

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 Friday 1 May 2015 at 11.00 am.

Present:

Mrs I Campbell
Mr A Christie
Mrs M Davidson
Ms J Douglas

Mrs B McAllister
Ms G Ross (Video Conferencing)
Mr G Ross
Ms K Stephen

In attendance:

Mr B Alexander, Director of Care and Learning
Ms F Palin, Head of Adult Services, Care and Learning Service
Ms D Jones, Chief Operating Officer, NHS Highland
Mr S Steer, Head of Strategic Commissioning, NHS Highland
Mr G McCaig, Head of Care Support, NHS Highland
Ms M Wylie, Chief Officer, Highland Third Sector Interface
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:-

Item 3 – Mr G Ross (non-financial)
Item 4 – Mr G Ross (non-financial)
Item 5 – Ms J Douglas (non-financial)
Item 7 – Mr G Ross (non-financial)

Scrutiny

3. Adult Social Care Summary

Declaration of Interest: Mr G Ross declared a non-financial interest in this item on the grounds that his mother and mother-in-law received home care packages and his mother-in-law had been admitted to Raigmore Hospital 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/03/15 dated 23 April 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 performance; care at home; care homes; self directed support (SDS); the financial position for adult social care; and the Integrated Care Fund.

The Head of Adult Services highlighted that discussions would take place with NHS Highland regarding the future provision of monitoring reports, looking at the model that was in place for children's services.

During discussion, the following issues were raised:-

- the clear summary report was welcomed and it was suggested that it be circulated to Members of the Education, Children and Adult Services, or possibly all Members, for information. In response, the Chairman concurred that it would be helpful to circulate the report and undertook to review it to ensure that the terminology could be readily understood by those not involved in adult services;
- disappointment was expressed that some Members had not been made aware of the SDS event on 27 April 2015. In response, it was confirmed that the Head of Adult Services would look into how Members had been notified of the event;
- in relation to An Acarsaid Care Home in Broadford, there were a number of issues to resolve in terms of staffing and food quality and it was understood that the Care Inspectorate was now involved; and
- with regard to the provision of services by community groups, Members should be notified of initiatives taking place in other Wards with a view to rolling them out elsewhere.

In response to questions, it was explained that:-

- the Chairman would endeavour to facilitate Member involvement in the discussions regarding the future provision of monitoring reports; and
- the plan to support the Carers' agenda would be reported, as it developed, to the Sub-Committee or the Education, Children and Adult Services Committee.

Thereafter, the Sub-Committee:-

- i. **NOTED** the contents of the report;
- ii. **AGREED** that, following review by the Chairman, the Adult Social Care Summary Report be circulated to all Council Members for information; and
- iii. **AGREED** that information be provided to Members of the Sub-Committee on how Members had been notified of the SDS event on 27 April 2015.

4. Health and Social Care Adult Services Performance Framework

Declaration of Interest: Mr G Ross declared a non-financial interest in this item on the grounds that his mother and mother-in-law received home care packages and his mother-in-law had been admitted to Raigmore Hospital 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/04/15 dated 21 April 2015 by the Head of Care Support which provided a copy of the latest edition of the balanced scorecard presented to the NHS Highland Improvement Committee together with an overview of the new national suite of performance indicators. Members were also asked to consider future reporting requirements.

The Head of Strategic Commissioning provided a verbal update on delayed discharge during which it was explained that 107 people were currently delayed in hospital. Of those, 76 were standards delays and 31 were complex cases. The standard delay breakdown was as follows:-

- 24 delayed over 6 weeks
- 35 delayed over 4 weeks
- 56 delayed over 2 weeks
- 18 delayed less than 2 weeks

There had been considerable success in terms of discharging people within 72 hours but, if that did not happen, the likelihood was that they would be delayed for longer as a result of capacity issues. The main reasons remained the same as previously reported, with 23 people waiting for a care home placement and 49 waiting for a care at home package. Nationally notable changes were being made to the way in which NHS Highland operated with the care at home provider base and market, a briefing on which could be provided within the Development section of the agenda if Members so wished.

During discussion, the following issues were raised:-

- there had been very little movement in some of the indicators ragged green and concern was expressed that they did not present a clear picture of whether services were improving for people;
- in relation to Indicator 2 – the development in the delivery of alcohol brief interventions in wider settings, Members questioned whether the increase in numbers had led to improved outcomes and where such information was reported;
- the national integration indicators were far more about outcomes and it was suggested that Members be involved in local discussions. In response, the Chairman proposed that a cross-party meeting be arranged with representatives of NHS Highland;
- in relation to the number of people receiving a care at home service, information was sought on the reason for the downward trend in the south and west. In response, the Head of Care Support undertook to examine the detailed information behind the figures and report back to Members;
- with regard to Indicators 29a and 29b, the number of new requests for information through the Highland Carers Centre did not correspond with the number of peer support sessions being facilitated and information was sought on what steps were being taken to improve services for carers. In response, the Chief Operating Officer explained that this would be addressed as part of the review of carers support referred to under item 7 on the agenda, the outcome of which would be reported to the Sub-Committee;

- in relation to Indicator 34a – the number of people receiving a SDS package by age group 18-64 (Option 1), information was sought on the reasons for the slow progress. In response, it was suggested that the Director of Adult Social Care be asked to provide a view at the next meeting of the Sub-Committee;
- with regard to Indicator 34b - the number of people receiving a SDS package age 65+ (Option 1), there had been a significant increase in uptake in the South but the increase was negligible in the North. It was emphasised that there was work to be done in terms of raising awareness, particularly amongst those not yet engaged with social care services;
- information was sought on how it was proposed to address delayed discharge in the short, medium and long term and frustration was expressed that facilities such as the Harmsworth Ward in Caithness could not be used to alleviate some of the difficulties;
- in relation to care homes, Highland did not lend itself to a market response as, particularly in remote rural areas, it was not financially viable for private or independent sector providers to provide services;
- there had been a failure to shift the balance of care and it was essential to respond to the energy that existed in local communities and promote the initiatives taking place in some areas. Communities needed funding and sustainable financial models and NHS Highland needed to work alongside them. The Care Inspectorate was responsive to approaches by community groups and some good discussions had taken place; and
- concern was expressed regarding care homes that had stopped taking social cases.

The Chairman/officers responded to issues raised as follows:-

- the purpose of the balanced scorecard was to highlight areas where performance was not as expected. However, it was necessary to drill down into the data and develop a greater understanding of what the outcomes and softer measures were. It was intended to present some of the balanced scorecard content to the Education, Children and Adult Services Committee in the future to allow the issues to be debated in a wider setting. In addition, it was acknowledged that it was necessary to consider stretch targets;
- as Personal Outcome Plans were introduced, it would be possible to collate the individual outcomes arising from that process. In terms of a mechanism for scrutinising outcomes, it was suggested that the Community Planning Partnership and its sub-groups had a role to play;
- in relation to SDS, there had initially been a lot of concern regarding individuals taking responsibility for personal budgets. However, over the last 12 months, the Director of Adult Social Care had been working with the SDS team and district teams to promote SDS. It was a matter of communicating the value of the various options effectively and raising confidence and awareness;
- in relation to delayed discharge, as much as possible was being done at both strategic and local level. The acute problem was that there were insufficient independent care home providers providing the necessary quality and flexibility of service. The number of embargoed beds had put considerable pressure on the system and this had been exacerbated by the recent closure of Marine House, with an additional 16 beds having to be found for those who needed to be re-accommodated. Discussions had taken place with the Care Inspectorate regarding how some flexibility could be introduced so that facilities could be responsive to rapidly changing needs. In addition, work was ongoing to create

opportunities for communities to deliver services locally and this had been quite successful in remote and rural areas. However, it was important not to create an expectation that could not be delivered and to ensure that any new initiatives were feasible in terms of the regulatory framework. Whilst acknowledging that more needed to be done to shift that balance of care, it was emphasised that £1.5m had been invested in care at home in 2013/14 and 2014/15; and

- the Care Inspectorate was keen to work with local communities through the statutory sector and Highland was one of the areas where it wanted to explore different options and opportunities. The Deputy Director had visited Highland for an initial meeting, during which matters such as the Harmsworth Ward and re-registering Thurso Hospital had been discussed. It was intended to arrange further visits to go out into communities and Members would be notified when dates had been identified.

In relation to the closure of Marine House, the Director of Care and Learning explained that, whilst it was necessary to plan for the possibility of care homes closing, it was always hoped that it would not happen. The managed closure, against a very difficult backdrop, had been exemplary and he commended all those involved.

During further discussion, Members sought information regarding the location of the 49 people waiting for care at home packages and whether investment was being targeted to specific areas. In response, it was explained that the issue was not a lack of investment but recruitment and retention of staff. As previously reported, in addition to working actively with the care sector in relation to recruitment, NHS Highland would, as of 1 May 2015, be the highest paying care at home purchaser in Scotland with the strongest conditions. In terms of provision, zoning had been introduced to increase efficiency and so that providers were not competing with each other. This also allowed the in-house service to be used more flexibly and highlighted the areas with the greatest need.

In response to concerns regarding care home staff leaving on completion of their training, it was explained that the work surrounding payment of the Living Wage had focused on care at home as alleviating the pressure on care at home would, in turn, ease the pressure on care homes. This would then allow the quality agenda to be driven forward and stop beds being embargoed, putting the care home market in a better position. A higher rate of pay for care at home had been introduced to sustain and stabilise the market. The care home rate was informed by the national care home contract and if NHS Highland was to consider paying more it would only be for high quality standards.

Thereafter, the Sub-Committee:-

- i. **NOTED** the report, the verbal update and the new national suite of indicators; and
- ii. **AGREED** that a cross-party meeting be arranged with representatives of NHS Highland to discuss the core suite of national integration indicators;
- iii. **AGREED**, in relation to the number of people receiving a care at home service, that detailed information on the reason for the downward trend in the south and west be provided to Members of the Sub-Committee; and
- iv. **AGREED** that the Director of Adult Social Care be asked to provide a view, at the next meeting of the Sub-Committee, on the reasons for the slow uptake in SDS Option 1.

5. Operational Director Reports

i. North and West Operational Unit

Declaration of Interest: Ms J Douglas declared a non-financial interest in this item as a Director of High Life Highland 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.

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 5 March 2015.

During discussion, the following issues were raised:-

- the issue of transport delays required significant focus and information was sought on how the Integrated Transport Project in Lochaber was progressing;
- the closure of beds in Portree Hospital and the lack of available nursing care places in Skye had resulted in significant local discontent with the Service Redesign and it would be beneficial to come up with a solution in terms of what Portree Hospital could be used for in the future with regard to the provision of beds;
- the provision of nursing beds in the community was an aspiration throughout Highland and it was necessary to review the economics. Sustainable financial models were key and it was suggested that concentrated work take place in that regard, not only within NHS Highland but in discussion with community groups; and
- concern was expressed that the difficulties in Caithness were being exacerbated by negative media coverage.

With regard to the difficulties being experienced in Caithness, the Chief Operating Officer assured Members that the Director of Operations and her team were doing everything they could to engage with Elected Members and the public, not only to find a solution to the immediate issue at Caithness General but in terms of the provision of sustainable community services. The case mix at Caithness General was similar to the rest of Highland in that there was an increasing number of frail elderly patients with complex needs and it was necessary to think about how to increase capacity within the community. In addition, a philosophical change was required in terms of the way care was provided and expectations were managed.

In relation to the Harmsworth Ward, discussions were ongoing as part of the Caithness Review in terms of whether it could be used as step-down facility. Discussions had also taken place with the Care Inspectorate regarding its possible use as an intermediate care home although concern was expressed that registering a facility with a ward environment as a care home would lead to the abuse of care home facilities. The fundamental issue was the recruitment and retention of staff and it was emphasised that it was necessary to think about more sustainable solutions. It was anticipated that the Review would conclude in autumn 2015.

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

ii. South and Mid Operational Unit

There is 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 5 March 2015.

During discussion, the following issues were raised:-

- in relation to the provision of Forensic Medical Services, concern was expressed regarding potential delays in examining victims of crime and an assurance was sought that the proposals represented an acceptable level of cover and that Women's Aid throughout Highland had been engaged in the discussions. In response, it was confirmed that, where nurses were identified as an alternative to medical practitioners, they would have the appropriate training and supervision. There had been active engagement with women's group and the new Rape Crisis Centre in Inverness and a Forensic Medical Specialist had attended the last Violence Against Women Partnership Group in February;
- with regard to the use of Ward 11 at Raigmore Hospital as a Supported Discharge Centre, information was sought on why the same model could not be introduced in Caithness; and
- concern was expressed that no information was provided on the impact of savings measures on frontline service delivery. Referring to the forthcoming review of the Partnership Agreement, financial governance was a key issue. In response, it was explained that financial governance took place at a number of meetings including the Health and Social Care Committee, the Improvement Committee and the Finance and Performance Sub-Committee. However, Members' concerns were acknowledged and the Chief Operating Officer undertook to ask Operational Directors to include impact assessments in future reports.

Thereafter, the Sub-Committee **NOTED**:-

- i. the content of the report; and
- ii. that Operational Directors would be asked to include impact assessments in future reports.

Development

In terms of Standing Order 18, the Committee **AGREED** to consider item 7 at this stage.

7. Respite Care

Declaration of Interest: Mr G Ross declared a non-financial interest in this item on the grounds that his mother and mother-in-law received home care packages and his mother-in-law had been admitted to Raigmore Hospital 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/05/15 by the NHS Lead for Carers on behalf of the Chief Operating Officer which provided an update on progress to date in relation to the review of carers support across the Highland Partnership. The report also included the expected timeline for completion of this work which was being progressed by NHS Highland and Connecting Carers.

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

6. Community Development

Ms M Wylie, Chief Officer, Highland Third Sector Interface, undertook a presentation on Reshaping Care for Older People (RCOP) Highland, the aim of which was to enable people to stay in their communities through supporting community initiatives. It was explained that RCOP consisted of eleven Community Networkers but, as the project was now in the close-down phase, not all posts were full. Detailed information was provided on the types of activities being supported such as MOTomed movement therapy; the Avoch Community Rowing Club; over-fifties table tennis; Walking Football in partnership with Inverness Caledonian Thistle Football Club and Age Scotland; and the Heel Toe Off We Go initiative, which consisted of armchair-based Boccia, Volleyball etc. Social isolation was an issue that would affect a significant number of older people in Highland and information was also provided on initiatives to address it such as long-term condition lunches with the Lets Get On With It Together (LGOWIT) partnership and awareness raising training for faith leaders with a view to helping people with dementia to re-engage with their congregation.

Statistics were provided on the work undertaken by Community Networkers in 2014 including the number of actions supporting ambassadors/community activists, community projects supported and community meetings attended. Information was also provided on the Community Initiative Fund, including the number of grants discussed, submitted and agreed. In particular, it was highlighted that half of the grants awarded were for less than £1000 so a huge amount of activity could be undertaken with very little funding. In relation to the Integrated Care Fund, a proposal had been submitted that consisted of integrating RCOP with LGOWIT, creating a Community Development Fund and establishing a commissioning post. Detailed information was provided on each strand of the proposal. In particular, it was explained that the Community Development Fund would support community development activity which ultimately made it easier for people to actively self-manage. It was proposed that District Partnerships would distribute the Fund, with £40k being allocated to each Partnership and a maximum grant size of £5k.

The Director of Care and Learning commended the excellent work taking place and the evidence of increasing joins between third sector initiatives, NHS Highland and High Life Highland. However, community learning and development inspection results in one of the strongest communities, Alness, had not been positive and it was necessary to examine what was lacking. In particular, there were issues in terms of coordinated activity, self-evaluation and planning. The Community Planning Partnership, in recognition of the significant amount of community development work taking place, had agreed to form the Community Development Strategic Partnership and work was ongoing in that regard. District Partnerships would form the framework but making the transition from local projects that were possibly not sustainable to a co-

ordinated, strategic, joined-up approach with sustainable projects that were recognised as producing positive outcomes would not be easy.

During discussion, the following issues were raised:-

- it would be helpful to circulate the presentation to Members of the Education, Children and Adult Services Committee for information;
- the variety of activity taking place throughout Highland was welcomed and information was sought on whether the learning was being collated;
- in relation to the proposed Community Development Fund, it was requested that the application process be made as straightforward as possible; and
- the benefits of Boccia were emphasised and it was suggested that it be introduced after lunch clubs.

In response to questions, it was explained that:-

- the creation of a Community Development Fund formed part of the Integrated Care Fund proposals and would go forward, subject to approval by the Health and Social Care Committee and the Chief Executives of both the Council and NHS Highland;
- RCOP was now in the close-down phase and, if the project was longer, this would be the stage at which learning would be shared and good practice implemented elsewhere. It was not possible to do this but evidence was being collected in a number of ways, although it was not yet ready for publication. It was highlighted that lessons could also be learnt in terms of what had not gone well;
- one of the strategic objectives of the Community Initiative Fund had been to make the application process as simple as possible. Feedback from communities had been very positive and it was important to apply that learning to the Community Development Fund;
- Boccia was being rolled out throughout Highland, with 30 sets having been distributed through RCOP, specifically for use at lunch clubs. There was also an Olympic team in Highland; and
- work was ongoing in terms of how to sustain some of the activity happening around RCOP that did not fit in to the LGOWIT agenda and one of the areas being looked at was informal physical activity.

Thereafter, the Committee **NOTED** the presentation.

At this stage, Members referred to the Integrated Care Fund and expressed concern that proposals for the use of the Fund had been submitted to the Scottish Government without consultation with Members and that previous feedback from the Sub-Committee had not been taken into account. Whilst acknowledging that the Scottish Government had required the Integrated Care Plan hurriedly, it was disappointing that the Council's Chief Executive had not had the opportunity to sign it off beforehand.

The Chief Operating Officer explained that senior Council officers had been participating in the development of the Plan through the Adult Services Commissioning Group. In addition, briefings had taken place at the Health and Social Care Committee, on which there was Member representation. The Scottish Government had been keen to see the Plan without prejudice to discussions with the Council. It would be considered by the Health and Social Care Committee in May 2015 and recommendations would then be made to the Chief Executives for further

discussion. It was emphasised that it was a timing issue and there had been no intent to exclude Members from the discussions.

On a request being made, the Chairman confirmed that he would arrange for information to be provided to Members on how they would have the opportunity to feed in to the final proposals.

Thereafter, the Sub-Committee **AGREED** that information be provided to Members of the Sub-Committee on how Members would have the opportunity to feed in to the final Integrated Care Plan.

The meeting concluded at 12.30 pm.