Agenda Item 26viii.

The Highland Council

Care, Learning and Housing Committee

Minutes of Meeting of the **Adult Services Development and Scrutiny Sub-Committee** held in Committee Room 3, Council Headquarters, Glenurquhart Road, Inverness on Thursday 8 August 2019 at 3.00 pm.

Present:

Mr B Boyd
Mrs M Davidson
Mr A Graham (Chair)
Mr T Heggie
Mrs I MacKenzie
Ms N Sinclair (video conferencing)
Mr C Smith

In attendance:

Highland Council:
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 T Ligema, Head of Community Services, North and West (video conferencing)
Mr G McCaig, Planning and Performance Manager
Ms K Patience-Quate, Interim Deputy Director of Nursing

Mr A Graham in the Chair

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mrs M Cockburn, Mr J Finlayson, Mr R MacWilliam and Ms L Munro.

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 13 June 2019 and the rolling Action Plan maintained by the Care and Learning Service.

In relation to the Action Plan, on the point being raised, an update was provided on the initial discussions that had taken place with the Scottish Government and care at home providers regarding the establishment of a Care Academy. It was explained that, whilst there was commitment from a number of key areas, further work was required.

Discussion ensued on the wider issues being faced in terms of recruitment and retention, during which Members highlighted that HIE was leading on talent attraction, and the need for the Council and NHS Highland to be involved in the discussions was emphasised. Reference was made to the success of the work being undertaken in the Western Isles, whereby agencies were working with Skills Development Scotland to identify, on a place by place basis, the jobs needed to retain services and the population. It was suggested that a similar approach was required in Highland. In addition, it was necessary to reach out to young people through the Youth Parliament, school career days etc and information was sought, and provided, on the steps being taken in that regard. It was recognised that there was a lot of work taking place. However, the issue of recruitment was becoming more and more urgent and the need for a strategic approach was emphasised. It was suggested that the Chair write to the Chief Executives of the Council and NHS Highland emphasising the urgency of the situation and the need for a strategic push. The Chair confirmed that he would do so.

With regard to the arrangements for the transfer of patients to New Craigs and the action to provide an update as the restructure progressed, it was clarified that this related to the changes taking place within New Craigs and that an update would be sought from the Mental Health Services Manager, Mike Perera.

Finally, in relation to the request for a glossary of terms, it was confirmed that this would be maintained by the Council's Commissioning Officer and circulated with future Sub-Committee agendas.

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

Scrutiny

4. Chief Officer Assurance Report

There had been circulated Report No ASDS/10/19 dated 26 July 2019 by the Chief Officer, NHS Highland.

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

Strategic Plan

- the Chief Officer having expanded upon the work taking place in relation to care at home and care homes, and the associated opportunities in terms of addressing delayed discharge, Members welcomed the enthusiasm and the huge potential presented by the new care homes that were coming online. However, a clearer picture was needed in terms of how it was intended to shift the balance of care. It was necessary to consider issues such as the discharge protocol, how people were being moved around the system, and how the finances stacked up, and it was requested that an update be provided as soon as possible;
- information was provided on the management of the care at home contract which was now more robust, with a manager working with a team on issues such as managing flow and queues, ensuring that providers were picking up etc;
- Members were assured that metrics such as age of admission, length of stay, the number of care at home hours provided etc were moving in the right direction, and it was suggested that it would be helpful to provide a narrative in that regard rather than simply presenting the data in the balanced scorecard;

- in relation to drug and alcohol recovery, attention was drawn to the sustained improvements in terms of exceeding the standard of 90% of clients waiting no longer than three weeks from referral to treatment;
- information was sought, and provided, on the workforce pressures in respect of nursing and medical staff at New Craigs, and the work underway to address them; and
- it was suggested that the various elements of the assurance report be separated into sub-headings on future agendas.

Balanced Scorecard

- concern having been expressed regarding the low uptake of Self-Directed Support (SDS), particularly in the North, it was queried whether more staff training was required to ensure that SDS was being offered, whether work was taking place with providers so they understood how SDS would benefit them, and whether any progress was being made in terms of moving to SDS and disinvesting in traditional services. In response, information was provided on an audit that had been undertaken in respect of SDS processes, and the improvements that had subsequently been made. It was acknowledged that SDS uptake was not what it should be and that training had not been sufficient, with people being offered the options that were available in particular area rather than all of the options. Work had commenced on developing a new SDS strategy and it was recognised that it was required quickly. However, there were a number of tensions, details of which were provided. In addition, the Scottish Government, in conjunction with various partners, had recently published a new Self-Directed Support Implementation Plan and this would inform the strategy. It was suggested that a report in that regard be presented to the next meeting; and
- the Planning and Performance Manager explained that work was currently underway on changes to the performance framework and how performance was reported to the NHS Highland Board, and it was suggested that a report in that regard be presented to the next meeting of the Sub-Committee.

Finance Report

- the Chief Officer explained the challenges that had been experienced with regard to financial reporting in the current year, and that it was hoped that the next finance report would more clearly reflect the financial position against the savings plan. He highlighted a number of key figures within the report and explained that the Adult Social Care Financial Statement on page 33 of the papers, which would be provided on an ongoing basis, was most relevant to the Sub-Committee;
- Members commented that, as the Council and NHS Highland worked towards the new Partnership Agreement, it was necessary to focus on shifting the balance of care and to find ways of doing so together. In that regard, it was highlighted that there was still money available for housing for the next two years. Detailed discussion ensued on the complexities and challenges associated with shifting the balance of care, particularly given the current financial climate and the year on year increases in cost pressures;
- reference having been made to the earlier discussions regarding the care academy, it was suggested that, as well as increasing the numbers going through training, it was necessary to look at the flexibility of the workforce and to consider relaxing some of the requirements. In response, it was explained that the workforce was regulated by the Scottish Social Services Council which specified particular standards that had to be met. It was added that this was not only an issue in terms of recruitment but

had led to experienced members of staff who were nearing retiral age choosing to leave the service rather than having to study for an SVQ2 for no additional money. Discussion ensued in that regard, during which Members queried whether it was possible for managers to assist in overcoming some of the obstacles to staff – eg by photocopying and endorsing information from personnel files for inclusion in their portfolio. It was confirmed that the suggestion would be fed back to Scottish Care;

- reference was made to the concept of caring communities, whereby volunteers complemented professional care with a view to supporting people in the community and keeping them out of acute care settings, and it was highlighted that this was being explored in Nairn; and
- the most important factor in whether or not someone lived a long life was the quality of their social life.

Thereafter, the Sub-Committee:-

i. **NOTED** the report and the assurance given by the Highland Health and Social Care Committee;
ii. **AGREED** that an update be provided, as soon as possible, on the work taking place in relation to care at home and care homes, and the associated opportunities in terms of addressing delayed discharge;
iii. **AGREED** that the various elements of the assurance report be separated into sub-headings on future agendas;
iv. **AGREED** that a report on the Scottish Government Self-Directed Support Implementation Plan and the development of the new NHS Highland Self-Directed Support strategy be presented to the next meeting of the Sub-Committee; and
v. **AGREED** that a report on changes to the performance framework and how performance was reported to the NHS Highland Board be presented to the next meeting of the Sub-Committee.

5. Adult Support and Protection Update

There had been circulated Report No ASDS/11/19 dated 30 July 2019 by the Lead Adviser (Adult Protection), NHS Highland.

In introducing the report, the Interim Director of Adult Social Care emphasised that Adult Support and Protection was a key area in terms of assurance and asked that the Sub-Committee hold NHS Highland to account. In addition, the report was an opportunity to reflect on what the Council was doing about Adult Support and Protection in areas such as culture and leisure, housing etc.

During discussion, the following issues were raised:-

- Members welcomed the report, which represented an honest starting point;
- concern was expressed that there were far more instances of adults at risk than were being captured, and the need for improvement was emphasised;
- in response to a question, it was explained that the term “Adult Support and Protection” related to adults who were vulnerable or at risk of harm, whether that be emotional, physical or financial. It was added that structural changes were being explored with a view to implementing a more global approach encompassing the work around adults with incapacity – ie people who were subject to guardianship, power of attorney etc – with which there were strong links;
- it was suggested that updates be provided to the Sub-Committee on a six-monthly basis; and

- Community Partnerships, which had representation from a variety of public agencies, would be a useful forum at which to raise awareness of Adult Support and Protection, and it was suggested that information be distributed to them.

Thereafter, the Sub-Committee:-

i. **NOTED** the update and progress in the area of Adult Protection throughout North Highland;
ii. **NOTED** the ongoing challenges within this area of work in North Highland;
iii. **NOTED** and **AGREED** to support the approach going forward;
iv. **AGREED** that updates on Adult Support and Protection be provided to the Sub-Committee on a six-monthly basis; and
v. **AGREED** that a standard briefing on Adult Support and Protection be distributed to Community Partnerships for information.

Development

6. Partnership Agreement Review

The Interim Director of Adult Social Care, NHS Highland, provided a verbal update on the review of the Health and Social Care Partnership Agreement between the Council and NHS Highland. As Members were aware, the Council was in the process of identifying officers to take part in the review. The view of NHS officers was that, given the decision to maintain the lead agency model, it was a case of updating the existing Agreement. However, it was a lengthy legal document so that would be challenging. Key points were risk management; how to maintain assurances about professional and clinical governance, management and leadership; and how to take forward the nature of the Agreement into something that corresponded with the Strategic Plan that would set out what the Council and NHS Highland were going to do together.

The Chief Officer added that other key areas were how financial settlements were agreed between the organisations, whether ownership was retained even though responsibilities were delegated, and how to maintain the necessary technical knowledge within each organisation. It was intended that the new Agreement would come into effect on 1 April 2020. However, the size of the task should not be underestimated and it would be challenging to complete it in the required timescale, particularly given the Council and NHS Highland's respective governance processes. He sought the assistance of the Chair in terms of stressing how time-critical the review was and maintaining the tension within the Council. The Chair confirmed that he would do so.

During discussion, the following issues were raised:-

- the existing Agreement should provide a good basis to work from. Nevertheless, the complexities and challenges associated with updating it were recognised;
- the review presented an opportunity to refocus and change how the Council and NHS Highland operated together; and
- Caithness Members and local NHS managers had been meeting on a monthly basis to discuss various actions taking place in the community. However, there appeared to have been a loss of focus and momentum recently, possibly due to staff changes. In that regard, it was queried whether consideration had been given, as part of the review of the Partnership Agreement, to how to keep things moving at a local level, rather than a strategic and regional level, to prevent the disengagement that taken

place previously. The Chief Officer explained that there had been no active move in that regard, and that he would be happy to discuss the specific issues in Caithness with Councillor Sinclair and local managers with a view to closing any gap that had been created.

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

7. End of Life Care

Kate Patience-Quate, Interim Deputy Director of Nursing, NHS Highland, gave a presentation on Living and Dying Well, which it was confirmed would be circulated to Members of the Sub-Committee. Detailed information was provided on what Living and Dying Well meant; current and future challenges; the Realistic Medicine approach; societal/cultural influences; and the three key priorities in terms of improving palliative and end of life care, namely, identification, coordination, and 24-hour flexible support. In addition, slides were presented which demonstrated the changing demographics and the number of people who were spending the last days/weeks/months of life in various settings.

During discussion, the following issues were raised:-

- people did not like talking about death but it was important that it was discussed and understood from schools upwards;
- Members welcomed the approach being taken, particularly the emphasis on coordination, and comparisons were made with Getting It Right For Every Child;
- there were different challenges in rural and urban areas;
- it was difficult to identify when someone was approaching the last 12 months of life if they did not have a long-term condition;
- choosing to die at home was one thing for the individual and another for the family caring for them, and it was important that carers felt confident in that role and understood that there was a network of people they could call on for help and support;
- the difficulties in discussing end of life care with family members were recognised;
- when an individual's faculties were diminished, measures such as DNR (Do Not Resuscitate) forms, Living Wills etc came into play. However, they were not yet commonplace;
- members of the ex-forces community were very proud and did not like talking about what was going to happen next, and it was suggested that there might be merit in linking in with Armed Forces charities; and
- everyone would experience death and it was important to be able to talk openly about it to get the necessary medical and social care right.

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

The meeting ended at 5.00 pm.