

The Highland Council

Health and Social Care Working Group

Minutes of Meeting of the **Health and Social Care Working Group** held in the Leader's Meeting Room, Council Headquarters, Glenurquhart Road, Inverness on Wednesday 28 November 2018 at 2.00 pm.

Present:

Miss J Campbell	Mrs D MacKay
Mrs M Cockburn	Mr D Macpherson
Mrs M Davidson	Mr R MacWilliam
Mr R Gale	Ms N Sinclair (by Video Conference)
Mr R MacDonald (by Video Conference)	Ms M Smith

Non-Member also present

Mr B Boyd

In attendance:

Mr B Porter, Head of Resources, Care and Learning Service
Ms I Murray, Commissioning Officer, Care and Learning Service
Ms K Campbell, Principal Mental Health Officer, Care and Learning Service
Mr A MacInnes, Administrative Assistant, Chief Executive's Office

Also in attendance:

Mr S Steer, Head of Strategic Commissioning, NHS Highland
Ms J Russell, Care Manager, Boleskine Community Care
Mr B Devlin, Chair, Black Isle Carers
Ms J Munton, Vice Chair, Black Isle Carers

Mrs M Davidson in the Chair

Business

1. Apologies for Absence

An apology for absence was intimated on behalf of Mr R Bremner.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of Previous Meeting

The Working Group **NOTED** the Minutes of the previous meeting held on Wednesday 19 September 2018.

4. **Boleskine Community Care**

Ms J Russell, Care Manager, gave a presentation on Boleskine Community Care. It was explained that there had been a lack of home carers in South Loch Ness and the use of Self Directed Support was seen as a solution to this. Highland Home Carers were contacted for support with this and Boleskine Community Care was formed.

Boleskine Community Care had now been operating for 5 years. Self Directed Support gave flexibility to people that were cared for and for the home carers who looked after them. Boleskine Community Care advertised for its own home carers and Highland Home Carers trained them and paid them. People that were cared for were all on Self Directed Support and local carers were employed caring for local people. The service enabled people to stay at home longer and prevented them going into hospital. Since the start, the service had grown and there were now 11 home carers looking after 20 people. Also, as a community there was tremendous support from volunteers to help out with the service and they had great relationships with GP's, Social Workers and District Nurses. Boleskine Community Care had a premises in lower Foyers where people could visit and there was now also a second premises where it was hoped to eventually offer a day care service from and for the community to use it for events. This initiative had been a tremendous success.

The home carers had to be a very flexible team in terms of availability and hours they could do and they communicated on a daily basis. The service was overseen by Highland Home Carers and they managed the finances.

NHS Highland was very supportive of such initiatives as community groups were providing care in areas where the NHS had difficulty in doing so and community groups could provide the service at a lower cost.

The Working Group **NOTED** the presentation and the tremendous work undertaken by Boleskine Community Care which was improving the quality of people's lives.

5. **Black Isle Carers**

Mr B Devlin, Chair of Black Isle Carers and Ms J Munton Vice Chair, provided an update on the work of Black Isle Carers. It was explained that it had been very difficult to get home carers on the Black Isle and using the Boleskine Community Care model, Black Isle Carers was formed and now had 34 home carers and 36 service users. Over the last year, the service provided had grown from 0 hours of care to 18,300 hours of care. The appeal for community home carers was that they get to stay local, they got to care for people in their own community and home carers received a higher rate of pay than normal which covered carers travel time and the job was flexible.

Black Isle Carers relied on fundraising for the service it provided. It did not have a long term strategic plan for the sustainability of the service and work on this was being progressed. In addition to the home care service, they also provided other services such as 'meals on wheels'. Local restaurants provided the food, and local volunteers delivered it to service users. This also had the added benefit of tackling social isolation as these volunteers might be the only people some service users would see that day or week. The service provided by volunteers was excellent and it

was estimated in the last year volunteer hours in the Black Isle were around 1350 hours.

Black Isle Carers had close links with Fortrose Academy which allowed them to share experiences that old and young people have and there was a lot of interest in the Academy in promoting to young people caring as a career.

Some night time care had been piloted on the Black Isle in order to provide respite care which would also help stop people going into residential care and there would be a significant cost saving to the NHS as a result.

In relation to the Garden Project at the Isobel Rhind Centre, Invergordon, the NHS were to discontinue funding for this project next year and therefore the option of taking this forward as a social enterprise was being considered. A meeting was to be held with the users who were learning disabled adults and their proxies to see if they would be willing to use some of their Self Directed Support income for this project. There had been community interest in the project and it was hoped to attract volunteers to it. This was another good example of communities coming together to provide a valuable service using Self Directed Support.

There was a community initiative in Brora whereby unused food from supermarkets was being redirected for community use. This was also valuable in terms of intergenerational work and helping to tackle social isolation.

Highland Hospice was committed to rolling out its palliative care service across Highland, but they needed home carers to provide this service. Initially pilot projects would be held in communities.

There was a need to undertake research to capture the benefits provided by home care. Community home caring in urban areas could also be piloted to see if it worked.

There was Community woodland association funding available which could be used for representatives of other communities to visit Boleskine Community Care and Black Isle Carers to see the service provided and share ideas. There was also NHS funding available for community initiatives.

The job of the Council and the NHS was to make it easy for communities to provide services such as home care and Elected Members could help facilitate this process in their communities.

The Working Group **NOTED** the presentation and thanked the representatives of Black Isle Carers for the valuable work they were undertaking in their community.

6. Mental Health and Support Services

Ms K Campbell, Principal Mental Health Officer provided an overview of four seminars on mental health issues. These seminars were in response to Highland Council concerns regarding the provision of acute mental health services in the Highlands. The Seminars involved representatives from NHS Highland, Mental Health Support Groups, Elected Members, Officials from the Council, and Partner agencies.

There had been a number of presentations at the first seminar during which participants were advised that there were estimated to be 36,000 people in North Highland with a mental disorder. Half of this number did not come forward for help. There had been a number of presentations including one on Adverse Childhood Experiences (ACE) and why understanding such experiences were important when working with people with mental health issues. This was to be an agenda item at the next full Council meeting in December. It was important to understand the causes and impact of mental disorders in order to provide the necessary mental health support services.

The second Seminar covered the role of Mental Health Officers, their duties and advocacy services provided and the experiences of some of the users of acute mental health services.

The third seminar heard from a number of community based services who gave information on the range of support available to users of mental health services in Highland.

The fourth seminar focused on a range of prevention and support activities undertaken by Children's Services. It also covered the activities of the Council as an Employer to support staff and Managers and to promote good mental health and wellbeing across the organisation.

The seminars had provided good information on mental health issues and the Council now had to consider how it could do more to support people with mental health problems in their communities, such as improved communication between the Council's Housing Service and NHS Highland. Further, it was noted that the NHS Mental Health Plan was currently being reviewed.

A written version of the overview of the Seminars would be provided for the Leader of the Council.

The Working Group **NOTED** the information provided on mental health seminars.

7. Members' Updates

Verbal updates were provided as follows:-

i concern was expressed regarding the significant increase in the number of suicide attempts by young people in Highland. As a Council there was a need to do more on suicide prevention, particularly in Schools. There was a Suicide Prevention Strategy and the Council was one of the Partner agencies included in this, but there was a need to consider what more could be done to prevent suicides.

ii absence from work in the Council was increasing due to stress. 46% of Occupational Health referrals were due to stress. While stress was not all work related there was a need to put support in place for staff.

iii Sir Lewis Ritchie was to visit the Isle of Skye next week in respect of the Out-of-Hours Care in Skye, Lochalsh & South West Ross. There were a number of meetings associated with Sir Lewis's visit and in particular there was a suggestion to set up a centre for excellence on rural health training on Skye.

iv it was noted that the Head of Health Improvement, NHS Highland had been unable to attend this meeting and it was **AGREED** to invite the Officer to the next meeting instead, to expand on the report in terms of the Community Planning Partnership addressing the public health priorities,

v it was reported that the public consultation on proposals to redesign health and social care services in Caithness had now concluded. The public consensus was to move towards two hubs in either side of Caithness. A report on the outcome of the public consultation would be submitted to the NHS Highland Board in January, 2019.

vi the importance of Community Partnerships was stressed and how they could be catalysts for change in the community;

vii it was **AGREED** to invite NHS Highland representatives to provide a Health and Inequality presentation to Elected Members;

The meeting concluded at 4.10 p.m.