

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 18 February 2015 at 3.00 pm.

Present:

Mrs I Campbell	Mrs B McAllister
Mr A Christie	Ms G Ross (Video Conferencing)
Mrs M Davidson	Mr G Ross
Ms J Douglas	Ms K Stephen
Mr W Mackay (Substitute) (Video Conferencing)	

In attendance:

Ms F Palin, Head of Adult Services, Care and Learning Service
Ms I Murray, Commissioning Officer, Care and Learning Service
Mrs J Baird, Director of Adult Care, NHS Highland
Ms J Macdonald, Director of Adult Social Care, NHS Highland
Mr S Steer, Head of Strategic Commissioning, NHS Highland
Ms L Kilpatrick, Housing Policy Officer, Community Services
Miss M Murray, Committee Administrator, Corporate Development Service

Mr A Christie in the Chair

Business

1. Apologies for Absence

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

2. Declarations of Interest

The Sub-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 a home care package 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 B McAllister declared a non-financial interest in those items which might raise discussion on care homes as a sibling resided in a nursing home in Inverness 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.

Scrutiny

3. Adult Social Care Summary

There had been circulated Report No ASDS/01/15 dated 9 February 2015 by the Director of Care and Learning 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 delayed discharge; care at home; care homes; the Integrated Care Fund; the joint inspection of social work and health services for older people; the Alness learning community inspection; and Personal Outcome Plans.

During discussion, Members commented that currently embargoed care homes being accessed and stabilised if purchased from the owner was an exciting prospect and information was sought on how long the process would take. It was confirmed that more detailed information on this initiative could be provided to Members outwith the meeting.

In response to questions, it was explained that:-

- for all care homes, consideration was being given to how beds could be used flexibly to meet the needs of particular communities. However, the majority of beds required were nursing beds as people with residential needs were increasingly being supported in the community. It was emphasised that there was a real challenge in Highland in terms of available care home beds and there were currently 46 people waiting for nursing placements. The possibility of block purchasing available beds had been examined but there was an issue in terms of market forces and owners not being willing to provide them at the national care home rate. However, innovative work was taking place and an example was provided whereby two people who had originally been viewed as requiring care home placements were returning home with care at home packages;
- in relation to the Mackintosh Centre in Mallaig, a manager was in place and every effort had been made to recruit but it was a very small community. Three members of staff had been appointed in November but ultimately none of them had taken up post. Whilst acknowledging Members' concerns, re-opening the centre was dependent on robust staffing levels and could not be guaranteed.

During further discussion regarding the Mackintosh Centre, Members questioned whether a care home of that size was too small to be sustainable. In response, it was explained that, rather than looking at the care home in isolation, it was necessary to explore flexible models, including the third and independent sectors, that met the needs of the community as a whole and provided sustainable jobs.

Thereafter, the Sub-Committee **NOTED** the issues raised in the report.

4. Health and Social Care Adult Services Performance Framework

There had been circulated Report No ASDS/02/15 dated 10 February 2015 by the Head of Care Support which provided a copy of the latest edition of the balance scorecard presented to the NHS Highland Improvement Committee together with an exception/update report on respite. Members were also asked to consider future reporting requirements.

During discussion, the following comments were made:-

- it was important to ensure that people who had been diagnosed with dementia prior to the commitment to provide a minimum of one year of support post-diagnosis were identified and given appropriate support;
- whilst some indicators were amber or green, there had been very little movement from the baseline figure and it was suggested that the position be reviewed on a six-monthly or annual basis; and
- reference was made to the Carers Improvement Group and a report collating carers' views and experiences. It was suggested that it would be helpful to have sight of the report and it was confirmed that it would be presented to a future meeting of the Sub-Committee.

In response to questions regarding the review of respite/short break provision, the aim was to create a different model to support carers in their role and it was confirmed that engagement would take place with District Partnerships. Part of the process was to examine current provision, what service users wanted and how to move from one to the other. Work had taken place with both younger and older adults in that regard and ideas were being gathered. In the past, the assumption had been that respite meant a carer having a break without their loved one but examples were provided of couples being supported to have a break together. It was important to focus on the outcomes and benefits and not criticise how people chose to spend the money available to them.

Thereafter, the Sub-Committee:-

- i. **NOTED** the report and exception/update report; and
- ii. **AGREED** that the report collating carers' views and experiences be presented to a future meeting of the Sub-Committee.

5. Operational Director Reports

i. North and West Operational Unit

There had been circulated report by the Director of Operations in respect of the North and West Operational Unit as considered by NHS Highland's Health and Social Care Committee on 8 January 2015.

During discussion, the following comments were made:-

- in relation to the Skye, Lochalsh and Wester Ross redesign, reassurance had been provided that the out of hours service would remain the same. However, out of hours services were currently being reviewed and concern was expressed regarding how this might be viewed by the community. When redesigning a service that impacted upon another service, it was suggested that work needed to be aligned or carried out completely independently;
- clarification was sought regarding the increase in the cost of independent care sector packages and, in relation to cost reduction, what activity it was intended to reduce;
- the issues in Caithness, particularly in relation to recruitment and Caithness General Hospital, were affecting community confidence and it was suggested that acknowledgement of the difficulties was missing from the report. Caithness would begin to thrive when the community took responsibility for

the provision of services alongside NHS Highland and the private sector. In relation to the issues surrounding care at home, an assurance was sought that a recovery plan would be put in place, possibly at the District Partnership;

- paying the Living Wage would attract people to care sector jobs and clarification was sought as to whether this was being paid by the private sector; and
- in relation to pharmacies, the savings being realised were notable and information was sought as to whether this was being replicated across area teams.

In response, it was explained that:-

- the out of hours redesign was Highland-wide as current models were not sustainable. In redesigning services in both Badenoch and Strathspey and Skye, Lochalsh and Wester Ross, more consultation had taken place than ever before in terms of sustainability and the models people wanted to see in their communities. However, there would always be an element of the community that was unhappy with the proposals;
- the cost of independent care packages referred to in the report related to some of the complex packages being put together to try and keep people at home. There was a perception that keeping people at home was cheaper than institutional care when, in fact, it could be very costly. Every effort was made to work with families and communities to see how packages could be supplemented and Self Directed Support (SDS) provided an opportunity to do things differently, such as pooling SDS packages where there were economies of scale. Officers had to work within budgets and consideration had to be given to whether some complex packages were sustainable. It was also important to bear in mind that, as people lived for longer with complex conditions, an increasing number of complex packages were required. It was highlighted that this also applied to care homes and, if the national care home rate no longer applied, the costs would start to change significantly;
- in relation to the challenges in Caithness, delivering safe services was the first priority. Senior managers had visited the District Partnership to have an open dialogue regarding the current position and the way forward. The commitment by the Director of Operations and her team was significant and the depth of work could not be adequately reflected in an overview report but if Members wished to examine a particular issue in more detail then that could be arranged. With regard to care at home, the service had seen significant redesign, particularly in relation to the introduction of SDS legislation. People were being supported to live their lives the way they wanted to and, as evidenced in the South and Mid Operational Unit, this had had a positive impact. Whilst there was not a recovery plan as such, work was ongoing to change the direction of care at home and a meeting would take place with key managers on 2 March 2015 in that regard;
- private sector providers had been offered an additional rate if they paid the Living Wage and it was confirmed that all but one provider had taken up the offer, with the remaining provider consulting its staff; and
- there had been a focus on pharmacies over the past few years, both in terms of prescribing and supporting care homes in the way they obtained medication for residents. This had had a significant impact and there were

now pharmacists in every area that linked to care homes as well as community teams.

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

ii. South and Mid Operational Unit

There had been circulated report by the Director of Operations in respect of the South and Mid Operational Unit as considered by NHS Highland's Health and Social Care Committee on 8 January 2015.

During discussion, Members expressed frustration regarding the delays in respect of the new Tain Health Centre, the first NHS Highland development to be delivered via HubCo. There had been a lack of proper dialogue beforehand and it was important to learn from what had not worked and safeguard against it being repeated in the future.

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

6. Care at Home and Care Homes

Discussion already having taken place in relation to care at home, the Director of Adult Social Care provided a verbal update on the current position with regard to care homes, during which it was explained that the "My Home Life" initiative, funded by the Scottish Government, had been launched in ten NHS care homes and five independent sector care homes in the NHS Highland area. The initiative, which involved residents, staff, communities and families, focused on the experience of living in a care home and there was evidence from other parts of the UK that it enhanced residents' lives. The Care Inspectorate and Healthcare Improvement Scotland were aware of it and examples were provided of possible changes such as staff spending more time with residents and involving them in basic tasks such as laundry, cooking and cleaning. Work was being undertaken with the Highland Senior Citizens' Network and comments were being gathered in terms of what people would want if they were in a care home. It was emphasised that "My Home Life" was about what was important to the resident and everyone was different. It was encouraging that independent sector homes had signed up to the initiative and it was hoped that, once it was up and running, it would disseminate further.

Turning to standards, the position was improving, with NHS Highland care homes now consistently achieving grade 4 or 5, a reflection of the significant amount of work undertaken by managers, nurses and integrated teams etc. It was reiterated that there was a commitment that, by 2019, care would not be commissioned from a care home unless it was achieving at least grade 4. The aim was to have care homes with a high quality standard and then focus on the experience.

During discussion, the following comments were made:-

- Members welcomed the initiative, particularly the proposal to involve residents in simple tasks, and emphasised the importance of social interaction, especially for those with Alzheimer's or dementia;
- information was sought on the independent care homes that had signed up to the initiative;

- independent care homes, some of which belonged to chains, could be very isolated and it was hoped that the initiative would benefit them; and
- it would be helpful to receive feedback on progress.

Thereafter, the Sub-Committee:-

- i. **NOTED** the update;
- ii. **AGREED** that information on the independent sector providers involved be provided to Members of the Sub-Committee; and
- iii. **AGREED** that an update on progress be provided to a future meeting of the Sub-Committee.

7. Integrated Care Fund

The Director of Adult Social Care provided a brief update on the Integrated Care Fund (ICF) during which Members were reminded that it had been agreed that the Council's Chief Executive would jointly sign off the Integrated Care Plan following consultation with Members. The Plan was being developed by the Adult Services Commissioning Group on the basis of the investment priorities and commissioning intentions identified by the various Improvement Groups. It was anticipated that decisions would be made in March/April 2015 and the outcome would be reported to the Sub-Committee.

During discussion, the following issues comments were made:-

- it would be helpful to see the proposals for the ICF as soon as possible;
- in relation to community empowerment, it was necessary to step back and not interfere and, instead, provide encouragement and support;
- the ICF presented an opportunity to develop services at community level and Members wished to involve communities in the thinking process and fund new or experimental services. Allocating substantial sums would, for example, allow communities to take over day care, develop preventative services and start thinking in a more organised way; and
- communities had one aim which was to keep people at home and shift the balance of care.

In response to questions, it was explained that:-

- the ICF was similar to the Change Fund in that it was non-recurring. However, it was emphasised that the ICF was for all client groups, not just older people;
- in relation to how to capture the learning from the Change Fund to inform the distribution of the ICF, NHS Highland's Director of Adult Care and the Council's Director of Care and Learning had prepared a report for the Scottish Government's Finance Committee that identified how the Change Fund had been spent and the benefits. It was confirmed that this could be circulated to Members. It was essential to be clear that any models taken forward evidenced improvements and evaluations were ongoing, particularly in relation to community development as a significant portion of the Change Fund had been allocated to the Third Sector to promote community development;
- it was important that District Partnerships felt that they had ownership of and influence over the developments in their communities and NHS Highland's Chief Operating Officer and Director of Adult Social Care, together with the Council's Director of Care and Learning, were visiting District Partnerships to discuss the

various issues. One size did not fit all and it was important to include all community groups and understand what was needed in each district. There were challenges in terms of the role of District Partnerships and Area Committees and further discussions would take place in that regard; and

- the ICF was a relatively small sum of money that would facilitate change and transformation and it was important not to raise expectations that it would fund sustainable long terms services.

Thereafter, the Sub-Committee:-

- i. **NOTED** the update; and
- ii. **AGREED** that the report to the Scottish Government's Finance Committee in relation to the Change Fund be circulated to Members of the Sub-Committee for information.

Development

8. Telecare

There had been circulated report by the Director of Adult Care on the redesign of Telecare in Highland as presented to NHS Highland's Senior Management Team on 29 January 2015. The report summarised the background to Telecare in Highland and the restructuring proposal which, it was considered, would enable the development of Telecare within the national context to ensure that NHS Highland maximised opportunities for utilising assistive technology. It was confirmed that updates could be provided as work progressed.

In addition, Ms L Kilpatrick, Housing Policy Officer, undertook a presentation on "Adapting for Change", a national programme to change and improve the system for delivering housing adaptations. The background to the programme was summarised and it was explained that there were five national demonstration sites, for which there had been a bidding process. A partnership application had been submitted to have a demonstration site at Lochaber Care and Repair for the purpose of testing a one-stop shop for access, coordination and delivery of housing adaptations, aids, equipment, Telecare and assistive technologies so that housing adaptations became one of a range of mechanisms supporting people to stay at home, independently and safely, for longer.

Lochaber Care and Repair already delivered contracts for several of the elements within that wider range of services and it made sense to capitalise on the existing organisational framework and build capacity. The demonstration site would run for two years and be supported and evaluated by the Scottish Government and the Joint Improvement Team. The aim was to focus on early intervention and prevention and make the assessment process much more holistic. A Project Board had been established, which reported to the Adult Services Commissioning Group, and there were a range of other stakeholders. A diagram was circulated which set out the vision, strategic goals, service objectives and operational objectives. It was intended to start promoting the one-stop shop from April 2015.

Detailed information was provided on the existing housing adaptations system, which was based on tenure and highly complex. Issues included a reactive as opposed to proactive approach, inequity of funding arrangements and a limited strategic overview.

The “Adapting for Change” model had six key features, namely, strategic leadership; tenure neutral with a single funding pot; personalisation and self-directed support; one-stop shop; outcomes-focus on overall housing options; and local partnership working and governance. In conclusion, information was presented on the social return on investment in adaptations which, it was estimated, was £5.50 to £6 for every £1 invested.

During discussion, the presentation was welcomed and the following comments were made:-

- a system based on tenure as opposed to individual needs created inequalities;
- support was expressed for a shift to preventative processes rather than adaptations being undertaken at times of crisis;
- the focus on overall housing options was welcomed. Local authorities needed to consider how they managed housing waiting lists and people’s progression through the housing journey;
- the provision of a one-stop shop would eliminate confusion about who to contact and was welcomed;
- equipment and adaptations could be very clinical in appearance and some people would not use them for aesthetic reasons. Having colour coordinated options, for example, could make a significant difference to someone’s wellbeing and information was sought on whether there was a way that people could have a choice and potentially pay to upgrade;
- the demonstration project was a significant piece of work and would move forward preventative work in Highland significantly;
- the policies and procedures being put in place would inform how communities took ownership of the issue;
- rolling out the project would require someone to be available locally to speak to tenants, housing associations and the wider community, including visiting people in their homes and encouraging them to think ahead and use the systems in place; and
- it was suggested that a report on the project be presented to the Council’s Community Services Committee. However, the Chairman suggested that a joint report to both the Education, Children and Adult Services Committee and the Community Services Committee, providing a holistic view of both the housing and social care elements, would be more appropriate.

In response to the comments regarding aesthetics, it was explained that major adaptations were structural matters. However, in relation to equipment, it was an important point and it was a matter of providing good information and advice and signposting people to what was available, including links to other specialist providers. People could self-fund and it was necessary to promote the options and stop viewing assistive equipment as a limited area of service provision that was only funded through public resources.

The Director of Adult Care emphasised that, whilst aids and adaptations were there to help, every member of society had a responsibility to think about where they wanted to live in their old age and whether their home was adaptable.

Thereafter, the Sub-Committee:-

- i. **NOTED** the report and presentation; and

- ii. **AGREED TO RECOMMEND** that consideration be given to the preparation of a joint report on the Lochaber Adaptations Demonstration Project for submission to the Council's Community Services Committee and Education, Children and Adult Services Committee.

The meeting concluded at 4.20 pm.