Agenda Item 21ii.

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 22 April 2016 at 11.00 am.

Present:

Mrs C Caddick
Mrs I Campbell
Mr A Christie
Mrs M Davidson
Mr S Fuller
Mr W Mackay (Substitute) (VC)
Mrs B McAllister
Mr D Millar

In attendance:

Ms F Palin, Head of Adult Services, Care and Learning Service
Ms I Murray, Commissioning Officer, Care and Learning Service
Ms J Macdonald, Director of Adult Social Care, NHS Highland
Mr S Steer, Head of Strategic Commissioning, NHS Highland
Mr G McCaig, Head of Care Support, NHS Highland
Mr D Garden, Head of Financial Planning, NHS Highland
Mr M Perera, Service Manager, Community Mental Health Services, NHS Highland
Miss M Murray, Committee Administrator, Corporate Development Service

Also in attendance:

Dr D Alston, Chair of NHS Highland Board

Mrs M Davidson in the Chair

Business

Preliminaries

The Chair welcomed Dr D Alston, Chair of NHS Highland Board, to the meeting. Dr Alston explained that it was important not to lose sight of the fact that responsibility for adult services sat with the Council, who commissioned the service from NHS Highland. NHS Highland was accountable to the Council for the delivery of the commission and he was in attendance as part of that accountability. In addition, he highlighted that international attention was being paid to the Highland model of integration and it was important that credit was taken jointly.

The Chair commented that further work was required in terms of evidence and reporting and she undertook to liaise with Dr Alston outwith the meeting.

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mr K Gowans, Mrs M Paterson, Ms G Ross and Mr G Ross.

2. Declarations of Interest

Mrs B McAllister declared a non-financial interest in those items that might raise discussion on the Highland Senior Citizens Network as she was a Board Member 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. Minutes and Action Plan

The Minutes of the previous Meeting held on 19 February 2016 and the rolling Action Plan maintained by the Care and Learning Service had been circulated and were **NOTED**.

Matters Arising

Item 3iii – the Chair sought the agreed briefing on Transitions prior to the next meeting of the Sub-Committee. The Director of Adult Social Care explained that NHS Highland had agreed to fund a Project Manager for Transitions and a briefing would be helpful to bring Members up-to-date. The post, which was for a one year period, had been advertised and the closing date was 22 April 2016.
Item 3v – the Chair explained that a financial briefing would be arranged in early course.
Item 4iii – the Head of Adult Services explained that work was ongoing, led by NHS Highland's Director of Adult Care, to identify new performance indicators linked to Improvement Group priorities. It was anticipated that discussions would take place with Members in the next two months. The Chair emphasised the need for progress.
Item 4v – Elected Members in Caithness had been briefed on the Harmsworth Ward as part of a number of briefings with community groups on service redesign in Caithness.

4. Adult Services Commission

There had been circulated Report No ASDS/03/16 dated 8 April 2016 by the Chief Executive, Highland Council, which gave a statement regarding the assurance that was being provided to the Council regarding the delivery of adult social care services.

The Head of Adult Services informed Members that, since the report had been written, a Lead Adviser (Adult Support and Protection) had been appointed.

In addition, she tabled a flowchart setting out the new reporting arrangements for both adult and children's services. It was explained that, as part of the new arrangements, and to ensure that the information presented was up-to-date, meetings had been coordinated. An additional meeting of the Sub-Committee had been scheduled for 30 June 2016, at which a new report format would be presented and there would be an opportunity for wider discussion.

Dr D Alston highlighted that Ms Ruth Daly, former Committee Administrator within the Council's Democratic Services, had been appointed to the role of NHS Highland

Board Secretary and her knowledge of both organisations' committee structures would be beneficial.

Thereafter, having welcomed the progress with the Adult Support and Protection agenda, the Sub-Committee **NOTED** the contents of the report.

5. Health and Social Care Adult Services Performance Scorecard

There had been circulated Report No ASDS/04/16 dated 14 April 2016 by the Head of Care Support, NHS Highland, which provided a copy of the latest edition of the balanced scorecard presented to the NHS Highland Improvement Committee.

The Head of Care Support explained that the balanced scorecard was the same as reported to the previous Sub-Committee as there had not been a meeting of the Improvement Committee in the interim.

The Chair referred to the decision at the previous meeting that, where indicators were red, an explanatory note be provided. She confirmed that she had asked officers to ensure these were provided, in written form, in future.

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

6. Delayed Discharge

The Director of Adult Social Care and the Head of Strategic Commissioning, NHS Highland, gave a verbal update on the delayed discharge position during which it was explained that, as of 15 April 2016, there was no one in hospital in Highland waiting for care at home. This was as a result of the redesign of care at home services, including zoning and enablement, as reported to the previous meeting of the Sub-Committee. However, there were still approximately 50 people waiting for a care home. The challenge now was to address the care home market and it was explained that raising the expectation that people would return home and would not have to wait for care at home would reduce the chance of people debilitating in hospital, thereby reducing the pressure on care homes and creating more flexibility.

In relation to the North in particular, zero delays relating to care at home had been achieved. However, the assumption was that people were more likely to be assessed as requiring a care home if there was a perception that there was no care at home. If care at home provision could be addressed, it was anticipated that there would be an increase in demand leading to a reduction in the number of people requiring a care home.

During discussion, the following issues were raised:-

- concern was expressed regarding press coverage of a draft Care Inspectorate report relating to care at home in the West and it was suggested that a briefing be provided to Ward Members in Skye and Wester Ross, Strathpeffer and Lochalsh;
- the quantity of home care in the Inner Moray Firth had increased dramatically as a result of zoning. However, zoning was more straightforward in the Inner Moray Firth than in remote rural areas;
- it was imperative that Members understood the care at home position so they could discuss it with their constituents and promote the improvements that had taken place. The Chair suggested that it be the subject of a future briefing and

undertook to liaise with the Chair of the Education, Children and Adult Services Committee outwith the meeting;
- concern was expressed regarding delayed discharge at the Royal Northern Infirmary (RNI) and that patients were not able to dine together or socialise;
- delayed discharge was one of the most difficult areas to manage in terms of pressure and it was suggested that it was necessary to look at it from a different perspective. For example, in relation to delays as a result of guardianship issues, would it be cheaper to engage a private solicitor to advise the family than to keep the patient in a hospital bed?;
- Members were not seeing the whole picture and getting the assurance they needed and it was essential that was addressed. In that regard, the Chair of NHS Highland Board emphasised the importance of identifying the right performance indicators; and
- all Members had a responsibility to promote Power of Attorney.

In response to questions/issues raised, it was explained that:-

- in relation to care at home in the West, the Care Inspectorate report related to the in-house service. Scores of 2 and 3 were not acceptable in terms of the quality agenda. However, the report dated back to September 2015 and, since then, the Operational Units had taken significant measures to address the situation. Members were assured that it was a high priority and it was confirmed that a briefing could be provided;
- in a recent Care Inspectorate report, care at home in the Inner Moray Firth had received scores of 4 throughout;
- with regard to zoning, it was recognised that one size did not fit all and different options and opportunities were being explored in the North and West;
- in relation to the RNI, hospital standards were completely different from care home standards and dining together, for example, presented issues in terms of infection control. However, discussions had taken place and the Care Inspectorate was supportive of things being done differently to provide a more homely environment;
- in relation to care homes that had been embargoed, there was a plan in place in the Inner Moray Firth to release beds on a phased basis over a number of weeks. In addition, it was necessary to support the care homes to ensure that the quality of care was appropriate;
- the Harmsworth Ward in Caithness was not currently in use but plans were progressing with a view to utilising it as a temporary measure until care home capacity or alternative accommodation was available;
- with regard to adults with incapacity, there was a clear process in place in terms of identifying people at an early stage and training had been targeted at NHS staff. If a care home place became available during the process of applying for guardianship, it was possible to put emergency measures in place to enable the patient to be moved;
- there were issues in terms of care home providers choosing to allocate care home places to people in the community rather than those who were delayed in hospital; and
- in relation to enablement, after 6 weeks, 57% of people with a moderate care package did not require a package at all. Of the remainder, approximately half did not require the same level or duration of package.

Thereafter, the Sub-Committee **NOTED** the position and **AGREED TO RECOMMEND** that a briefing on care at home be provided to Ward Members in Skye and Wester Ross, Strathpeffer and Lochalsh.

7. Respite

The Director of Adult Social Care, NHS Highland, tabled a report by Anne McDonald and Donald Macleod, Carers Improvement Group, which set out the key findings and main recommendations of a review of respite/short break provision for adult carers of adults in Highland. The report, which had been presented to the Highland Health and Social Care Committee in January 2016, highlighted that, from a carer's perspective, many carers were not getting the support they needed. The outcome was that it was recognised that radical change was required and, over the next year, work would take place looking at how to support carers to set up a form of respite bureau whereby they organised care, and how it was provided to carers throughout Highland. This included transferring the budget. In addition, meaningful consideration needed to be given to the new carers legislation, which specified that carers had to be assessed in their own right and given a Carer Support Plan.

During discussion, the following issues were raised:-

- there was a need for more reports about service delivery that had such a clear user focus;
- it was suggested that the Carers Bill be added to the Development section of the next Sub-Committee agenda;
- the proposed bureau needed to be dispersed throughout Highland rather than a centralised body;
- it was necessary to connect with people in rural areas who could potentially provide respite and benefit their communities. Reference was made to negative press coverage of previous similar initiatives. However, this was being led by service users and it was hoped it would be received differently. The need for greater engagement with the press in general was emphasised; and
- the report clearly set out the current position. However, it was not visionary enough. In addition, it contained a multitude of comments and suggestions and it would be helpful to carry out a mapping exercise and show how it was intended to address some of them. The report also lacked a community element. Many community organisations were successfully delivering care at home and some had been providing day care for years. They needed to start adapting to deliver respite.

In response to the issues raised, the Head of Strategic Commissioning explained that work was underway to map the total resource currently used in relation to respite. It would be broken down to district level and the extent to which it was fairly distributed examined. Discussions would then take place with the Carers Improvement Group and NHS Highland would provide support to allow them to start making decisions, emphasising that respite needed to be very much community based.

The Chair requested that this be added to the Development section of the next Sub-Committee agenda and suggested that Donald Macleod and/or Anne McDonald be invited to attend to talk about the next steps.

The Director of Adult Social Care highlighted that NHS Highland had launched a campaign to tackle social isolation and loneliness. Caring for someone with profound support needs could be extremely lonely and getting respite and Carer Support Plans right was critical.

Thereafter, the Sub-Committee **NOTED** the position and **AGREED** that respite, including the Carers Bill and the mapping of resources, be added to the Development section of the next Sub-Committee agenda and that Donald Macleod and/or Anne McDonald be invited to attend to discuss the next steps.

8. Adult Strategic Commissioning Intentions 2016-2017

There had been circulated report by the Head of Strategic Commissioning and the Team Leader, Contracts, NHS Highland, as considered by the Highland Health and Social Care Committee on 3 March 2016.

During discussion, the following issues were raised:-

- in relation to community empowerment, communities needed to be encouraged rather than empowered and it was suggested that consideration be given to an alternative term. In addition, Members commented that encouraging communities was an enabler to achieving the plan as well as a target in itself;
- page 22 of the plan, which formed part of Appendix 1, encapsulated the vast majority of what the new performance indicators needed to measure. In addition, moving it to the front would give a better flavour of the plan; and
- the plan lacked outcomes relating to integrating with communities and it was necessary to consider what the aspirations should be and how to articulate them. In that regard, it was important to be clear that people were social and could only have a good quality of life in a community.

In response to a question, it was explained that the plan, which had been developed in conjunction with Operational Units, was less aspirational than previous plans and, whilst it could not be guaranteed that everything would be concluded within the timeframe, was considered to be achievable.

The Sub-Committee otherwise **NOTED** the content of the report.

9. Finance Reporting

The Chair explained that it was hoped that, with effect from the next meeting, a financial monitoring statement would be available to assist the Sub-Committee in its scrutiny role. In addition, as requested at the previous meeting, arrangements were being put in place for a workshop to discuss the flow of money over the past four years. Once the financial position was understood, consideration could be given to aspirations for the future and whether there was an opportunity for a further three year agreement. In the meantime, the Head of Financial Planning, NHS Highland, was in attendance and she invited him to provide an overview of the NHS Highland year end position, budget pressures and areas of additional investment.

The Head of Financial Planning explained that the financial year had not yet been closed out. However, current indications were that there would be a small underspend of approximately £100k. The overall budget, including the Council's contribution, was approximately £750m. He summarised the budget setting process and explained that more detailed information would be provided at the forthcoming workshop.

Turning to pressures, Raigmore, in terms of delivering its recovery plan, was overspent by approximately £5.1m. There was a similar overspend in the North and West, relating mainly to out of hours services and the use of locums at Caithness

General Hospital. The position in the North had been covered through fortuitous non-recurring resources and a fuller report would be provided at the next meeting.

It was highlighted that NHS Highland had received NRAC (NHSScotland Resource Allocation Committee) funding in the sum of £11.5m in 2015/16, £3m of which had been brought forward to 2014/15 and the majority of which had been allocated to adult social care services. Additional funding had also been received from the Scottish Government in 2016/17 and this would feed in to the plan and offset budget pressures such as the impact of the Living Wage on the care sector.

During discussion, the following issues were raised:-

- in terms of financial reporting, there was a need for a simple format, possibly utilising the report presented to the Highland Health and Social Care Committee, that would assist the Sub-Committee in its scrutiny role without creating undue additional work for officers. The Head of Financial Planning, having highlighted the difficulties in maintaining a separate social care budget, undertook to liaise with the Chair outwith the meeting to devise an acceptable format;
- Members needed to be assured that integration provided value for money and that the balance of care was being shifted. The Chair of NHS Highland Board emphasised the need for a common understanding of what was meant by shifting the balance of care and that it had to be about outcomes for people. He undertook to discuss the matter with the Chair outwith the meeting;
- the Director of Adult Social Care emphasised that quality and finance were intrinsically linked and, in order to give Members assurance, it was necessary to provide detailed information on the quality of service being provided;
- in order to advance to the next stage, it was necessary to move away from whether funding had come from the Council or NHS Highland and take shared ownership of the outcomes for both children's and adult services;
- in relation to the additional funding from the Scottish Government, it would be helpful to understand how it was intended to spend it and where the pressures were in the system; and
- an explanation was sought, and provided, in relation to the impact of the Living Wage on the care sector and whether it affected private care homes.

The Sub-Committee otherwise **NOTED** the position.

10. 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 the Highland Health and Social Care Committee on 3 March 2016.

Having emphasised the need for more information on community services/care, the Sub-Committee **NOTED** the content of the report.

ii. Inner Moray Firth Operational Unit

There had been circulated report by the Director of Operations in respect of the Inner Moray Firth Operational Unit as considered by the Highland Health and Social Care Committee on 3 March 2016.

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

Development

11. Transformational Change in Mental Health

The Service Manager, Community Mental Health Services, gave a presentation during which he described the scale of mental illness in Highland and the background to the improvement work addressing some of the issues around crisis services and employability. Statistics were provided on common mental disorder; other conditions; patients who presented in crisis; and unemployment. In addition, a diagram setting out the Highland Joint Employability Pathway was provided.

During discussion, the following issues were raised:-

- the Chair emphasised the importance of the employability pathway and explained that various projects were underway to support people in to work. European funding was available as well as Lottery funding and it was necessary to coordinate that;
- Members described their own experience of working with people with mental health issues and highlighted that it could be a seemingly minor issue that caused a relapse and put someone back in to the system. In relation to employability in particular, the key was sustainability and building confidence on a daily basis to allow people to overcome barriers and challenges;
- often people with mental health issues' only interface was with service providers and that was a mixed experience;
- most families had been touched by mental illness at some stage;
- reference was made to counselling services whereby local people had trained on a voluntary basis to help people with mental health issues;
- the dynamics of communities were changing and young people did not have the same family support network as previous generations; and
- the Chair of NHS Highland Board highlighted that it had been suggested that training be provided for MSPs due to the extent to which, through their surgeries, they dealt with people with mental health issues. The same issue applied to Councillors.

In response to questions, it was explained that:-

- the high number of people with common mental disorder in the 45-54 age group could be attributed to major life changes such as divorce, the death of a parent, children leaving home etc;
- people who were sectioned under the Mental Health Act were recorded separately and had not been included in the presentation. There had been approximately 52 emergency detentions during the previous year;
- in relation to care at home packages for people with mental health issues, the average length of stay at New Craigs Hospital had gone down from 56 to 28 days as community services had strengthened. There were social workers in all teams and recovery focussed strategies were in place to encourage people to take more responsibility for themselves. Adult delayed discharge was minimal at New Craigs and a Community Mental Health Worker attended a weekly meeting to ensure that information flowed and care packages were put in place if required. All teams were currently Monday to Friday but plans were in place to move to a seven day

service in Inverness. The acute day hospital was open at weekends but it was for crisis assessment rather than routine care;

- Choose Life funding was no longer available. A new suicide prevention strategy would be published in July 2016 but it was not known at this stage whether it would attract funding; and
- counselling could help counteract the effects of loneliness and the number of group therapies available had increased significantly.

The Sub-Committee otherwise **NOTED** the position.

The meeting concluded at 1.10 pm.