The Highland Council

Education, Children and Adult 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 Wednesday 23 April 2014 at 10.30 am.

Present:

Mr A Christie
Mrs M Davidson
Ms J Douglas
Mrs D Mackay (Substitute)
Mr W Mackay (Substitute) (Video Conferencing)
Mrs M Paterson
Mr G Ross
Ms K Stephen

In attendance:

Mr B Alexander, Director of Health and Social Care
Ms G McVicar, Director of Operations, North & West Operational Unit, 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, Corporate Development Service

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mrs I Campbell, Mr B Gormley, Mr K Gowans, Mr G MacKenzie and Mrs B McAllister.

2. Declarations of Interest

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

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

Mr A Christie and Mrs D Mackay declared non-financial interests in those items which might raise discussion on delayed discharge and choice as General Manager of Inverness, Badenoch and Strathspey Citizens Advice Bureau (CAB) and a Director of East Sutherland CAB respectively but, having applied the test outlined in Paragraphs 5.2 and 5.3 of the Councillors' Code of Conduct, concluded that their interests did not preclude their involvement in the discussion.

Scrutiny

3. Adult Social Care Summary

There had been circulated Report No ASDS/06/14 dated 14 April 2014 by the Director of Health and Social Care which provided an overview with regard to the delivery of

the Commission for Adult Social Care Services by NHS Highland. The report summarised the key issues including funding, performance, reshaping care for older people, strategic commissioning and the development of new care homes in Muir of Ord and Tain.

In relation to the proposal to present the third draft of NHS Highland's Change and Improvement Plan to the Council's Education, Children and Adult Services (ECAS) Committee on 21 May 2014, the Chairman indicated his intention that it be circulated with the Committee papers so that Members had sufficient time to peruse it. He requested that NHS officers be advised of the deadline.

During discussion, the following issues were raised:-

- the importance of the Change and Improvement Plan was emphasised and an assurance was sought that there would be ample opportunity for discussion at the ECAS Committee on 21 May 2014. Concern was expressed that there were no timelines and no references to funding and how spend would be monitored and it was stressed that these should be incorporated in the third draft. In addition, it was necessary to explore the risk that funding would go from the few established community services back in to acute services;
- information was sought on who could bid in to the Integrated Care Fund, what the criteria were, how it would be publicised and the partnership arrangements. The Chairman proposed that a Briefing Note be circulated to Members in this regard;
- communities wanted more local services over which they had a measure of control or delivered themselves and it was emphasised that there were already good examples of day care and home care being delivered in communities by communities;
- the various ways of grouping together geographical areas – Operational Units and Districts, for example – could be confusing and it would be helpful to have a map or diagram showing the different areas, where the responsibility for planning and decision making lay and who was involved; and
- concern was expressed regarding the lack of care home beds, particularly in the North Area, and that interim placements tended to be a considerable distance away. People wanted nursing care in their local communities and it was crucial that this was addressed.

In response to questions, it was explained that:-

- in relation to the ECAS Committee on 21 May 2014, there would be a presentation on the Change and Improvement Plan followed by an opportunity for questions and comments and Members were assured that sufficient time would be allocated. Thereafter, the Plan would be presented to the NHS Board. However, the next possible meeting was not until 12 August 2014 and the Chief Operating Officer was reflecting on the timescale;
- with regard to shifting the balance of care and providing more community-based services, Audit Scotland's report on Reshaping Care for Older People would also be presented to the ECAS Committee on 21 May 2014;
- the Integrated Care Fund was, in some respects, a continuation of the Change Fund. However, it built on the learning of the Change Fund in that it recognised it was not straightforward to turn catalytic funding in to immediate transformational change. It reflected the aspirations to continue to build community-based services, including services delivered in communities by communities;

- in relation to the balance of in-house/independent provision, a significant issue for both the Council and NHS Highland was that, with the implementation of Self Directed Support, some existing services would have to be decommissioned to release funding for direct payments. In addition, many services were historic and could potentially be delivered in different, more flexible ways and at better value for money. The current service model therefore required reconsideration and NHS Highland was having an open discussion with all partners in that regard;
- with regard to the expectation that no additional financial commitment would be required from the Council over the next three years unless there were exceptional circumstances, what constituted exceptional circumstances would be determined as and when situations presented themselves. This would not include increased demand for existing services that was already known about;
- in relation to the Integrated Care Fund, community planning at district level would shape expenditure planning. In relation to initiatives being evidence based, it was necessary not to be too stringent where the sums of money involved were very small. Communities had requested an approach whereby they were given seed corn money to implement small tests of change that might make a difference in terms of community development and resilience;
- the issues surrounding care homes were reported at District Partnerships by Area Community Care Managers. A number of options were being explored, including dual registration of in-house care homes which would create more capacity. Informal discussions had taken place with the Care Inspectorate and a Working Group in the North/West Operational Unit was considering which homes would require to be worked with first. The work was at an early stage and there was no timescale at present but this could be brought back to a future meeting of the Sub-Committee;
- with regard to depressed quality grades, admissions were automatically embargoed when a care home received a Grade 2 or lower. However, a team was now immediately put in place to support the home to help them improve on the areas identified by the Care Inspectorate. In addition, a policy had been agreed whereby, if improvements were made to the satisfaction of the Director of Operations and their advisory team, the embargoes could be lifted; and
- in relation to the possible use of the empty Harmsworth Ward, Town and County Hospital, Caithness, a sub-group of the service redesign in Caithness was looking at older adult mental health issues. In addition, the masterplan for Caithness included both the Town and County Hospital and Caithness General. Health planners had been making suggestions on how best to utilise the facilities and an interim report was expected imminently. The ward had previously been considered for use as an interim care home. However, it did not meet the standards required by the Care Inspectorate and other options were now being explored in relation to care homes.

Thereafter, the Sub-Committee:-

i. **NOTED** the issues raised in the report;
ii. **AGREED** that a Briefing Note on the Integrated Care Fund, including the criteria, how it would be publicised and the partnership arrangements, be circulated to Members;
iii. **AGREED** to explore the production of a map or diagram showing the various Operational Units, Districts etc, where the responsibility for planning and decision making lay and who was involved; and

iv. **AGREED** that the Area Community Care Manager brief Councillor W Mackay on the issues surrounding care homes in the North Area.

4. Performance Scorecard

There had been circulated Report No ASDS/07/14 dated April 2014 by the Chief Operating Officer, NHS Highland which provided the latest edition of the balanced scorecard presented to the NHS Highland Improvement Committee.

During discussion, the following issues were raised:-

- in relation to Indicator 25a (the number of respite bed nights provided: age 18-64), information was sought on the reason for the drop between November and December 2013;
- with regard to the services provided by the Highland Carers Centre (Indicators 29a, b and c), concern was expressed regarding the low numbers. Support for carers was a key issue and a report was requested on how the service fed in to discharge planning and what support was provided following discharge from hospital;
- the importance of support and training for family carers was emphasised;
- at the recent joint Highland Council/NHS Highland seminar, discussion had taken place regarding the provision of an easy-to-read leaflet on the services available to patients and their families/carers and an update on progress was requested; and
- one of the benefits with the lowest take-up was Carers Allowance. It was important to make people aware that they were entitled to claim an allowance if they cared for someone in receipt of disability benefit and it was suggested that this be incorporated in the proposed information leaflet. There was also money available for respite.

In response to questions, it was explained that:-

- in relation to performance indicators, the various Adult Services Improvement Groups had been tasked with producing new indicators that better reflected the direction of travel in the Strategic Commissioning Plan. The presentation on NHS Highland's Change and Improvement Plan at the Education, Children and Adult Services Committee on 21 May 2014 would provide an opportunity for Members to comment on the indicators required;
- the intention was to have someone supporting carers in hospital at the time of discharge planning;
- training for family carers was encouraged and it was suggested that if Members had specific examples of it not having been offered they be provided to the Director of Operations, North & West Operational Unit following the meeting; and
- with regard to the time taken to access drug or alcohol treatment (Indicator 8), the services involved were very small and had experienced staffing difficulties. However, it was the subject of a significant amount of input, the professional lead was supporting local teams and voluntary sector providers as much as possible and the position was improving.

Following discussion, the Chairman proposed that a report on the issues raised in relation to the Highland Carers Centre, including the communication plan, be presented to the next meeting of the Sub-Committee. In addition, a report on performance indicators was requested, including what the Improvement Groups were

considering discarding, proposed new indicators and how they addressed Members' concerns.

Thereafter, the Sub-Committee:-

i. **NOTED** the report;
ii. **AGREED**, in relation to Indicator 25a (the number of respite bed nights provided: age 18-64) that information on the reason for the drop between November and December 2013 be provided to Members of the Sub-Committee;
iii. **AGREED** that a report on the issues raised in relation to the Highland Carers Centre, including the communication plan, be presented to the next meeting of the Sub-Committee; and
iv. **AGREED** that a report on performance indicators be presented to the next meeting of the Sub-Committee, including what the Improvement Groups were considering discarding, proposed new indicators and how they addressed Members' concerns.

5. Delayed Discharge

There had been circulated Report No ASDS/08/14 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 3 and 20 March 2014 respectively.

The Head of Strategic Commissioning, NHS Highland, explained that it could not currently be assured that the zero target in relation to delays over 28 days would be attained again in 2014. The annual census figures were currently being finalised and the unverified position, depending on when care packages were delivered, was 6 or 9 people delayed over 28 days. As previously reported to the Sub-Committee, the main issues were care at home capacity and a lack of care home placements as a result of depressed quality grades. In addition, there were issues relating to choice and a discussion had been taking place with the Scottish Government on the practicalities of moving a patient to an interim placement for a matter of weeks when their care home of choice was about to open. In relation to the national picture, a number of other areas were in the same position.

During discussion, the following issues were raised:-

- sustained improvement was necessary as opposed to a concerted effort to meet census targets. It was important to focus on creating additional capacity and assisting the independent sector to improve their grades so that embargoes could be lifted as quickly as possible;
- concern was expressed regarding the harm caused to patients' health when they remained in hospital beyond their agreed discharge date and it was reassuring that patients' needs were the primary factor in addressing delayed discharge;
- reference was made to the Norwegian system whereby there were financial penalties in relation to delayed discharge. Whilst it was recognised that this was complex and not without risk, until there were greater consequences and money was transferred to communities to create solutions, delayed discharge would continue to be an issue;
- in addition to the aging population, many people moved to Highland as the care was considered to be better;

- suspending admissions led to concern for the wellbeing of existing residents;
- clarification was sought in relation to the total number of delayed discharges and it was suggested that, in future reports, this should include complex cases;
- the difficulties in recruiting care at home workers were frustrating and innovative thinking was required. There had previously been discussions regarding a "grow your own" approach and going in to secondary schools to talk to pupils about jobs in the care sector but this did not appear to be taking place;
- reference was made to a weekly report which used to be provided on delayed discharge and it was suggested that consideration be given to collating these in to a quarterly statement which clearly set out the position, including a glossary of the codes;
- the most successful recruitment was where home care was embedded in the local community. For example, in Glenurquhart, simple 20 hour contracts had been created and there was now a stable team with enough interest to sustain and grow the service;
- eliminating zero hours contracts and introducing living wages would stimulate interest in care at home posts;
- there were barriers to working in the care sector and it was essential that they were addressed; and
- it was essential to create fluidity within the system so that resources could follow the patient rather than being tied to an institution.

In response to questions, it was explained that:-

- if there had been no embargoes or contraction of care home availability, there would have been sufficient care home placements for those that required them. In relation to the number of people awaiting care at home packages, there had been an expansion in provision that was not reflected in the figures given the timing of the census. However, in some areas, particularly in mid Highland, it was still proving difficult to provide the right number of hours in the right places;
- a detailed breakdown of the up-to-date delayed discharge position could be circulated to Member of the Sub-Committee;
- a punitive tariff model had been used in England for a number of years and had not proved successful. Caution was urged regarding such an approach as it took resources out of the system. In Highland, the intention was to take a capacity planning approach whereby budgets would be set relative to anticipated activity levels in hospitals but would be controlled, to a greater extent, by operational areas;
- there were practical issues, such as the high level of fixed costs in institutions, to be addressed in terms of releasing resources to follow patients. In addition, targets were increasingly being imposed on acute hospitals by the Scottish Government. However, one of the steps being taken was to move staff, such as healthcare assistants, in to local communities to expedite discharge from hospital;
- in relation to the recruitment of care at home workers, an increase had been agreed which would allow the living wage to be paid to in-house staff for a six month period. The two biggest service providers had also made the same commitment. Ultimately, the aim was to set a single tariff, with a number of facets relating to complexity of care, across all providers. However, there were significant challenges to be addressed and work was at a very early stage. Similarly, in relation to care homes, a review of the cost of placements would be carried out. The intention was to work out how to provide better remuneration and nurture the market;

- one key reason for care home embargoes was to give service providers space to ensure that they were caring for existing residents to the highest possible standard;
- a significant amount of work was ongoing to ensure that the standard of care was improving across all spectrums. For example, both nursing and pharmacy advice were now available in care homes to ensure that residents received appropriate medication reviews; and
- with regard to concerns about the lack of support for care at home workers, the service had been devolved to the operational units since 1 April 2014. The intention was that care at home officers and workers would form part of the District Team and have a much wider range of support available to them.

In relation to the comments regarding the recruitment of care at home workers, the Chairman explained that links with education and promoting adult social care as a career had been discussed at the previous meeting and it had been agreed that a report be prepared by the Director of Education, Culture and Sport and NHS Highland. This would be presented to the next meeting of the Sub-Committee.

In that regard, it was suggested that the Council's employability service also be involved in the discussions.

Thereafter, the Sub-Committee:-

i. **NOTED** the report;
ii. **AGREED** that the total number of delayed discharges, including complex cases, be incorporated in future reports; and
iii. **AGREED** that the up-to-date delayed discharge position be circulated to Members of the Sub-Committee.

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

There had been circulated Report No ASDS/09/14 dated April 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 20 March 2014.

During discussion, the following issues were raised:-

- reference was made to the recent "Being Here – Supporting Strong Communities" Seminar and the presentation by a team from the South Central Foundation, Alaska on their Nuka model. This was an example of how to shift the balance of care, with communities deciding where money was going to be spent and what services they were going to grow. Communities in Highland increasingly wanted to take control of services for older and vulnerable people and there was good work happening in small pockets throughout the area. It was essential to build on that and consider how to achieve a shift to community services and it was suggested that a further seminar was required;
- in relation to Police Custodial and Forensic Health Services, concern was expressed regarding the risk that the funding formula would not provide the level of resources to ensure continuity of the existing service. This would have an extremely detrimental effect, particularly in the hinterland of the Highlands, and it was suggested that the Scottish Government be urged to take into account the

additional cost of providing services in rural areas. In addition, it was suggested that contact be made with the appropriate CoSLA representative in this regard; and

- with regard to the Obstetrics Service at Caithness General Hospital, concern was expressed that a recent meeting of managers, Elected Members and community representatives had no representation from mothers or midwives. The staffing issues within the unit had existed for a number of years and it was necessary to have a discussion with the wider community, including service users and midwives, on future service provision.

In response to questions, it was explained that:-

- the concept of a Health Representative Panel had come from the Nuka model, whereby communities nominated a single representative who would sit on a strategic panel for planning purposes;
- there had been considerable interest in the Nuka model since the seminar, particularly in the Small Isles, and work was ongoing in Eigg in terms of changing their model of health and social care and growing their own support workers, similar to the Community Health Aids in Alaska. A validated development programme was being progressed in conjunction with Education Scotland and training would be delivered locally by health and care professionals;
- in relation to the staffing situation in Obstetric Services at Caithness General Hospital, a Working Group would be established with both service user and midwife representation. Expectant mothers assessed as being at higher risk were already booked to deliver at Raigmore as it was not possible to provide a paediatric service in remote areas; and
- with regard to Police Custodial and Forensic Health Services, the Chief Executive and Director of Finance, NHS Highland, were involved in national discussions.

Thereafter, having welcomed the report, the Sub-Committee:-

i. **NOTED** the content of the report; and
ii. **AGREED TO RECOMMEND** that discussions take place with the appropriate Scottish Government and CoSLA representatives to urge them to take rurality into account in considering the funding formula for the provision of Police Custodial and Forensic Health Services.

Development

7. Strategic Commissioning Plan – Update

There had been circulated Report No ASDS/10/14 dated April 2014 by the Chief Operating Officer, NHS Highland appending a report on Strategic Commissioning for Older People which had been presented to the NHS Highland Board on 1 April 2014. The draft Strategic Commissioning Plan (the Plan) was circulated separately as Booklet A.

The Head of Strategic Commissioning, NHS Highland undertook a presentation in amplification of the report during which he summarised the purpose and context of the Plan, the approach taken to developing it, progress to date and the next steps. In particular, the need to make bold statements and ask big questions was emphasised and information was provided on the aspirations in relation to care home provision and the care at home service.

During discussion, the following issues were raised:-

- the opportunity to contribute to the Plan was welcomed;
- there were significant issues to be addressed regarding carers, with many older people themselves taking on a caring role, and the relative section on P11 of the Plan needed to be much more specific;
- in relation to the section on workforce experience on P26 of the Plan, whilst the three overriding issues set out were legitimate and needed to be addressed, there were more barriers to be overcome to achieve what was needed. These did not solely relate to money but to issues such as emotional support and making the job something that was valued more in society;
- with regard to the statement on P31 of the Plan that NHS care homes had an average size of 13.5 beds, reference was made to research that indicated that, taking into account issues such as working time directive and capital costs, it was not viable to run a residential unit below more than double that number of beds. It was suggested that immediate plans be implemented to extend small units in remote areas, thereby addressing issues relating to the lack of beds and creating a more sustainable model;
- the intent of the five year plan was generally welcomed but it was suggested that milestones were required to indicate what it was expected would be delivered in each year of the Plan;
- the Plan was very focused on NHS Highland and it was suggested that there should be greater emphasis on the Partnership Agreement and the Council's role;
- in relation to delayed discharge, reference was made to Figure 6 on P14 of the Plan which indicated that there had not always been a seasonal increase. Further information was sought in this regard and on the reasons for the significant increase in numbers from February 2012 to February 2014;
- with regard to key market messages/opportunities, P35 of the Plan referred to disinvestment from poor quality services, services delivering poor outcomes for service users or services which were not aligned to NHS Highland's stated outcomes. In that regard, it was important to take into account that some community groups delivered valuable outcomes but found them difficult to measure as they tended to be much softer;
- in relation to working with Housing Services to provide more housing based care, it was essential that this was progressed as a matter of urgency;
- the focus of the Plan was still not quite right and it was important to emphasise the intention to commission community based services and build community resilience in a sustainable way to shift the balance of care;
- the Care Inspectorate had clearly articulated the lack of support for frontline staff in the in-house care at home service. Where communities were delivering services they were achieving high quality grades and it was suggested that consideration be given to a seminar, possibly utilising Community Networkers, with a view to identifying and sharing best practice;
- the private sector might well be employed by the community sector in the future to deliver some of the hybrid models arising from self directed support;
- the intention, on P11 of the Plan, to direct resources to continuing preventative activities to keep people active and in good health was welcomed;
- many people undertaking a caring role did not see themselves as carers and it was important to be sensitive to that when trying to identify them;
- the importance of end of life care was emphasised; and

- concern was expressed that aids and adaptations were often provided too late to make a difference due to a lack of funding.

In response to questions, it was explained that:-

- Mhairi Wylie, Chief Officer, Highland Third Sector Interface, was the community sector representative on the Highland Strategic Commissioning Group;
- the section on carers had been provided by carers' representatives via the Highland Carers' Centre; and
- the third and independent sectors were referred to throughout the Plan to reflect the need for community services. As the demographic changed, increasing and decreasing capacity would not always work through independent providers. The independent sector was starting to work with and support community based organisations and officers were keen to promote that type of mixed service provision.

Following discussion, the Director of Health and Social Care welcomed Members comments. It was important to bear in mind that the Plan was a strategic document and the points raised in relation to milestones and finances would be covered in the Change and Improvement Plan. The Plan set out a new strategic direction which recognised that increasing long term care at home and care home provision would never meet demand until need was reduced. There were structural challenges to be addressed in terms of care at home provision in the Inner Moray Firth and the significant reduction in care home capacity. However, the main deficiency in Highland was intermediate and preventative provision, both in terms of overnight care and care at home.

Thereafter, the Sub-Committee **NOTED** the report, presentation and draft Strategic Commissioning Plan.

The meeting concluded at 12.30 pm.