Agenda Item 22v.

The Highland Council

Care, Learning and Housing Committee

Minutes of Meeting of the **Adult Services Development and Scrutiny Sub-Committee** held in Committee Room 1, Council Headquarters, Glenurquhart Road, Inverness on Thursday 28 March 2019 at 9.00 am.

Present:

Mr B Boyd
Mr A Graham
Mrs I MacKenzie
Mr R MacWilliam
Ms L Munro (teleconferencing)
Ms N Sinclair (video conferencing)
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 G McCaig, Planning and Performance Manager
Dr B Peters, Interim Medical Director

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mrs M Cockburn, Mrs M Davidson, Mr J Finlayson and Mr T Heggie.

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 8 February 2019 and the rolling Action Plan maintained by the Care and Learning Service.

In relation to the Action Plan, the Interim Director of Adult Social Care explained that an update on care at home and plans for the rollout of community-based care would be provided under item 4 on the agenda. The Care Academy item would remain outstanding until there was stability within the sector.

The Sub-Committee otherwise **NOTED** the Minutes and Action Plan.

Scrutiny

4. Chief Officer Assurance Report

There had been circulated Report No ASDS/07/19 dated 18 March 2019 by the Chief Officer, NHS Highland.

The Interim Director of Adult Social Care provided a verbal update on commissioned care at home services, which he offered to follow up with a written briefing. Detailed information was provided on the background to the current position; the providers' proposed model for 2019/20 and the reasons it was not being progressed; the revised three-tier Highland Pricing Model which it was proposed to implement with effect from 1 July 2019; and the anticipated impact on the system. Information was also provided on the proposed contract management arrangements and the features of the contract which included a clear default rate, a hospital rate and a revised approach to missed visits.

The Head of Community Services, North and West, added that, under the previous contract, it had been difficult to get independent providers to deliver care at home in the North and West, particularly in the more rural areas. The new contract represented a plan for growth and there had already been some expressions of interest by new providers which was positive.

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

Strategic Plan

- whilst it was recognised that "boutique" care at home models might not be sustainable in urban areas, it was necessary to remain open to them as different models were appropriate in different areas. In response, it was explained that, particularly in remote and rural areas, there were opportunities for such models to spring up from within the community, supported by bigger organisations;
- in relation to care at home, information was sought, and provided, on the mechanisms for ensuring that providers passed the Living Wage on to their staff; the percentage breakdown of urban, rural and remote areas and which was most likely to be adversely affected by the new model; and, in relation to the possibility of some providers exiting the system, how widespread and immediate it was likely to be, what measures could be put in place to prevent any major disruption, what could be done to attract new providers, and whether there was anything that Elected Members could do;
- the progress that had been made in respect of Out of Hours was welcomed;
- further information was sought, and provided, on the nursing and medical staffing pressures at New Craigs Hospital, the skills mix changes and temporary recruitment to Band 3 non-registered posts to provide cover, and whether there was potential to train non-registered personnel to become registered mental health nurses;
- Members welcomed the "grow your own" approach being taken in some areas, which had also been implemented by the Council in sectors such as social work. However, it was necessary to get better at it;
- the work taking place in respect of midwifery in Caithness was welcomed;
- concern was expressed regarding anecdotal feedback that individuals with mental health issues were being held in police cells, and information was sought, and provided, in that regard and on the arrangements for transferring such individuals

to New Craigs. The Head of Community Services, North and West, emphasised that a police cell was not an appropriate place of safety for someone with mental health issues and confirmed that she was happy to investigate specific cases if details could be provided. Councillor Sinclair undertook to follow the matter up with the Scottish Ambulance Service and NHS Highland. In addition, the Chair suggested that an update be provided to a future meeting; and

- in relation to care homes, information was sought, and provided, regarding current suspensions of admissions; the additional care home capacity coming on stream in 2019 and 2020; the new workstream to improve discharge from hospital to care homes; and the National Care Home Contract fee rate for 2019/20. In relation to improving discharge from hospital in particular, it was emphasised that if someone was defined as having their needs best met in a care home they needed to be in a care home. People did not have the right to choose to remain in hospital if the care home they wanted was not available but a reasonable alternative was, and the support of Members was sought in communicating that message to the public.

Balanced Scorecard

- the Interim Director of Adult Social Care explained that, once the Council and NHS Highland had agreed a shared direction, it was necessary to ensure that the activity and performance information presented to the Sub-Committee was more granular;
- Members referred to previous discussions regarding an internet site/spreadsheet for performance reporting. In response, the Planning and Performance Manager explained that this was up and running. However, there was a technical issue in that it was only available on the NHS network, and he was in regular contact with colleagues in e-health with a view to finding a way to allow Members to access it; and
- concern was expressed regarding the shortage of beds at Caithness General Hospital and it was hoped that, if and when the proposed care villages went ahead, they would have the flexibility to improve the position. Detailed discussion ensued, during which it was explained that waiting for a care or nursing home bed was one of the main contributors to delayed discharge in the North. There were care and nursing home beds available but not necessarily in the right area, and reference was made to the points raised earlier regarding people choosing to stay in hospital rather than accept an interim placement in a care home that was not their first choice, and the associated impact on hospital admissions. Members recognised the difficulties in managing the tensions. However, it was important to bear in mind that, in Caithness and Sutherland in particular, an interim placement might be some distance away and, given that a high proportion of the population lived in poverty and did not have access to transport, a patient could be isolated from their loved ones. In response, it was emphasised that patients would not be expected to make unreasonable choices. Every effort was made to be fair and, where difficult choices had to be made, to put support mechanisms in place such as supported transport to allow relatives to make regular visits. On the point being raised, it was confirmed that policies and paperwork were in place to support staff and patients in having the necessary conversations and, where an interim placement was made, it was made clear to patients and their families that it was temporary.

Finance Report

- reference was made to care homes that were completely self-funded and information was sought, and provided, on whether there was a growing tendency towards them, how sustainable their business models were, and the potential impact on the NHS in future years if they ceased to operate.

Thereafter, the Sub-Committee:-

i. **NOTED** the report and the assurance given by the Highland Health and Social Care Committee;
ii. **AGREED** that a written briefing on commissioned care at home services be provided to Members of the Sub-Committee; and
iii. **AGREED** that an update be provided to a future meeting in relation to the points raised regarding individuals with mental health issues and the arrangements for transferring them to New Craigs.

5. Implementation of the Carers (Scotland) Act 2016

The Interim Director of Adult Social Care, NHS Highland, provided a verbal update during which he reminded Members that the Carers (Scotland) Act 2016 (the Act) introduced new rights for unpaid carers and new duties for local authorities and the NHS. There had previously been concerns that insufficient progress had been made in terms of implementing the Act. However, the Chair of the Carers Improvement Group, who was a carer himself, had now expressed his satisfaction with the progress that had been made and work was underway on a detailed Carers Development Plan with associated finances which would form the basis of a tender for carers services. It was proposed that a report in that regard be presented to a future meeting of the Sub-Committee, and that the Chair of the Carers Improvement Group be invited to attend.

The Sub-Committee:-

i. **NOTED** the update; and
ii. **AGREED** that a report on the Carers Development Plan be presented to a future meeting of the Sub-Committee, and that the Chair of the Carers Improvement Group be invited to attend.

Development

6. Realistic Medicine

Dr Boyd Peters, Interim Medical Director, NHS Highland, gave a presentation during which he summarised the background to the Realistic Medicine initiative and explained that it tied in with existing NHS Highland strategies in relation to the delivery of care. The 2025 Highland Vision was that everyone who provided health and social care in Highland would demonstrate their professionalism through the approaches, behaviours and attitudes consistent with Realistic Medicine. Detailed information was provided on the seven main principles, namely, shared decision-making; building a personalised approach to care; reducing harm and waste; reducing unnecessary variation in practice and outcomes; managing risk better; becoming improvers and innovators; and valuing staff. Information was also provided on people's views of Realistic Medicine, the building blocks of delivery; and the work underway in Highland.

During discussion, the following issues were raised:-

- it appeared that a significant amount of GP time was spent on the “worried well” and information was sought, and provided, on how GPs were monitored;
- the UK was fortunate to have an NHS that was as advanced and comprehensive as it was;
- many people did not come forward with health concerns at an early enough stage, thereby creating complications for themselves and the NHS;
- it was suggested that there was a greater role for Public Health in terms of educating the public as to what was an appropriate level of support to expect from the NHS;
- it was necessary to talk more openly about death to tackle the demographic challenges that existed and finance the public services that were required at the end of life. In response, it was explained that there were active programmes in that regard, details of which were provided;
- information was sought on whether there was something realistic that could be done to take a more preventative approach to mental health. Discussion ensued on the complexities of addressing mental health issues and the societal contributors such as alcohol, drugs, unemployment, social deprivation, and family fracture and divorce. The solution did not lie solely with the NHS and the importance of Third Sector organisations such as Mikeysline was emphasised;
- the benefits of social prescribing were emphasised and reference was made to local initiatives such as WheelNess;
- it was suggested that it was necessary to teach life skills in school and that there was a need for more intergenerational groups in the community; and
- on the point being raised, it was explained that euthanasia was still illegal in the UK and was the subject of recurrent parliamentary debate.

Thereafter, the Sub-Committee:-

i. **NOTED** the presentation;
ii. **AGREED** that it be circulated to Members of the Sub-Committee; and
iii. **AGREED** that an update be presented to a future meeting.

7. Primary Care Modernisation

There had been circulated Report No ASDS/08/19 dated 18 March 2019 by the Interim District Manager, Mid Ross, and Primary Care Project Manager.

It having been queried whether there was a rollout programme, it was explained that there was a Primary Care Improvement Plan which could be shared with Members.

Thereafter, the Sub-Committee:-

i. **NOTED** the report; and
ii. **AGREED** that the Primary Care Improvement Plan be circulated to Members of the Sub-Committee.

The meeting ended at 11.15 am.