Agenda Item 15ii.

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 4 October 2019 at 9.00 am.

Present:

Mr B Boyd
Mrs M Cockburn
Mr A Graham
Mr R MacWilliam
Ms L Munro
Ms N Sinclair (video conferencing)
Mr C Smith

In attendance:

Highland Council:
Ms L Weber, Executive Chief Officer – Health and Social Care
Mr B Porter, Head of Resources
Ms F Malcolm, Interim Head of Health
Ms I Murray, Commissioning Officer
Miss M Murray, Committee Administrator

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
Ms R Philip, Head of Finance, North and West Division

Mr A Graham in the Chair

Business

1. Apologies for Absence

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

2. Declarations of Interest

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

Item 9 – Ms L Munro (financial)

3. Minutes and Action Plan

There had been circulated the Minutes of the previous Meeting held on 8 August 2019 and the rolling Action Plan maintained by the Care and Learning Service.

The Interim Director of Adult Social Care made the following comments on the Action Plan:-

- there had been some difficulty in getting a suitable date for the Members' Briefing on Learning Disability Services, and the Council's Commissioning Officer would liaise with the Head of Learning Disabilities and Autism, NHS Highland, in that regard;
- in relation to Primary Care Modernisation, an update report would be presented to the next meeting of the Sub-Committee;
- with regard to the Assurance Report, the action to separate it into sub-headings on the agenda had been completed. It was added that the Assurance Report would have to reflect the new NHS structure and partnership arrangements, and discussions would take place with Members as work progressed; and
- in relation to Adult Support and Protection, rather than distributing a standard briefing, arrangements were being made for representatives of the Adult Support and Protection team to meeting with Community Partnerships.

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

Scrutiny

4. Chief Officer Assurance Report

There had been circulated Report No ASDS/12/19 dated 25 September 2019 by the Chief Officer, NHS Highland.

During discussion, the following issues were raised in relation to the Strategic Plan element of the report:-

- information was sought, and provided, on the person-centred software being utilised in care homes;
- Members recognised that NHS Highland was doing everything possible but could not recruit in certain areas, particularly remote and rural areas;
- in relation to care at home staff, concern was expressed regarding instances of carers having to travel significant distances, eg Kessock to Grantown on Spey, and of experienced staff leaving the service because of the way it was structured. In response, it was explained that the new care at home contract was being robustly managed and attention was being focussed on two key areas, namely, expansion and support in the North and West, and the efficiency of existing services in the Inner Moray Firth. However, care at home providers could not be held to account where they simply could not recruit, and care had to be provided leading to staff being brought in from elsewhere as in the example cited. There were a number of factors contributing to the adult social care recruitment crisis such as the inability to offer compelling wages, a lack of suitable housing, numerous agencies/businesses recruiting from the same pool, and other sectors being perceived as having a higher status;
- in relation to the Primary Care Modernisation Plan (PCMP) Additional Professional Roles Mental Health Workers workstream, information was sought on the service model preferred by GPs. In addition, in relation to midwifery, it was understood that named midwife allocation should continue throughout pregnancy and beyond, and confirmation was sought as to whether that was being achieved. The Head of Community Services, North and West, undertook to look in to both matters and respond to Members of the Sub-Committee by email;

- reference was made to instances of patients in Caithness not being offered the option to attend local clinics or be seen by NHS Near Me rather than travel to Raigmore. It was understood that local managers were working with Raigmore to develop template appointment letters for use by clinics, and a plea was made that the process be expedited as it could make a significant difference in terms of reducing travel for patients. The Head of Community Services, North and West, explained that information on NHS Near Me should be provided on every appointment letter, and undertook to find out why that was not happening;
- as a partnership, it was necessary to focus on and promote the positives of being an adult health and social care worker;
- as the Council and NHS Highland moved towards a new Partnership Agreement one of the drives was to be much more integrated, and it was necessary to work together and think about what could be done to encourage more community-based care;
- in relation to the PCMP and the successful recruitment to 13 pharmacotherapy posts to work with General Practices, information was sought, and provided, on whether the position had been reviewed in terms of effectiveness and support by GPs;
- an update having been sought regarding MSK First Contact Physiotherapists, the Head of Community Services, North and West, confirmed that all posts in the North and West had been recruited to and the model was working effectively. She undertook to confirm the position in the South and Mid following the meeting;
- demand for carers was going to increase exponentially over the next decade, which was not only a care issue but an economic development issue, and the need for a multi-agency strategic plan was emphasised. It was not the first time this had been raised, and frustration was expressed at the lack of action. In terms of which strategic group would lead on such a task, it was explained that there was a joint officers group which, now that key personnel had been appointed, would be convening and taking forward a number of areas of work. However, the issue was wider than the Council and NHS Highland, and assistance was sought from the Council in terms of liaising with colleagues in organisations such as HIE and Skills Development Scotland to emphasise the importance of the care industry to the Highland economy;
- reference was made to previous discussions regarding the establishment of a Care Academy, and the Chair of the Sub-Committee had written to the Chief Executives of the Council and NHS Highland in that regard. However, it was only part of the solution. Changing societal attitudes was key, and it was necessary to continually reinforce the value and contribution of adult social care in every strategic forum;
- it was necessary to work together, including with care providers, to consider how to encourage young people into caring professions and target groups that were not currently being tapped into – eg mothers whose children were now in school;
- there were recruitment challenges across a number of professions and geographies, and there was good practice taking place, examples of which were provided, which it was necessary to coalesce into a Highland-wide, public sector conversation;
- the unanimity on the issues raised was welcomed; and
- the review of the Partnership Agreement presented an opportunity to explore wider issues and fresh ways of working to solve them.

Thereafter, the Sub-Committee:-

i. **NOTED** the report and the assurance given by the Highland Health and Social Care Committee;
ii. **NOTED** the Health and Social Care Partnership financial position at month 5 which showed a year to date overspend of £7m (£2.4m excluding the 2019/20 savings requirement;

iii. **NOTED** the savings position, including £11.4m unidentified savings, as reported in the Annual Operational Plan; and
iv. **AGREED**, in relation to the Primary Care Modernisation Plan Additional Professional Roles Mental Health Workers workstream, that information on the service model preferred by GPs be circulated to Members of the Sub-Committee;
v. **AGREED** that information on continuity of named midwife allocation be circulated to Members of the Sub-Committee;
vi. **AGREED** that the Head of Community Services, North and West, investigate why information on NHS Near Me was not being included on appointment letters and report back to Members of the Sub-Committee; and
vii. **AGREED** that an update on the recruitment of MSK First Contact Physiotherapists in the South and Mid be provided to Members of the Committee.

5. Care at Home/Care Homes – Update and effect on Delayed Discharge

It having been explained that Mr C Arnold, Flow Manager, NHS Highland, was unable to attend due to unforeseen circumstances, the Sub-Committee **AGREED** that this item be deferred to the next meeting.

6. Highland Health and Social Care Annual Performance Report 2018-19 (PP 23-90)

There had been circulated the Highland Health and Social Care Annual Performance Report 2018-19.

The Interim Director of Adult Social Care explained that the report was a requirement of the Public Bodies Act (the Act) and reflected on activity since the point of integration in terms of the Act in 2014. Members were reminded that the Council and NHS Highland had integrated in 2012 using the Community Care and Health Act.

The July deadline for production of the report had been challenging in terms of availability of data. In addition, Members had already had sight of the information in the report, either through the Assurance Report to the Sub-Committee or, in the case of the Children's Services, the Care, Learning and Housing Committee.

The data in the report was that required by the Scottish Government to provide an overview. However, the RAG indicators did not provide the full picture and the report did not contain many local examples. The aim for the next report was to tie it more closely to the new Partnership Agreement which should better describe the aspirations of the Highland population.

The key message was that, despite the challenges, health and social care provision in Highland was improving. However, it was necessary to go further faster.

Members concurred that adult social care was not yet where it needed to be but had come a long way.

Thereafter, having welcomed the clear and honest update and the positive way forward, the Sub-Committee **NOTED** the Annual Performance Report.

Development

7. Partnership Agreement Review Update

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. He summarised the background to the current Agreement which, it was explained, was more about the transition to integration than how it was intended to operate thereafter.

As explained at the previous meeting, it was intended that the new Agreement would come into effect on 1 April 2020 which, given the Council and NHS Highland's respective governance arrangements, meant it would have to be drafted by the end of the calendar year.

Now that key officers had been appointed, the process of going through the existing Agreement and working out what changes were needed had begun, and both the Interim Director of Adult Social Care, NHS Highland, and the Interim Head of Health, Highland Council, spoke to the key areas which included governance, performance, finance and risk. In terms of future aspirations, whilst they could not be codified in a legal document, the Agreement could include statements of intent in that regard.

There was a significant amount of work ahead and some of the discussions, particularly in relation to the financial framework, would be challenging, but it was not insurmountable, and Members were assured that rapid progress would be made. Updates would continue to be provided to the Sub-Committee as work progressed.

Information having been sought, and provided, on the position regarding Licences to Occupy, the Sub-Committee **NOTED** the update.

8. Performance Framework Update

The Planning and Performance Manager, NHS Highland, provided a verbal update on the Performance Framework, which was currently being reviewed in its entirety. It was explained that there were three main balanced scorecards, namely, the Delivery Plan, which consisted of health indicators stipulated by the Government and was submitted to the NHS Highland Board; the Health and Wellbeing Balanced Scorecard, which detailed all the indicators agreed as part of the commissioned services process and was submitted to the Sub-Committee on a quarterly basis; and the Ministerial Integration Indicators, six indicators Ministers had decreed they wished to review as part of the integration process. The Ministerial Integration Indicators were also reported to the Sub-Committee but less regularly as the data was provided by the Information Services Division.

One of the reasons for the review was the move to the Annual Operating Plan which constituted the contract between NHS Highland and the Government in terms of what services would be provided. In addition, the Government was increasing the level and frequency of scrutiny. In particular, reporting on waiting times had increased from quarterly, with all specialities being reported as one figure, to weekly for individual specialities. This had required considerable changes to the processes in place, all of which had been detailed in a report which would be considered by NHS Highland's Senior Leadership Team week beginning 7 October 2019. In terms of the Health and Wellbeing Balanced Scorecard, no changes to the reporting arrangements were

proposed at present. The review would be undertaken in conjunction with the review of the Partnership Agreement and if any changes were proposed it was assumed they would require to be approved by the Joint Monitoring Committee, as had previously been the case. The Ministerial Integration Indicators would not change and would continue to be reported to the Sub-Committee.

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

9. Update on the Implementation of Social Care (Self Directed Support) (Scotland) Act 2013 in Adult Social Care

Declaration of Interest: Ms L Munro declared a financial interest in this item and left the room on the basis that she worked for Carr Gomm as a Specialist Project Adviser on SDS.

There had been circulated Report No ASDS/13/19 by the Interim Operational Lead, Adult Social Care.

During discussion, the following issues were raised:-

- the crux of the matter was set out in the graphic on page 108 of the papers. In relation to the section on Involvement, there appeared to be missed opportunities in terms of collecting information from service users and carers. With regard to the section on Workforce, as discussed earlier in the meeting, caring was a career and it was necessary to give it much more recognition and make it something that people aspired to;
- implementing the aspirations described in the report would make a significant difference throughout Highland. The was a lot to do but things were moving in the right direction;
- in relation to the table on page 96 of the papers, it would have been helpful to provide more information on trends over time;
- it was necessary to increase uptake of Options 1 and 2;
- in relation to assessment and application of eligibility criteria, a lot of time was spent carrying out assessments and it was suggested that care provision needed to be directed much more by service users. In response, it was explained that eligibility criteria were necessary to ensure that the limited resources available went to those with the greatest need, not the loudest voices;
- all Councillors had anecdotes that could be useful learning experiences. In response, it was explained that anecdotes tended to be about services not being provided the way people wanted. It was suggested that a different conversation was needed that was about people's needs, what they could do to meet those needs, and what NHS Highland could do to support them. In relation to community-led support models, the conversation was different in that it was about what people could do for themselves, what their community could do to help, and what NHS Highland needed to do to fill in the gaps. It was necessary to change's people's expectations of service provision, small scale aids and adaptations being cited as an example of something that people could do to help themselves if they had the means;
- people did not understand the options available to them, and it was necessary to improve staff training and communication;
- whilst supportive of community-based models of care, concern was expressed regarding the burden placed on NHS Highland if they failed;
- the need to manage expectations was recognised, and Members already endeavoured to do so. However, the majority of people did not make contact with

Councillors, and many individuals were potentially suffering as they were not accessing the public services they ought to be, including care;

- in relation to community-based care, it was necessary to define what a community was;
- the need for affordable housing in communities for care workers, health professionals etc was emphasised, and Members reiterated the need for a multi-agency approach, as discussed at item 4;
- there were good examples of community-based care such as Boleskine Community Care and Black Isle Carers. However, there was a missing link in terms of communicating the good work taking place, and it was queried whether there was someone in the system who could develop a more structured approach to rolling out community-based models of care and talk to community bodies about what they could do and how SDS could be utilised;
- communities knew what they wanted but they did not always know how to achieve it, and leadership was required;
- information was sought, and provided, on the support available at a local level for people who wanted to take up Option 1;
- information flow was key if there was to be a more constructive dialogue between NHS Highland, the Council and constituents;
- if service users were recruiting their own carers, they might be able to access people that NHS Highland could not;
- caring was a meaningful and fulfilling role, and anecdotes to that effect might help to promote it as a career; and
- many people were content with traditional services and were resistant to change, and it was necessary to communicate the options available and the potential benefits thereof.

Thereafter, the Sub-Committee:-

i. **NOTED** the substantial growth in Self-Directed Support, in particular Options 1 and 2, since 2012;
ii. **NOTED** progress in the implementation of Self-Directed Support throughout the Highland Health and Social Care Partnership;
iii. **NOTED** the ongoing challenges and current and planned measures introduced to ensure greater transparency, equity and fairness in the decision-making process; and
iv. **NOTED** and **AGREED** to support the planned co-production of a Highland Implementation Plan going forward.

The meeting ended at 11.00 am.