9m of savings that had been achieved to date was a mix of recurring and non-recurring, the challenge being to convert as much as possible into recurring;
- an explanation was sought and provided in relation to the Annual Operational Plan unidentified savings of £19m and the steps being taken to close the gap. It was added that cost pressures continued to come into the system so, while substantial savings were planned over the next three years, they addressed the cost pressures rather than the recurring gap, and that was the subject of ongoing discussion with the Board and the Scottish Government;
- the Chair suggested that a development session on the finance element of the report take place at the next meeting of the Sub-Committee to improve Members' understanding and to allow consideration to be given to whether the information could be better presented; and
- in relation to the presentation of the figures on page 26 of the papers, it was suggested that a point, rather than a comma, should be used to indicate the number of millions.

Balanced Scorecard

- reference was made to a letter from the Highland Senior Citizens Network in relation to indicators 2.5 and 2.6 – the percentage of adults and older people aged 65 or over with intensive needs receiving care at home – which were still well below the national average. In response, it was explained that these were national indicators which did not reflect the true position, and a detailed explanation was provided in that regard. A particular issue was that double-handed hours – ie where two carers were required to carry out hoisting, toileting etc – were counted as one. Members welcomed the explanation and added that it would be helpful to include, alongside the figures, a more accurate description of what the indicators meant;
- Members' support was sought in terms of conveying the message that care could not always be provided to the very specific timescales requested. Members added that some families had huge expectations and it was necessary to get across that care was a partnership between what the NHS could provide and what the family could do. However, it was recognised that such conversations were challenging;
- the indicators had been changed before and it was suggested that it was necessary to revisit them, particularly those relating to care at home, as the new strategic plan progressed; and

- it was highlighted that, since 2013, the number of care at home hours provided in Highland had increased by 5000.

Thereafter, the Sub-Committee:-

i. **NOTED** the report and the assurance given by the Highland Health and Social Care Committee; and
ii. **AGREED** that a development session on the finance element of the report take place at the next meeting of the Sub-Committee.

5. Dail Mhor, Strontian Update

There had been circulated Report No ASDS/19/18 by the Head of Community Services, North and West, NHS Highland.

In addition to the report, it was explained that it had been anticipated that physiotherapy services would begin to be delivered from Dail Mhor. However, the physiotherapist had left leaving a gap in the team that had to be recruited to.

In relation to respite, whilst it had been busy at times, demand locally was quite low. Work was ongoing to break down the barrier between care home and community-based care, and the team was working closely with care at home colleagues and supporting four to six people in the community. A Community Development Worker had been recruited, funded by NHS Highland, to take forward the vision in terms of how care was going to be delivered locally.

The dialogue with the community was ongoing and had been very positive, and there was a real opportunity for the model to be used in other remote and rural locations where traditional residential care was not sustainable. A flexible model of care that allowed people to remain at home for as long as possible was better for the individual, as well as in terms of sustainability and staffing.

During discussion, the following issues were raised:-

- reference was made to the earlier discussions regarding the indicators relating to the percentage of adults and older people aged 65 or over with intensive care needs receiving care at home, and it was suggested that such indicators could be used to measure progress in terms of making the switch from institutional care to supporting more people with higher levels of need in their own home for longer;
- it was confirmed that day care and lunch clubs were still delivered from the premises, and had been strengthened as a result of the work with the community;
- the importance of political support when changes to traditional services were proposed was emphasised; and
- it was recognised that the same model would not work for every community. However, there was scope to develop a list of options or a framework that could be worked within, and that could be utilised as engagement work progressed; and
- communities should be encouraged to visit places where community-based care was working well.

Thereafter, 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. North (Sutherland) Coast Redesign

There had been circulated Report No ASDS/20/18 by the Head of Community Services, North and West, NHS Highland.

During discussion, the following issues were raised:-

- most Elected Members were not clearly sighted on this project and the Chair suggested that it would be helpful to see NHS Highland's Head of Estates and the Project Manager to discuss how the plans were progressing and the care model;
- the need for a timeline was recognised;
- it was important that the community clearly understood and was comfortable with the model of care;
- the project was a major public investment and it was necessary to make the most of it. In particular, it was important to discuss housing and where the project sat within the wider plans for the community;
- it was necessary to capture some of the initiatives taking place in rural areas;
- it was hoped that care at home provision could be considered alongside the proposals, and reference was made to Highland Hospice, the Chief Executive of which was keen to get involved in care at home to support his aspirations in terms of end of life care. In that regard, in relation to the previous item, it was highlighted that there was a new Community Development Worker working with Highland Hospice who was working closely with NHS Highland, particular in relation to the Dail Mhor initiative; and
- discussion took place regarding intergenerational care, whereby nursery children and elderly people were brought together for mutual benefit, during which it was suggested that it would seem sensible, whilst nursery provision was being expanded, to explore the potential for it to be rolled out or piloted in Highland. The Chair suggested that, in the first instance, Members look into what intergenerational work was taking place elsewhere and share their findings by email, to inform a discussion at the next meeting.

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

7. Care at Home Tariff: Update on Discussions with Sector

There had been circulated Report No ASDS/21/18 by the Interim Director of Adult Social Care, NHS Highland.

During discussion, the following issues were raised:-

- in response to questions, detailed information was provided on the model proposed by independent sector providers and the potential difficulties. In particular, it was explained that the model was complex and would require collaboration across the whole sector. In addition, the rapid growth in South and Mid meant that some providers had seen a significant increase in the amount of business they were undertaking and, whilst inspection reports were good, there was a need to improve their infrastructure in terms of tracking, invoicing, management of hours, training and development etc accordingly. The position in the North and West was slightly different in that it was a matter of creating a market where none had existed previously;

- on the point being raised, it was confirmed that there would be a formal review in December 2018 to determine if the providers' alternative tariff could work for all parties, including NHS Highland, or whether it was necessary to revert to the Highland Tariff;
- concern was expressed that providers were taking on additional work without intention to invest so it was not factored in to their business model, and it was queried whether enough questions in that regard had been asked of providers at the point of commissioning. A detailed response was provided during which it was explained that whilst providers were asked what their intentions were, and needed to grow to earn the revenue to cover their overheads, some did not wish to expand. Discussions were ongoing with the sector regarding the opportunities, and the need, for expansion;
- in relation to invoicing, feedback from providers was that the process was complex and bureaucratic, and it was queried whether there was any way of simplifying the way in which providers worked with NHS Highland rather than providers having to make their systems more sophisticated. In response, it was explained that there had been a particular issue in Caithness in relation to invoicing which had now been resolved;
- the providers' alternative tariff presented a real opportunity for the sector; and
- the flexibility and reduction in bureaucracy the providers' alternative tariff provided was welcomed. However, the associated cost pressures were significant and the model had to work financially as well as practically.

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

Development

8. Primary Care Modernisation

There had been circulated Report No ASDS/22/18 by the Head of Community Services, South and Mid Division, NHS Highland.

In addition to the report, it was highlighted, in relation to the Community Links Workers workstream, that a stakeholder event was scheduled to take place on the afternoon of 21 November 2018 in Inverness Rugby Club. There would be a wide audience, and the purpose was to listen and consider what was going to work best for Highland without any pre-conceived ideas. It having been confirmed that Council representatives would be invited, the Chair suggested that it would be helpful to have representation by Elected Members who were embedded in community work, and she undertook to provide the Head of Community Services, South and Mid, with specific names.

During discussion, the following issues were raised:-

- in relation to whether GPs were any more content with the proposals, it was explained that NHS Highland was working in collaboration with them, and there were GP representatives on the Project Team and Project Board. There was a range of views, many GPs remaining of the opinion that they could deliver a number of the workstreams effectively themselves. However, progress had been made;
- further information having been requested regarding proposals for online Cognitive Behavioural Therapy (CBT), it was explained that this would be considered by the

Project Team next week and details would be available in due course. Members added that referral for online CBT appeared to be an obvious solution to the current mental health services shortages and the significant waiting times being experienced by people in distress;

- information having been sought on what was being done to ensure that all GPs bought in to the various initiatives, it was explained that a communication plan was in place and there was signposting to notes of meetings etc on the intranet for all GP practices. In addition, a newsletter was now produced every month with the latest information from the Project Team. However, GPs were independent contractors and it was difficult to be directive in terms of policies and procedures, engagement being the most powerful tool;
- on the point being raised, it was explained that the aim of the work in relation to GP premises was that the NHS would own/lease the premises, thereby eliminating the risk in terms of GP partners moving on and wanting to cash in their share of the building. In relation to recruitment, it was not a particular issue in South and Mid but there were significant challenges in North and West, details of which were provided;
- further to the earlier comments regarding CBT, concern was expressed regarding the significant gap between a patient being seen by a GP and a mental health professional. The target of 18 weeks was far too long and it was necessary to focus attention on it. CBT was not the only solution and it was suggested that there was a workforce of trained people who could carry out counselling who were not being utilised. In response, reference was made to "Commitment 15", a commitment by the Scottish Government to have 800 additional mental health workers across Scotland. NHS Highland had submitted a plan in that regard and it was suggested that details be presented to the next meeting.

Thereafter, the Sub-Committee:-

i. **NOTED** the current position of the Primary Care Modernisation Programme; and
ii. **AGREED** that information on the plan in relation to "Commitment 15" be presented to the next meeting of the Sub-Committee.

9. Strategic Plan Update

The Interim Director of Adult Social Care, NHS Highland, gave a presentation on the development of a joint strategic plan for adult services. Detailed information was provided on what good adult services looked like, the barriers, and the challenges in terms of demographic versus capacity, capacity versus cost, and capacity versus sustainable staffing. It was explained that the aims of the plan were that people remain at home for as long as possible through a range of statutory and community services which supported both care and wellbeing; interim care options be made available as locally as possible to support individuals and carers in case of illness or injury; where people could not remain in their own homes due to either the appropriateness of the accommodation or the provision of care being unfeasible, housing clusters and care village developments be progressed to make care accessible and sustainable; respite and palliative care be localised; and advanced complex care packages and facilities were likely to be in centres of population across Highland where quality, safety and sufficiency of available staff resources could be ensured.

The Chair requested that the presentation be circulated to Members of the Sub-Committee, and reminded Members that there was a Seminar on the new Strategic

Plan on 16 November 2018 in the Council Chamber, at which there would be an opportunity to provide input.

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

The meeting ended at 12.00 noon.