Agenda Item 19vi.

The Highland Council

People 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 December 2017 at 11.00 am.

Present:

Mr B Boyd
Mrs M Cockburn
Mrs M Davidson
Mr T Heggie
Mrs I MacKenzie
Mr R MacWilliam
Ms N Sinclair
Mr C Smith
Ms K Stephen

Non-Members also present:

Mr A Graham

In attendance:

Highland Council:
Mr B Porter, Head of Resources, Care and Learning Service
Ms I Murray, Commissioning Officer, Care and Learning Service
Miss M Murray, Committee Administrator, Chief Executive's Office

NHS Highland:
Dr D Alston, Chair of NHS Highland Board
Mr D Park, Chief Officer
Ms J Macdonald, Director of Adult Social Care
Mr D Garden, Interim Director of Finance
Ms G Haire, Deputy Director of Operations, Inner Moray Firth
Mr S Steer, Head of Strategic Commissioning
Mr G McCaig, Planning and Performance Manager
Ms R Pitt, Area Manager, Inverness and Badenoch and Strathspey

Also in attendance:
Mr C Macaulay, Chief Executive, Albyn Housing Society Ltd
Mr G Hamilton, Innovation Officer, Albyn Housing Society Ltd

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mr A Christie and Mr R MacDonald.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes and Action Plan

There had been circulated the Minutes of the previous Meeting held on 5 October 2017 and the rolling Action Plan maintained by the Care and Learning Service.

During discussion, the following issues were raised:-

- the agreed workshop on performance indicators had taken place prior to the Sub-Committee and had been very useful. When Members had access to the information discussed, it would be interesting to tease out what they wished to be presented in the Sub-Committee papers;
- in relation to the decision that Members be invited to attend the proposed development session for Members of the Highland Health and Social Care Committee, it was suggested that Members would benefit from a workshop on NHS Highland finances, with a specific focus on adult social care;
- despite the request, at the previous meeting, for more detailed financial information, there was no financial information in the Assurance Report that was the subject of the following item on the agenda. This was unacceptable and did not facilitate ongoing partnership working. Performance and resources were inextricably linked and Members needed to better understand adult social care spend. The Chair reiterated the request for a detailed statement of adult social care spend and overspends, broken down in a way that was meaningful in terms of the geography of Highland, such as by Community Partnership area. In addition, some context in terms of the overspends, what the challenges were, and what was being done to address them, would be helpful. The Interim Director of Finance apologised unreservedly, explaining that reports had been prepared but had been omitted from the Assurance Report in error. The reports were tabled and it was confirmed that they would also be circulated to Members electronically;
- in relation to the requested glossary of terms/acronyms, it was explained that this was work in progress and would be available for the next meeting of the Sub-Committee. The Chair requested that "TrakCare" be included;
- Members still had no clear explanation as to why the cost of some care packages was so high and it was hoped that the report requested at the previous meeting would be provided as soon as possible. In particular, information was sought on eligibility criteria and what a high cost package looked like – ie what was the need and what was being provided to meet that need. In addition, it would be helpful to provide contextual information on the lives of those in receipt of such packages, as well as what alternative options were available. The Director of Adult Social Care explained that the cost of care packages tied in to the earlier discussions regarding finances and undertook to work with the Deputy Director of Operations, Inner Moray Firth, to provide an anonymised analysis to Members of the Sub-Committee in advance of the proposed workshop. In addition, she undertook to circulate a recent Audit Scotland report which highlighted the need for more information in terms of the outcomes associated with high cost care packages.

Thereafter, the Sub-Committee:-

i. **NOTED** the Minutes and Action Plan;
ii. **AGREED** that a workshop on NHS Highland finances, with a specific focus on adult social care, be arranged for Members of the Sub-Committee;
iii. **AGREED** that the tabled finance reports also be circulated to Members of the Sub-Committee electronically;

iv. **AGREED** that "TrakCare" be included in the glossary of terms;
v. **AGREED** that the requested information on high cost care packages be circulated to Members of the Sub-Committee in advance of the proposed finance workshop (see ii. above); and
vi. **AGREED** that a link to the Audit Scotland report referred to be circulated to Members of the Sub-Committee.

Scrutiny

4. Assurance Report to Commissioner – Adult Services

There had been circulated Report No ASDS/07/17 by the Director of Adult Care, NHS Highland.

During discussion, the following issues were raised:-

- information having been provided on the recent restructure of senior officers within NHS Highland, the Chair requested an updated list of contacts, including District Managers and the levels above;
- in future, it would be helpful if the information that was relevant to the Sub-Committee was included in the main body of the report and contextual information was attached as an appendix; The Chief Officer reiterated that if Members highlighted any particular areas of interest in advance, the information provided to the Sub-Committee could be tailored accordingly;
- the Butterfly Scheme, a way of sensitively identifying individuals who had dementia in hospitals, had been implemented in some wards in Raigmore and information was sought on whether it was intended to roll it out more widely. The Deputy Director of Operations, Inner Moray Firth, undertook to seek an update and report back to Members;
- it having been confirmed that the two new care at home providers in East Sutherland were community-based, it was requested that the list of care at home providers previously circulated to Members be re-circulated as and when new providers were added;
- whilst the report format had improved considerably, further work was required and it would be helpful to have topics broken down by operational area rather than the other way around as at present. The Chief Officer confirmed that this could be explored; and
- information was sought on the Belford Hospital OPAH (Older People in Acute Hospitals) Inspection Report; the steps being taken to address the challenges associated with training staff to effectively support adults with dementia; the outcomes of the care at home conference; District Care Partnership meetings; opportunities for convalescence; Homecare drugs; the implementation of the Carers Act; the care home strategy; the "Raigmore Bridge"; what the "radical change" referred to in the report meant and how this was being communicated to those affected; and how the changes to Out of Hours services were being communicated and what steps were being taken to address public anxiety in that regard.

Detailed information was provided in response to comments and questions. In particular, it was explained that:-

- in relation to training staff to effectively support adults with dementia, it was recognised that there was a significant gap. A multi-agency group had been

established, led by the Highland Third Sector Interface, which it was hoped would successfully link the various workstreams taking place. In addition, it was highlighted that work was taking place in Raigmore on the wider issue of capacity and how it influenced how people were supported to return home;

- the Care at Home conference had been run by Scottish Care and had focussed on practice development within the sector, discussions having taken place on standards, behaviours, policies and how to improve the quality of service provided. One of the principle areas had been the way in which NHS Highland commissioned services from the sector, as discussed at the previous meeting of the Sub-Committee. The Chair of NHS Highland added that there had been some interesting contributions regarding community models. Members expressed disappointment that they had not been invited to attend the conference and requested that this be fed back to the organisers;
- "District Care Partnership meetings" was a typographical error and should have been "District Care Planning meetings", at which health and social care senior teams scrutinised care packages of over £150 per week to ensure they were appropriate and there were no other alternatives;
- with regard to convalescence, it was recognised that the step down from hospital to returning home was significant. However, it was not convalescent homes that were required but options such as the reablement service provided by the in-house care at home team, details of which were provided, or step up/step down beds. Whilst there was a public perception that staying in hospital for a few extra days was beneficial, it had been evidenced that being delayed in hospital for more than 72 hours had a detrimental impact on a patient's physical and mental health, and Members' support was sought in getting that message across;
- Homecare drugs were delivered directly to the patient rather than picked up through a pharmacy. In that regard, GI was an acronym for gastrointestinal;
- the Carers Act would introduce a number of new rights when it came into force on 1 April 2018, including making an Adult Carer Support Plan available to all adult carers. However, it was not known at this stage what the demand would be. A critical area was balancing expectations with the finance available to implement the legislation, which would form part of the budget announcement on 14 December 2017. The Chair commented that the implications were significant and suggested that a report be presented to the next meeting of the Sub-Committee setting out the key requirements of the Act and how it was intended to meet them, as well as the budget and staffing implications;
- in relation to the care home strategy, it was confirmed that service users and carers would be involved. However, at their request, this would not take place until a more refined position had been reached; and
- the "Raigmore Bridge" was a communication device to try and improve communication between Raigmore, other hospitals and local communities to facilitate discharge planning.

Thereafter, the Sub-Committee:-

i. **NOTED** the report and the assurance given by the Highland Health and Social Care Committee;
ii. **NOTED** the ongoing development of the reporting arrangements for the Health and Wellbeing performance framework;
iii. **AGREED** that an updated list of NHS Highland contacts, including District Managers and the levels above, be provided to Members of the Sub-Committee;
iv. **AGREED** that information on the roll out of the Butterfly Scheme be provided to Members of the Sub-Committee;

v. **AGREED** that it be fed back to Scottish Care that it was disappointing that no Elected Members had been invited to attend the care at home conference;
vi. **AGREED** that the list of care at home providers previously circulated to Members of the Sub-Committee be re-circulated as and when new providers were added;
vii. **AGREED** that a report be presented to the next meeting of the Sub-Committee setting out the key requirements of the Carers Act and how it was intended to meet them, as well as the budget and staffing implications;
viii. **AGREED** that the possibility of changing the report format so that topics were broken down by operational area rather than the other way around be explored.

Development

5. Update on Neighbourhood Teams

The Area Manager, Inverness and Badenoch and Strathspey, provided a verbal update on Neighbourhood Teams, during which it was explained that Inverness was one of three pilot sites in the NHS Highland area. Neighbourhood Teams were based on the Buurtzorg model from the Netherlands, two key principles of which were autonomous teams and holistic care. There was a strategic implementation group, chaired by the Director of Nursing, and a Project Manager.

In relation to Inverness in particular, there had originally been eight teams but the teams themselves had decided that seven was a better fit. The teams included District Nurses, Occupational Therapists and in-house care at home staff, as well as link workers from physiotherapy and social work. Other Allied Health Professionals (AHP) and Community Mental Health Workers linked in as and when was appropriate.

Detailed information was provided on the various workstreams taking place including team systems to manage referrals/enquiries from the Single Point of Access; team leadership and development based on coaching principles rather than hierarchical management; working with the eHealth team on Morse, a single electronic record of care; integration with independent care at home providers; linking with Highland Hospice volunteers; developing a strong community asset approach; governance systems; performance measures; and improvement methodologies.

During discussion, Members commented that it would be interesting to know what performance measures were identified and how they fit with the existing health and wellbeing performance indicators; what the outcomes were and whether hospital admissions were reduced as a result of the neighbourhood team model; and how the model worked in a rural area with a scattered population.

In response to questions, it was explained that:-

- Morse and Care First were completely separate systems but it was hoped that Personal Outcome Plans could be used on both;
- there were two rural teams in Inverness West, namely, Beauly/Drumnadrochit and Charleston. On the south side of Inverness, as referred to during the update, the teams covering Culloden/Balloch and Foyers/Tomatin had found they were working together anyway and had made the decision to merge into one;
- the teams covered both physical and mental health care and referrals came from a wide range of sources including the individuals themselves, carers, GPs, acute hospitals and community hospitals;

- in relation to AHP numbers in rural settings, whilst splitting Occupational Therapists between 7 teams was logistically challenging, there were so many benefits to having them in the core teams that it was intended to continue with that arrangement; and
- independent sector care at home workers were being integrated into teams on a phased basis.

The Sub-Committee:-

i. **NOTED** the update; and
ii. **AGREED** that further updates be provided to the Sub-Committee as work progressed.

6. Fit Housing

There had been circulated, for information, the Business Case in respect of the Housing/Assisted Living element of the City-Region Deal.

In addition, Calum Macaulay, Chief Executive, and Graeme Hamilton, Innovation Officer, Albyn Housing Society Ltd, gave a presentation during which detailed information was provided on the background to the Assisted Living project; the core partners and other agencies involved; Fit Home design and technology; and commercialisation ambitions.

During discussion, the following issues were raised:-

- the Leader of the Council emphasised the importance of quality broadband and explained that progress was being made, with the UK Government making funding directly available to local authorities. The Council was also keen to utilise some of the City-Region Deal funding to work with BT on the roll out of fibre to premises broadband, and to encourage wireless broadband provision. She suggested that Albyn Housing Society let the Council know if broadband was not available at a potential Fit Homes site;
- there was potential for a successful social business and it was suggested that consideration be given to establishing an arms-length commercial organisation that had public scrutiny but did not have the constraints of a public body and could therefore be more imaginative and accomplish things faster; and
- people in rural areas often had land and built “granny flats”. Fit Homes would be a much more accessible option and had tremendous potential in terms of allowing people to remain in their local communities.

In response to questions, it was explained that:-

- in relation to the ideal size of cluster and what made a site suitable, there was no definitive answer. What was critical was working with NHS Highland, other partners and communities to identify where there was a need. In addition, there was potential for working with other housing associations that might wish to purchase Fit Home units for a particular site;
- once proof of concept had been provided, the technology could potentially be retrofitted into any property, enabling sheltered housing to be remodelled and people to stay in their own homes;
- fibre to premises broadband was desirable but not essential;

- with regard to opportunities to develop commercial software, it was a matter of bringing established technologies together as a product and work was taking place with partners in that regard;
- in relation to costs, the pilot phase at Dalmore, which had some research and development costs built in, had been subsidised by the Council but a benchmark cost per unit was being worked towards. The footprint of the one-bedroomed units was bigger than standard one-bedroomed properties but it was anticipated that the two-bedroomed units would be closer to the standard two-bedroomed property benchmark. In addition, it was hoped that construction costs could be reduced going forward. In terms of commercialisation, the aim was to build in a margin for profit that could then be reinvested in Highland;
- the life expectancy of a unit was expected to be the same as any other social rented unit – 60 to 100 years plus; and
- the units would be in walk-in condition with floor coverings provided but there would be scope for people to personalise them.

The Sub-Committee otherwise **NOTED** the information provided and the accompanying presentation.

The meeting concluded at 1.00 pm.