The Highland Council

Adult and Children's Services Committee

Minutes of Meeting of the **Adult Services Development and Scrutiny Sub-Committee** held in Committee Room 1, Council Headquarters, Glenurquhart Road, Inverness on Friday 24 January 2014 at 11.00 am.

Present:

Mrs I Campbell
Mr A Christie
Mrs M Davidson
Mr W Mackay (Substitute) (Teleconferencing)
Mr G MacKenzie
Mrs B McAllister
Mr G Ross

In attendance:

Mr B Alexander, Director of Health and Social Care
Ms D Jones, Chief Operating Officer, NHS Highland
Mrs J Baird, Director of Adult Care, NHS Highland
Mr B Robertson, Head of Adult Social Care, NHS Highland
Mr S Steer, Head of Strategic Commissioning, NHS Highland
Mr G McCaig, Head of Care Support, NHS Highland
Ms I Murray, Commissioning Officer, Health and Social Care Service
Miss M Murray, Committee Administrator, Chief Executive's Office

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mr B Gormley, Mr K Gowans, Mr E Hunter, Mrs M Paterson and Ms K Stephen.

2. Declarations of Interest

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

Item 7 – Mr A Christie (non-financial)

Mr G Ross declared a non-financial interest in those items which might raise discussion on home care and delayed discharge as a family member received home care and had recently experienced delayed discharge 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.

Mrs I Campbell declared a non-financial interest in those items which might raise discussion on care homes as a family member resided in a care home but, having applied the test outlined in Paragraphs 5.2 and 5.3 of the Councillors' Code of Conduct, concluded that her interest did not preclude her involvement in the discussion.

3. Adult Social Care Summary

There had been circulated Report No ASDS/01/14 dated 14 January 2014 by the Director of Health and Care which provided an overview with regard to the delivery of the Commission for Adult Social Care Services by NHS Highland. The report summarised key issues including progress with the Strategic Commissioning Plan, performance and the findings of an announced inspection of Raigmore Hospital from 24-26 September 2013.

In addition to the report, the Director of Health and Social Care highlighted that a meeting had taken place with Councillor L Munro, Councillor K Stephen and representatives of NHS Highland regarding contact with Local Members. It had been a helpful discussion and would feed in to the joint seminar scheduled to take place on 13 February 2014.

During discussion, the following comments were made:-

- in relation to care homes, the recommendation regarding the development of an escalation process where deterioration in the quality of care was suspected was welcomed;
- the introduction of the living wage might help to increase numbers of home care workers;
- a monitoring statement was sought so that the Sub-Committee could see how adult services budgets were being spent and where the pressures were;
- concern was expressed regarding the lack of community focus and it was emphasised that it was essential to understand the dynamics of what was happening in local communities. Community groups were willing and able to take more control and it was important that was encouraged and funding was provided to localise services; and
- with regard to workforce planning, there would shortly be a significant increase in childcare leading to more women becoming available for the workforce in rural areas and this could be utilised to provide home care workers in proximity to the need.

In response to questions and comments, it was explained that:-

- in relation to strategic commissioning, the main emphasis would initially be on Older People. However, there were Improvement Groups for all population groupings, such as Dementia and Learning Disability, and these would be worked on over the coming year with high level statements being produced in respect of each;
- with regard to the Care at Home Action Plan, in terms of the governance arrangements, a detailed report would be presented to NHS Highland's Health and Social Care and Improvement Committees with a high-level briefing paper being presented to the Sub-Committee for consideration;
- in relation to the suggestion that it was necessary to consider building new care homes to accommodate the aging population, this would form part of the strategic commissioning process. The development of the five year Strategic Commissioning Plan, in partnership with Third and Independent Sector colleagues, presented an opportunity to articulate to service providers how they might wish to

modify or add to the services currently being delivered to meet the anticipated demand. Quality engagement and clear commissioning intentions were key;

- management of the care at home service and the associated budget would transfer to operational units, where it would be co-located with other key frontline services, with effect from 1 April 2014. The structure would be slightly different than at present, although there would be no additional costs, and arrangements were being finalised in terms of matching in current managers. Work was also ongoing with the independent sector to increase capacity but there was a limited pool of home care workers. In order to shift the balance of care, there were strategic issues to be addressed in terms of promoting care at home and other care services as a career pathway and creating succession planning;
- recruitment of home care workers was taking place. However, it was important it did not lead to loss of capacity in the independent sector. Work was ongoing with independent sector partners to stimulate growth in respect of their services and an unprecedented coordinated recruitment would shortly be undertaken, the effect of which, it was anticipated, would be visible by March/April 2014;
- Members' comments regarding community focus were endorsed and that was the approach being taken with services such as care homes and care at home being devolved to district level. The development of integrated teams would allow the workforce to be deployed in a more flexible way and presented an opportunity, in remote areas where full-time jobs were scarce, to create posts which included, for example, some hours in a community hospital and care home as well as care at home. In addition, it was important to work with independent and voluntary sector providers and build on the assets available in local communities;
- with regard to budgets, a Resources Group, led by the Directors of Finance of both NHS Highland and the Council, was being developed that would examine how to ensure that there was awareness, across the partner organisations, of the service and cost pressures and how they could be managed over time. It was emphasised that the intention was that there be a "Highland pound" rather than an NHS or Council pound. However, there were challenges around how to achieve that; and
- the implementation of Self Directed Support legislation from April 2014 would free up funding for people to commission their own care. However, there were challenges to be addressed, as a partnership, in terms of the possible decommissioning of some traditional services, stimulating interest in communities and ensuring that the right infrastructure and capacity was in place, particularly in remote rural areas, to create community resilience.

Following discussion, the Chairman suggested that a report be presented to the next meeting of the Sub-Committee drawing out some of the themes raised, including how the partner agencies could work together to address them and links with education and employability.

It was suggested that, in preparing the report, discussions take place with Members and the Chief Operating Officer indicated that she would welcome the opportunity to visit some of the community groups referred to.

Thereafter, the Sub-Committee:-

i. **NOTED** the issues raised in the summary report; and
ii. **AGREED** that a report drawing out some of the themes raised during discussion be presented to the next meeting of the Sub-Committee.

4. Performance Scorecare

There had been circulated Report No ASDS/02/14 dated January 2014 by the Chief Operating Officer, NHS Highland, which set out the Performance Scorecard as considered by NHS Highland's Improvement Committee and Health and Social Care Committee on 6 and 9 January 2014 respectively.

During discussion, Members emphasised the importance of District Partnerships being kept informed regarding the recruitment of home care workers and areas of unmet need.

In response to questions and comments, it was explained that:-

- as discussed during the previous item, recruitment of home care workers was being carried out, directly or indirectly, depending on whether there was pressure on independent sector providers in the area. In the Inner Moray Firth area, efforts were being made to create additional capacity in the independent sector as soon as possible. Recruitment was also taking place in Lochaber and Skye and Lochalsh;
- in relation to the provision of information to District Partnerships, NHS Highland's Improvement Committee had requested a report on some of the structural issues being experienced and that would be presented to the Sub-Committee thereafter;
- with regard to concerns that carers were not receiving sufficient support, a new draft plan had been consulted on and would be presented to the NHS Highland Board in April 2014. This presented a potential opportunity, through the formal group that had been established to review performance indicators, to re-examine the targets in respect of the Highland Carers Centre service. Efforts were being made to ensure that people with a caring role were aware of the services available and were being supported to engage with others. However, there was an ongoing issue in that some people did not wish to be identified as carers. The draft plan contained testimonials from carers, both on issues encountered and progress made and it was important to take a balanced view. It was requested that specific examples of issues that had arisen be provided to officers following the meeting;
- in relation to reablement, it was recognised that there was a need for a more flexible approach than the targeted services provided at present. The role of reablement workers and reablement generally within the new integrated teams was therefore being revisited, taking into account the different challenges in each operational area. Work was ongoing and a new model, widening the number of people who provided reablement, was currently being tested in the Skye, Lochalsh and Wester Ross integrated team; and
- with regard to reducing the number of young adults in institutional care settings, this was another area on which NHS Highland's Improvement Committee had requested a report. Various workstreams were being taken forward in conjunction with the Housing Service and other partners with a view to bringing people back to Highland and ensuring that accommodation and support solutions were in place for those already in Highland. Much of the work related to the provision of cluster housing with support and some opportunities had been offered by the Housing Service in terms of where properties were potentially available. However, there were issues to be addressed in terms of matching people to particular communities. It was emphasised that the seconded Council post of Programme Manager – Alternatives to Out of Authority Placements and the equivalent post in NHS Highland, which had now been made permanent, were collaborating on a

number of developments and planning ahead regarding young people passing in to adult services.

During further discussion, the Chairman requested that a summary of the work being undertaken in Skye, Lochalsh and Wester Ross in relation to reablement be presented to a future meeting of the Sub-Committee. With regard to development opportunities for cluster housing, it was suggested that District Partnerships could identify potential sites in their areas.

Thereafter, the Sub-Committee:-

i. **NOTED** the Performance Scorecard;
ii. **AGREED** that a summary of the work being undertaken in Skye, Lochalsh and Wester Ross in relation to reablement be presented to a future meeting of the Sub-Committee; and
iii. **AGREED TO RECOMMEND** that District Partnerships consider potential sites for cluster housing developments in their areas.

5. Exception Report – Delayed Discharge

There had been circulated Report No ASDS/03/14 dated January 2014 by the Chief Operating Officer, NHS Highland, which provided an exception report in respect of delayed discharge as considered by NHS Highland's Improvement Committee and Health and Social Care Committee on 6 and 9 January 2014 respectively.

The Head of Strategic Commissioning explained that every effort was being made to improve the position, which had deteriorated since the November 2013 census. As previously discussed, there were three main issues, namely, the suspension of admissions to a number of care homes, the need to increase care at home provision and delays in the system as a result of patient choice.

The Raigmore Community Support initiative had had a significant impact and this had been expanded to incorporate the Royal Northern Infirmary as it was recognised that Raigmore could not be looked at in isolation. Delayed transfers between NHS hospitals were also being examined and the Chief Operating Officer continued to lead the delayed discharge agenda.

During discussion, Members voiced concern regarding the shortage of care home beds and care at home. Information was sought on the provision of step up/step down beds and the need to work with the Housing Service, particularly in remote rural areas, was emphasised. More action was required to provide suitable accommodation and support to enable people to recover and prevent readmission.

In response to questions and comments, it was explained that:-

- it was recognised that immediate action was required and every effort was being made to provide step up/step down beds. A range of options were being examined, examples of which were provided, and discussions were taking place between the Directors of Operations. However, there were issues in terms of suitability of premises, safety and staffing. Staffing was the biggest issue in that providing staff for individuals in step up/step down beds put pressure on the rest of the system and it was therefore important to find a balance. The independent

sector had been reluctant to change their service model as there were ramifications from a regulatory perspective as well as in terms of staffing and sustainability of contracts. However, it was anticipated that working in partnership on the development of the Strategic Commissioning Plan would create opportunities going forward;

- in relation to Harmsworth Ward in Caithness, a proposal had been put together to provide an eight bed unit, staffed by community-based and care home workers, for people currently delayed in hospital wards. However, the proposal had been rejected by the Care Inspectorate;
- by working with the Housing Service and other external partners, equipment and adaptations were fast-tracked to enable people to return to their own homes as soon as possible. Simple installations were carried out by the Handyperson Service and modular ramps could be put in place to facilitate discharge in advance of permanent adaptations being installed. However, in some circumstances, the property was simply not suitable. It was becoming increasingly necessary to encourage people to think about their future accommodation needs before it became an issue and strategic thinking was required in that regard; and
- officers were working with the Housing Service and plans were underway to lease five two-bedroomed properties, suitable for people with dementia, in Inverness and develop a cluster model that could be used in a flexible way with services such as overnight care being shared. The project was at an early stage but, if successful, similar developments could be established elsewhere and it could be an innovative solution to the difficulties in the North area in particular where there was low demand/high volume housing stock.

During further discussion, Members commented that there were issues to be addressed in terms of finance and who would cover rental costs when properties were empty.

The Chairman then undertook to liaise with the Head of Housing with a view to a strategy report being presented to a future meeting of the Sub-Committee.

Thereafter, the Sub-Committee **NOTED** the report.

6. Operational Director Reports – South/Mid and North/West

There had been circulated Report No ASDS/04/14 dated January 2014 by the Chief Operating Officer, NHS Highland, which set out Operational Director Reports in respect of the South/Mid and North/West Operational Units as considered by NHS Highland's Health and Social Care Committee on 9 January 2014.

Following a request for financial monitoring statements, the Chief Operating Officer summarised the governance arrangements, explaining that detailed financial and performance information was scrutinised, in private, by NHS Highland's Improvement Committee with exception reports being presented to the Health and Social Care Committee. The reports presented to the Health and Social Care Committee were published on NHS Highland's website and, in addition, the Head of Finance had indicated that he was happy to go over the detail with Members of the Health and Social Care Committee and colleagues.

In response to concerns that financial reports were being considered in private, the Chairman explained that there were a number of governance and access issues to be

addressed. These were being examined and would be discussed at the joint seminar on 13 February 2014. It was important to get to a position where people from both organisations felt assured they had access to all the information they needed to perform their roles. Transparency was essential, however, where there were difficult decisions and challenges, it was recognised that discussions might need to take place in private with the outcome being reported to the appropriate public meeting.

Referring to the previous item, Members requested further information on the reasons the Harmsworth Ward proposal had been rejected by the Care Inspectorate and it was confirmed that a briefing would be arranged for Local Members.

In relation to the Remote and Rural Sustainability Steering Group, Members emphasised the need for representation from early years services in order to understand what was happening in remote and rural communities. It was confirmed that this would be taken up with the Executive Lead.

Thereafter, the Sub-Committee:-

i. **NOTED** the content of the report;
ii. **AGREED** that a briefing take place for Local Members on the issues surrounding the Harmsworth Ward in Caithness; and
iii. **AGREED** that early years services representation on the Remote and Rural Sustainability Steering Group be discussed with the Executive Lead.

Development

7. Implementation of Choice Guidance

Mr A Christie declared a non-financial interest in this item as General Manager of Inverness, Badenoch and Strathspey Citizens Advice Bureau 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 Report No ASDS/05/14 dated January 2014 by the Chief Operating Officer, NHS Highland, which set out two papers, "Promoting Safe, Effective and Quality Discharge: Managing Patient Choice Issues" and "Scottish Government – Guidance on Choosing a Care Home on Discharge from Hospital" as considered by NHS Highland's Health and Social Care Committee on 7 November 2013.

The Chief Operating Officer explained that the papers clarified some of the issues, risks and opportunities in terms of working with staff and partner organisations in supporting individuals who had been admitted to hospital and were waiting for onward care to understand their rights and responsibilities. The Head of Strategic Commissioning had been working with the Scottish Government and had been part of the group that had refined and developed the guidance document.

The Head of Strategic Commissioning summarised the principles of managing choice as set out in the report and emphasised the importance of ensuring that patients, relatives, doctors and other healthcare professionals understood the realities of patient choice.

It was explained that the Directions, as set out in the guidance document, placed a duty on local authorities to arrange places for people in a care home of their choice provided a) the accommodation was suitable in relation to the individual's assessed needs; b) it would not cost the authority more than it would usually expect to pay; c) the accommodation would be available within a reasonable period; and d) the person in charge of the accommodation was willing to provide it.

Issues arose when, for example, a patient's preferred choice was not available and attention was drawn to the section of the guidance dealing with reluctant discharges, including proxys appointed to make decisions on behalf of patients. It was important it was understood that refusal to make a choice did not mean the patient could remain in hospital indefinitely.

Attention was drawn to a flow chart which clearly set out the choice process. It was challenging area, involving people making difficult choices from limited options and with financial implications, and it was suggested that Members familiarise themselves with the guidance in anticipation of representations from constituents.

The Scottish Government was developing a training package and materials that would be available to all sectors and community groups and it was intended to test them in Highland before rolling them out. A meeting, where a small group would provide feedback, had been scheduled for 25 February 2014 and information would be presented to the Sub-Committee thereafter.

In response to questions, it was explained that:-

- alternative respite provision, where people had a long-term respite arrangement with a family-based carer, had been examined in Highland and there were some successful examples of that throughout the country. However, there were very few examples of long term community carer schemes. In rural communities, the same issues were encountered as with fostering in that people did not like the idea of people they knew looking after their relatives;
- entitlement to care was not specified in the guidance document as it was based on an individual's assessed needs and incorporated in their Personal Care Plan. Steps had been taken to move away from the risk-based eligibility criteria previously used so that resources could be deployed in a more flexible way to meet people's needs at different points in time; and
- although independent care homes did not have to give a reason for refusing to accept an individual, discussions would take place if it was happening repeatedly.

During further discussion, Members commented that some people suddenly found themselves in the care system and did not understand how it worked. There were significant issues to be addressed in terms of communication and it was suggested that discussions take place with Local Members and community groups in that regard.

The Chief Operating Officer acknowledged that there was a lot of work to be done, collectively, to communicate the issues surrounding patient choice and confirmed that discussions were taking place with voluntary groups. The Adult Services Commissioning Group and relevant Improvement Groups would be used to formulate a plan in terms of engagement and communication and it was suggested that proposals be presented to a future meeting of the Sub-Committee.

Thereafter, the Sub-Committee:-

i. **NOTED** the contents of the papers; and
ii. **AGREED** that proposals for engagement and communication be presented to a future meeting of the Sub-Committee.

The meeting concluded at 12.25 pm.