

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 30 November 2018 at 9.30 am.

Present:

Mr B Boyd
Mrs M Cockburn
Mr A Graham
Mrs I MacKenzie

Ms L Munro
Mr R MacWilliam
Mr C Smith

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 S Steer, Interim Director of Adult Social Care
Ms T Ligema, Head of Community Services, North and West
Mr K Rodgers, Head of Finance and Project Manager
Mr G McCaig, Planning and Performance Manager
Mr J Bain, Transaction and Income Manager
Ms M McIvor, TEC Services Manager, Technology Enabled Care

Business

1. Appointment of Chair

Nominations were received in respect of Mrs M Cockburn and Mr A Graham.

On a vote being taken, Mrs Cockburn received 3 votes and Mr Graham received 4 votes, with no abstentions, the votes having been cast as follows:-

Votes for Mrs Cockburn

Mr B Boyd, Mrs M Cockburn and Mr R MacWilliam.

Votes for Mr Graham

Mr A Graham, Mrs I MacKenzie, Ms L Munro and Mr C Smith.

Decision

The Sub-Committee **AGREED** to appoint Mr A Graham as Chair.

2. Apologies for Absence

Apologies for absence were intimated on behalf of Mr A Baxter, Mrs M Davidson, Mr T Heggie and Ms N Sinclair.

3. Declarations of Interest

The Sub-Committee **NOTED** the following declarations of interest:-

Item 7 – Mr C Smith (non-financial)

Mr B Boyd declared a non-financial interest in any item that might raise discussion on counselling as his wife was a counsellor but, having applied the test outlined in Paragraphs 5.2 and 5.3 of the Councillors' Code of Conduct, concluded that his interest did not preclude his involvement in the discussion.

4. Minutes and Action Sheet

The Sub-Committee **NOTED** the Minutes of the previous Meeting held on 5 October 2018 and the rolling Action Sheet maintained by the Care and Learning Service.

Scrutiny

5. Assurance Report to Commissioner – Adult Services

There had been circulated Report No ASDS/23/18 by the Chief Officer, NHS Highland.

During discussion, the following issues were raised:-

- information was sought, and provided, on whether there were areas that were affected more than others in terms of lack of availability of care workers;
- on the point being raised, an explanation of the care at home Provider Alternative Tariff and the associated issues was provided;
- in response to a question, it was confirmed that it was a requirement that all care at home providers paid the living wage, and many of them paid above it in order to recruit. In relation to the use of zero hours contracts, whilst NHS Highland was against them at policy level, Highland Home Carers was an employee co-operative and the employees had decided that they wished to operate zero hours contracts. However, it was understood they were aiming to phase them out;
- in relation to future care at home provision in the North and West, officers considered that large independent providers would not work and part of the solution lay in community-based models of care such as Boleskine Community Care and Black Isle Carers. Members expressed concern in that regard, referring to the difficulties in recruiting staff and commenting that the downside to community providers was that there tended to be an additional burden of responsibility as families had greater expectations of local carers. Whilst this was acknowledged by officers, it was explained that those who felt it would be too much of a burden would not be part of it. Many communities were keen to do something to strengthen resilience and create employment opportunities, and people would often rather work for a community-based provider who would deploy them locally than NHS Highland who would deploy them over a much wider area. However, it was recognised that there would still have to be an element of in-house provision

as there were areas that were so remote and sparsely populated that even community-based provision would not work;

- information was sought, and provided, on the location and provider of the new care homes in Grantown-on-Spey and Inverness. In particular, it was emphasised that, whilst there would be approximately 200 new care home beds, there were not sufficient staff to cover them therefore there was likely to be a detrimental impact on existing care homes;
- care in Highland was a huge industry that was only going to expand, and Members wished to see more emphasis on a positive way forward;
- the importance of training and maintaining standards was emphasised, and it was suggested that assistance could be given to small providers in that regard, and in relation to central functions such as tracking hours, payroll etc. In response, it was explained that measures were already in place in that regard, a detailed explanation of which was provided;
- Members with personal experience of NHS Highland training for care at home workers commended the extensive training programme, as well as the online training provision;
- reference having been made to discussions with the sector regarding the establishment of a care academy, Members expressed support for such an initiative. Much of the training undertaken by firefighters, healthcare professionals, pupil support assistants, care at home workers etc was core training such as moving and handling and risk assessments. Partners working together to establish an academy would be cost effective and would be a real achievement for Highland and all Community Partnerships. The Interim Director of Adult Social Care undertook to explore the matter further and report back to a future meeting. In addition, the Head of Community Services, North and West, summarised the work currently underway, as a result of Sir Lewis Ritchie's report, to establish a Centre of Excellence on Skye, and suggested that there was an opportunity to link the two initiatives. Members added that sometimes it was necessary to spend to save, there was potential to utilise school facilities, and there was scope to bring in intergenerational work;
- in relation to recruitment, it was important to factor in that, increasingly, people on a low income could not afford to learn to drive or run a car;
- it was necessary to inject a sense of urgency into the rollout of community-based models of care. In that regard, Members commented that it could not be top down but rather it needed to come from existing community providers sharing their experiences. The Council and NHS Highland needed to enable them to do so and it was suggested that consideration be given to putting together some promotional material. In addition, it was highlighted that Hilton Community Council had expressed an interest and it was suggested that consideration be given to rolling out community-based care in urban settings as well as rural areas. In response, it was explained that there were now 11 community-based initiatives, all of which had been successful. Through its work with Scottish Care, NHS Highland had funded posts to take forward care at home provision and discussions were underway in terms of how to change the nature of that support to make it more focussed on community-based care. It was added that it was necessary to bear in mind that community-based care was based on Self-Directed Support Option 2 and rolling it out would be dependent on whether the rate currently paid could be sustained. The Interim Director of Adult Social Care undertook to come back with further proposals as to how the rollout of community-based care provision could be taken forward;
- information was sought on what engagement had taken place with UHI; and

- it was necessary to engage more with communities, and encourage and empower them to be more involved.

Thereafter, the Sub-Committee:-

- NOTED** the report and the assurance given by the Highland Health and Social Care Committee;
- AGREED** that the Interim Director of Adult Social Care further explore the potential to establish a care academy and report back to a future meeting of the Sub-Committee; and
- AGREED** that the Interim Director of Adult Social Care present proposals on how to take forward the rollout of community-based care at home provision to a future meeting of the Sub-Committee.

6. Day Care Charging and Modelling Proposals

There had been circulated Report No ASDS/24/18 by the Head of Community Services, South and Mid, and the Transaction and Income Manager, NHS Highland.

During discussion, the following issues were raised:-

- it was recognised that the process of implementing a new charging model was challenging for both officers and service users;
- it was requested that further updates be provided to highlight any issues that might arise following implementation;
- it was essential that there was an emphasis on prevention. In response, it was explained that there had been some discussion with the Highland Senior Citizens Network in that regard and it had been fed back to Operations;
- the importance of communication and engagement with communities and the Highland Senior Citizens Network was emphasised; and
- Members commented that Option 3 was the most workable way forward and queried how confident officers were that a full financial assessment could be delivered, given the numbers and challenging circumstances involved. In response, it was explained that the financial assessment process, which cost £45 per person, was already embedded within the specialist business support team, and an explanation of the process was provided. It was added that, whilst officers had recommended Option 3 to the Highland Health and Social Care Committee, the suggestion at the meeting on 8 November 2018 had been to move away from a financial assessment process and have a flat rate charge that was more appropriate. However, it was important that a safeguard was in place to ensure that those who could demonstrate real financial hardship were protected and supported.

The Sub-Committee:-

- NOTED** the contents of the report; and
- AGREED** that further updates be provided as work progressed.

7. Learning Disability Day Centres/Services Update

Declaration of Interest: Mr C Smith declared a non-financial interest in this item as a former employee of Nansen Highland but, having applied the test outlined

in Paragraphs 5.2 and 5.3 of the Councillors' Code of Conduct, concluded that his interest did not preclude his involvement in the discussion.

There had been circulated a report by the Head of Service, Learning Disabilities and Autism, NHS Highland, which had been considered by the Highland Health and Social Care Committee at its meeting on 8 November 2018.

During discussion, the following issues were raised:-

- Members endorsed the direction of travel described in the report and were keen to work with NHS Highland in that regard;
- there was a need to develop more social enterprises to provide supported work opportunities and groups such as Caberfeidh Horizons in Kingussie, the work being undertaken by which was described, could be seen as drivers;
- it was suggested that arrangements be made for a Members' briefing by the Head of Service, Learning Disabilities and Autism;
- there were numerous organisations working with people with a variety of conditions and it was necessary to tap into their experience and explore the different models being used;
- reference having been made to children's services, information was provided on transitions and it was emphasised that the services young people transitioned into needed to look very different;
- it was important to recognise that the proposals would not work for those with profound and complex learning and physical disabilities but for the vast majority of people with a learning disability it was necessary to be more aspirational; and
- it was suggested that some of the commissioned providers be invited to attend a future meeting to describe the work taking place.

Thereafter, the Sub-Committee:-

- i. **NOTED** the contents of the report; and
- ii. **AGREED** that arrangements be made for a Members' briefing by the Head of Service, Learning Disabilities and Autism.

8. Update on liaison with Housing Service and support of Strategic Housing Investment Plan

The Interim Director of Adult Social Care provided a verbal update during which it was confirmed that NHS Highland was working with the housing service on an ongoing basis and had been engaged in the development of the Strategic Housing Investment Plan. In particular, it was highlighted that the view had been reached that it was not beneficial to develop large clusters of specialist housing designed for people with particular needs. Instead, the approach being taken was to plan with the housing service to use existing amenity housing and, where possible, influence the Highland Housing Register so that clusters could be achieved through normal allocation procedures. In addition, officers were minded to work with the housing service with a view to linking together and utilising sheltered housing voids.

In response to a question, it was explained that standard builds could be adapted to meet the needs of those on the autistic spectrum, and the aim was to try and plan as far upstream as possible with the housing service. Members concurred that planning upstream was what was needed.

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

Development

9. Use of technology in Adult Care

The TEC Services Manager, Technology Enabled Care (TEC), gave a presentation during which detailed information was provided on the background to the TEC programme; the areas of work the TEC team were involved in; the number of telecare clients by type; the work underway in terms of using telecare to support the redesign of overnight support and the review of care packages as well as people with dementia, a learning disability or at risk of falls; home and mobile health monitoring by way of a simple telehealth system known as “Florence”; NHS Near Me; next steps and beyond. A short video demonstrating how Florence worked was also shown.

During discussion, reference was made to AbilityNet, a UK charity which helped people with a disability to use technology, and Mrs I MacKenzie undertook to share an email she had received with the TEC Services Manager. It was emphasised that there were a significant number of charities/organisations in operation and it was important to try and maintain the network of communication. The TEC Services Manager concurred, adding that the TEC team could not work alone and recognised the need to link with other organisations and share knowledge.

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

The meeting ended at 11.50 am.