

## The Highland Council

Minutes of Meeting of the **Health, Social Care and Wellbeing Committee** held in the Council Chamber, Glenurquhart Road, Inverness on Wednesday, 15 November 2023 at 10.30am.

### **Present:**

Mr C Aitken (remote)	Ms L Kraft
Mrs M Cockburn	Mrs I Mackenzie (remote)
Mr D Fraser	Ms K MacLean
Mr R Gale (sub for Ms A MacLean)	Mr T MacLennan
Mr R Gunn (remote)	Mr D Macpherson (sub for Ms M Smith)
Mrs B Jarvie (remote)	Mrs M Reid
Ms L Johnston	Mrs T Robertson
Ms E Knox (remote)	

### **Non-Members present:**

Mr M Baird (remote)	Ms S Fanet (remote)
Ms T Collier (remote)	Mr P Oldham (remote)

### **NHS Highland representatives:**

Dr T Allison, Director of Public Health, NHS Highland  
Ms L Bussell, Director of Nursing, NHS Highland

### **Third sector representatives in attendance:**

Ms J Douglas, Care and Learning Alliance  
Mr H Tedstone, Highland Hospice

### **Participating Officials:**

Ms F Duncan, Executive Chief Officer Health and Social Care and Chief Social Work Officer  
Ms F Malcolm, Head of Integration Adult Social Care, Health and Social Care  
Mr I Kyle, Head of Performance and Improvement, Health and Social Care  
Ms J Park, Strategic Lead Child Health, Health and Social Care  
Ms M McIntyre, Head of Children and Justice Social Work, Health and Social Care  
Ms J Baughan, Programme Manager, Whole Family Wellbeing Programme  
Ms J Hutchinson, Strategic Lead Care and Support, Health and Social Care  
Ms L Dunn, Joint Democratic Services Manager, Performance and Governance  
Ms F MacBain, Senior Committee Officer, Performance and Governance

**An asterisk in the margin denotes a recommendation to the Council.  
All decisions with no marking in the margin are delegated to Committee.**

**Mr D Fraser in the Chair**

### **1. Calling of the Roll and Apologies for Absence Gairm a' Chlàir agus Leisgeulan**

Apologies were intimated on behalf of Dr C Birt, Mrs A MacLean, Mrs P Munro, Mrs M Paterson and Ms M Smith.

## **2. Declarations of Interest/Transparency Statement Foillseachaidhean Com-pàirt / Aithris Fhollaiseachd**

The Committee **NOTED** the following Transparency Statements:-

Item 6 – Ms L Johnston

Item 7 – Ms L Johnston, Ms L Kraft, Mrs M Reid

## **3. Service Achievements Coileanaidhean Seirbheis**

The Committee **NOTED** updates on the following issues:

- North Highland Baby Friendly Re-Assessment
- Family Nurse Partnership 10 Year Anniversary
- Social Work Forum
- Age Scotland's 80<sup>th</sup> Anniversary

## **4. Adult Social Care Assurance Report Aithisg Bharantais Cùram Sòisealta Inbheach**

There had been circulated Report No HCW/17/23 by the Executive Chief Officer Health and Social Care.

During discussion, the following issues were raised:

- third sector representatives referred to the importance of community hubs if generic services were to be delivered to diverse communities;
- with reference to the value of community hubs, it was important they were securely funded, and the Head of Integration Adult Social Care would raise this with NHS Highland partners;
- the report highlighted that services did not operate in isolation and emphasised the importance of partnership working, with particular reference to the impact of the actions of one sector on the workings of another, for example trying to recruit from a limited pool of staff;
- gratitude was expressed to all involved in care work and the need to increase the profile of the care sector as a career was emphasised;
- bespoke local solutions for adult social care were essential, especially in remote and rural areas. Attention was drawn to the need for a holistic whole system approach, and to the value of Self-Directed Support and the flexibility it offered;
- information was sought and provided on work being undertaken to address the challenges finding housing for carers as key workers, especially in remote and rural areas. The Chair offered to raise with the Chair of Housing and Property the need for more collaborative working in this respect and asked that a report providing an update be presented to the Committee in 2024;
- it was queried whether there was any scope to improve on the nationally agreed care home contract rates, with a suggestion that this be worked on jointly with the Western Isles Council which faced similar challenges to Highland. Attention was drawn to the work involved in negotiating individually with care home providers;

- information was sought and provided on the work that was required in the lead up to the planned Care Inspectorate inspection, with this being led by NHS Highland officials. Further detail would be covered in a future report;
- assurance was provided that a project board for the North Coast Care Facility was considering all associated issues, such as housing, education and childcare, and details of their meetings could be provided to Mr R Gale if required by the Head of Integration Adult Social Care, who was a member of that board;
- information was sought and provided on community-led support projects, with pilots being undertaken in Fort Augustus, Nairn and Caithness;
- attention was drawn to the importance of reducing the number of Housing voids and ensuring home modifications were possible for people leaving acute care. Other suggestions to tackle the housing crisis included freeing up larger houses for families rather than single occupancy, ensuring visitor space was available in sheltered housing, and seeking funding for 'granny flat' extensions;
- the need to shift the balance of care from acute hospitals to the community was acknowledged by all; and
- innovation, enthusiasm, and a holistic community-based approach, were key to tackling the challenges ahead.

Thereafter, the Committee:

- NOTED** the contents of the report;
- NOTED** the continued commitment and collaborative actions to sustain service provision, whilst responding to the ongoing operational pressures arising as a result of workforce challenges and also the position in relation to the preparation of the Strategic Plan; and
- NOTED** that the Chair would raise with the Chair of Housing and Property the need for more collaborative working in respect of providing housing for carers as key workers and **AGREED** that a report providing an update on this would be presented to the Committee in 2024.

## 5. Revenue Budget Monitoring – Quarter Two Monitoring and Performance Sgrùdadh Buidseat Teachd-a-steach – Sgrùdadh agus Coileanadh Cairteil a Dhà

There had been circulated Report No HCW/18/23 by the Executive Chief Officer Health and Social Care.

During discussion, the following issues were raised:

- with quality of care remaining of paramount importance, it was key that long term savings were achieved through service redesign and that sufficient resources were in place to deliver the redesign;
- in response to various requests, the following information would be provided to the Committee outwith the meeting:
  - the reasons behind the increases in reported staff absences; and
  - whether the 52.9% of adults receiving care at home was a percentage of those requiring care at home;
- assurance was sought that although vacancies were assisting to balance the budget, this was not intended to contribute to savings on a recurring basis, but rather the outcome of the challenges being faced in recruitment;

- the reduction of the predicted overspend – now an underspend - for Looked After Children was welcomed, and it was queried whether more children had been taken into care since the cessation of respite care services at The Orchard, which was not the case;
- the impact of an issue being added to the Corporate Risk Register was queried, with regular review of the issue by the Audit Committee being a significant factor;
- in relation to foster care payments, the difference between Council and private payment rates was queried and it was confirmed that the latter were significantly higher;
- in relation to the positive outlook for the numbers of children and young people in residential placements outwith the Highland area, it was hoped this would continue despite the challenges with resources and the need for specialist services for some children. This reduced number was reflected in the underspend in Looked After Children;
- the risks to future years' budgets as a result of depleting the reserves of £9.8m for Adult Social Care were highlighted; and
- in response to a query, it was explained that some kinship care arrangements were without formal recompense, and if the carers required payment, they would need to undergo an approval process.

Thereafter, the Committee **NOTED** the:

- i. forecast revenue position as at Q2 of the 2023/24 financial year;
- ii. progress update provided in relation to budget savings delivery; and
- iii. Service's performance and risk information.

## **6. Young Carers Luchd-cùrainn Òga**

**Transparency Statement: Ms L Johnston declared a connection to item 6 as an employee of Highland Community Care Forum but was not involved in the Young Carer Service and, having applied the objective test, did not consider that she had an interest to declare.**

There had been circulated Report No HCW/19/23 by the Executive Chief Officer Health and Social Care.

During discussion, the following issues were raised:

- the excellent support provided to young carers by third sector organisations was welcomed;
- the proactive identification and support of all young carers, and awareness raising of their challenges, was important, while also acknowledging that some young carers did not wish to be identified;
- many young carers missed out on opportunities and education due to their responsibilities, and could develop a difficult relationship with their school as a result. It was important to identify and support young carers who were not in education;
- the value of young carers, and other unpaid carers, to society could be considered by calculating what the cost would be to provide that care;

- information was sought on the last time the young carers steering group had met, which had been February 2023. Work was underway to get the group up and running again; and
- in response to a query, it was confirmed there was no policy in place at present to allocate a specific percentage of the carers budget to young carers but work was underway to understand the resources available and their uses.

The Committee **NOTED** the:

- i. content of the background information in relation to the statutory duties for The Highland Council in relation to Young Carers; and
- ii. progress being made in ensuring that Young Carers and their families received appropriate support.

## **7. Update on Disability Services in Highland including Self-Directed Support and Respite**

**Taic Fèin-Stiùirichte, Seirbheis Ciorramachd, agus Faochadh**

**Transparency Statements: the undernoted Members declared connections to item 7 but, having applied the objective test, did not consider that they had an interest to declare:-**

**Ms L Johnston**, as an employee of Highland Community Care Forum but not involved in the Young Carer Service;

**Ms L Kraft** as the financial appointee for a close family member who was in receipt of a Self-Directed Support package for several years which she managed but this package had closed the previous month; and

**Mrs M Reid** as a private respite provider.

There had been circulated Report No HCW/20/23 by the Executive Chief Officer Health and Social Care.

During discussion, the following issues were raised:

- information was sought and provided on the process for transitions from child to adult services, with particular reference to the challenges sharing electronic information between the Council and NHS Highland. These were planned for years in advance, but work was still required to understand barriers in the process;
- information was sought and provided on the flexibility of SDS with regard to paying family members for support, access to banks of workers, and safeguarding issues for employed carers. Increased flexibility for SDS usage was being sought from the Scottish Government;
- it was queried whether children with acknowledged but not officially diagnosed neuro-developmental issues could access support;
- information on the caseload and numbers of staff available for child disability teams would be provided to the Committee outwith the meeting;
- the table at section 8.2 of the report did not indicate how many parents had responded to the survey;
- it was important to expedite the scoping exercise currently being carried out in relation to the services available for children with disability in Highland;

- attention was drawn to the links between Health & Social Care, and Education, including how Education could provide parents and carers some respite;
- it was clarified that PMWH stood for Primary and Mental Health Workers;
- SDS could facilitate creative, meaningful and cost-effective solutions for families, noting that families might need a break from providing care but not wish to be separated from the person being cared for. Families choosing care at home should be able to use their SDS flexibly for respite care if required, and there should be a move away from building-based respite care. It was important, in relation to families making direct payments, there was an understanding of employment rights and obligations;
- the importance of the size and type of respite care accommodation was highlighted;
- lack of spaces in care homes could cause harm and was a significant challenge, and reference was made to Boleskine Community Care project, which had worked innovatively to bring together the private and voluntary sectors to deliver care and support services. Clustering care requirements in communities could be helpful, and attention should be paid to issues that were blocking the process; and
- information was sought and provided on scoping work being undertaken in relation to the provision of care in the far north of Scotland.

Thereafter, the Committee:

- i. **NOTED** the contents of the report; and
- ii. **APPROVED** the scoping exercise being carried out in the terms provided for in the report noting which required engagement with NHS Highland in terms of Transitions and Education for those young people with a Disability who might not be known to the Children's Disability Service in Highland, as well as third Sector partners.

## 8. **Workforce Update Report** **Aithisg Ùrachaidh Feachd-obrach**

There had been circulated Report No HCW/21/23 by the Executive Chief Officer Health and Social Care.

A recruitment promotion video was shown and, during discussion, the following issues were raised:

- the video, and progress made on workforce planning since issues had been highlighted by an audit report, were welcomed, though it was acknowledged that more work was still required;
- the importance of a 'grow your own' recruitment policy was highlighted;
- it was vital that new staff were appropriately supported, and it was suggested that, given the high cost of agency staff, a bank for care sector staff be developed, perhaps in conjunction with neighbouring local authorities;
- the aim to provide additional administrative support for social workers was welcomed as it would free them to concentrate on their core role. The need for support to be available to staff to stay healthy and look after their mental health was emphasised; and

- when planning service delivery, it was important to consider the totality of resources available, with particular reference to third sector involvement.

Thereafter, the Committee **NOTED** the:

- i. on-going recruitment and retention challenge across all social work services, whilst acknowledging the significant impact this was having on the delivery of 'front-line' children's services;
- ii. positive shift in recruitment and reduction in Children's Services vacancies from Q1 (41%) to Q3 (34%); and
- iii. actions and overall workforce strategy to tackle the recruitment and retention challenges.

**9. Child Health Service Performance Update (balanced score card)  
Cunntas às Ùr mu Choileanadh Seirbheis Slàinte Chloinne (cairt-sgòraidh chothromaichte)**

There had been circulated Report No HCW/22/23 by the Executive Chief Officer Health and Social Care.

During discussion, the following issues were raised:

- information was sought and provided on service delivery for the homeless, travelling, and Forces communities, which could be more challenging to reach and required more flexibility;
- with reference to Indicator 7, which reported that 90% of CAMHS referrals were seen within 18 weeks, it was queried what happened to the other 10%. This would be followed up with NHS Highland and a response circulated to the Committee outwith the meeting, although it was pointed out that the figure indicated that there were no outstanding referrals over 2 years;
- also in relation to Indicator 7, it was pointed out that a difference in Highland was that some referrals came to the Neuro Developmental Assessment Service, rather than to the Child and Adolescent Mental Health Service, and this was reflected in the figures. A significant challenge was in attracting the specialist workforce required;
- concern was expressed that in relation to Indicator 10, the percentage of children and young people referred to AHP Service waiting less than 18 weeks from date referral was currently only 51%. In addition, there had been a reduction in ASN support in schools, and representations should be made to Education and Learning in this regard. It was explained that work was ongoing and the issues would be picked up in future. Previously, allied health professionals had been closely aligned with schools, and it was important, post-covid, that this relationship was maintained and enhanced;
- the importance of a well-resourced, collaborative, whole school approach to speech and language, ASN, and neuro-diversity therapies was emphasised;
- it was queried whether the slow decrease in vaccination uptake was reflected in a comparable decline in school vaccination rates, and this would be circulated to the Committee outwith the meeting;
- concern was expressed at nicotine addiction in the teenage community as a result of vaping, rather than smoking, and that it was not included as a performance indicator. Reference was made to recent work on the joint strategic needs assessment with public health, which was identifying potential new indicators.

Thereafter, the Committee:

- i. **NOTED** the range and function of services within the devolved child health service;
- ii. **NOTED** the purpose and background to the development of the balanced scorecard and range of data contained at Appendix 1 to the report; and
- iii. **AGREED** that there be further discussion with the Education Service with regard to Indicator 10.

## **10. Whole Family Wellbeing Programme Prògram Soirbheas an Teaghlaich gu Lèir**

There had been circulated Report No HCW/23/23 by the Executive Chief Officer Health and Social Care.

The Programme Manager for the Whole Family Wellbeing Programme, gave a presentation on the following topics:

- Programme Governance
- Drivers for Change
- Route Map and National Principles
- Joint Strategic Needs Assessment
- Locality Approach
- Next Steps

During discussion, the following issues were raised:

- the early intervention and the transformational nature of the programme were welcomed, and it was expected to improve outcomes;
- assurance was sought and provided that grandparents were included in the whole family approach; and
- concern was expressed that the project was already significantly through its two year period, with no definitive continuation of funding, and information was sought on what results had been achieved to date. It was clarified that these points had been raised with the Scottish Government, the funding was ring-fenced, and that there was some flexibility with expenditure of the funding. The focus of the project was building long-term, self-sustainable community capacity.

The Committee **NOTED** the:

- i. content of the report and the decision taken by the Community Planning Partnership Board to agree that the additional resource provided through the Whole Family Wellbeing Fund be utilised to drive forward the proposed programme as previously agreed by the Community Planning Partnership Board;
- ii. decision taken by the Community Planning Partnership Board to identify and fund a Programme Manager post to plan and implement the Whole Family Wellbeing Programme across Highland; and



- iii. decision taken by the Community Planning Partnership Board to establish a Programme delivery team and plan, to develop this partnership approach, using the [Scottish Government's Route-map and National Principles of Holistic Whole Family Support](#), that would report on progress to the Integrated Children's Service Board and ultimately to the Community Planning Partnership Board.

## **11. Champions Updates**

### **Cunntasan nan Curaidhean**

The Committee **NOTED** the short presentations by the following Champions on their work:

#### **Adult**

Mr Thomas MacLennan gave a presentation about dementia, which demonstrated what could be done to help people suffering from dementia to stay in their own homes for longer by creating a dementia friendly living space. Members were urged to visit the Dementia Service Development Centre, Iris Murdoch Building, University of Stirling.

#### **Children's**

Dr Chris Birt had submitted his apologies and would present his update to the next meeting.

#### **Trauma**

Mrs Morven Reid summarised the work of the Trauma Champions Network, which consisted of senior leaders from Local Authorities, Health Boards, Health and Social Care Partnerships and other key community planning partners, with the aim to progress trauma-informed practice and share learning across geographical and professional boundaries. Reference was made to the Council's commitment to becoming a trauma informed organisation, and to the Trauma summit that was being organised in Inverness in 2024, which would bring together senior leaders, business owners, officers, councillors from across the Highlands to engage at a very strategic level to promote the benefits of Trauma Informed Practice.

## **12. Minutes**

### **Geàrr-chunntas**

The minutes of the Highland Council / NHS Highland Joint Monitoring Committee held on 21 June 2023 had been circulated and were **NOTED**.

The meeting ended at 3.15pm