Agenda Item 23iii.

The Highland Council

Care, Learning and Housing Committee

Minutes of Meeting of the **Adult Services Development and Scrutiny Sub-Committee** held in Committee Room 2, Council Headquarters, Glenurquhart Road, Inverness on Wednesday 28 March 2018 at 2.30 pm.

Present:

Mr B Boyd
Mrs M Davidson
Mrs I MacKenzie
Mr R MacWilliam
Ms N Sinclair (video conferencing)
Mr C Smith
Ms K Stephen (Chair)

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:
Mr D Park, Chief Officer
Ms J Macdonald, Director of Adult Social Care
Ms T Ligema, Deputy Director of Operations, North and West
Mr S Steer, Head of Strategic Commissioning
Mr K Rodgers, Interim Head of Financial Planning
Mr G McCaig, Planning and Performance Manager

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mr A Baxter, Mrs M Cockburn, Mr T Heggie 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 7 February 2018 and the rolling Action Plan maintained by the Care and Learning Service.

During discussion, the following issues were raised:-

- in relation to the decision that joint work be undertaken to encourage care at home provision, the Chair confirmed that a facilitated workshop would take place at 1.00 pm on Thursday 26 April 2018;

- in relation to item 4 of the Minutes, the Director of Adult Social Care confirmed that the graphs relating to the six essential actions measured by the Scottish Government would be forwarded to the Committee Administrator for circulation to Members; and
- in relation to the Action Plan, it was highlighted that Rhiannon Pitt, Area Manager, Inverness, Badenoch and Strathspey, would provide future updates on Neighbourhood Teams.

The Sub-Committee otherwise **NOTED** the Minutes and Action Plan.

Scrutiny

4. Assurance Report to Commissioner – Adult Services

There had been circulated Report No ASDS/05/18 by the Chief Officer, NHS Highland.

During discussion, the following issues were raised:-

- the improvements that had been made to the report format were welcomed. However, there was still further work to be done to make the information provided as meaningful as possible;
- it having been noted that only £7.4m of the £29.9m savings identified was recurrent, Members questioned how future savings targets would be met and emphasised the need to shift the balance of care. The Chief Officer explained that, whilst non-recurrent savings was an area of concern, there was a review to convert as much of this as possible to recurrent savings;
- information was sought and provided regarding the low score received by Invernevis House in a recent inspection;
- further information having been sought on the discharge to assess model, it was explained that the principle was that an acute hospital was not the right place to assess the ongoing needs of a patient in their own home. There were strict safety criteria to ensure that people were fit to be discharged and a package of care had to be in place to meet their immediate needs and allow them to be assessed, prior to an ongoing package of care being implemented;
- introducing further initiatives to limit drug costs, including a ceiling on some new high cost drugs, was a logical step that would help NHS Highland to manage its finances. Detailed discussion ensued on the associated challenges; the use of programme budgeting marginal analysis; the need to change cultures and behaviours amongst GPs and physicians; the opportunities associated with the new GP contract; the scope for a panel that would have the final decision regarding the purchase and disbursement of high cost drugs; pricing; and wastage;
- on the point being raised, it was confirmed that the Scottish Government had agreed to an absolute maximum overspend of £15m in 2017/18, and that this was a debt that would have to be repaid (brokerage);
- reference was made to a report submitted to a previous meeting of the Sub-Committee which provided a breakdown of adult social care costs for the year to date as well as the projected year-end position, and it was suggested that such information be included in future assurance reports. The previous request for a budget figure for unscheduled care was more challenging and work was in progress in that regard;
- the people having one to one discussions with patients needed to have the financial boundaries set before they entered into those discussions;

- in relation to adult social care packages, details were provided of quality improvement work to ensure a consistent, equitable approach to funding. In addition, Members' support was sought in spreading the message that reducing care and support and utilising the reablement approach could be beneficial in terms of enabling people to live as independently as possible;
- in relation to locum costs, it was suggested that the money would be better spent on recruitment incentives. Detailed discussion ensued on the issues surrounding the use of locums, during which it was emphasised that it was a last resort where there were skills shortages and recruitment had been unsuccessful. As long as there were staff shortages, locums were in a powerful position and it would take a whole system approach to break the cycle; and
- it was necessary to undertake workforce planning in partnership to support more people to enter into the care sector in Highland.

Thereafter, the Sub-Committee:-

i. **NOTED** the report and the assurance given by the Highland Health and Social Care Committee; and
ii. **AGREED** that future assurance reports should include a breakdown of adult social care costs.

5. Home Care Costs

The Chief Officer, NHS Highland, gave a presentation during which detailed information was provided on care at home provision, including the proportion of in-house and commissioned services, the number of hours in an average care at home package, and what a typical package consisted of. Graphs set out care at home delivery from 2012/13 to 2017/18, both by number of hours and service user.

During discussion, the following issues were raised:-

- the model was quite traditional in terms of the timing of care visits, and reference was made to anecdotal instances of people not getting out of bed for their morning visit. It would be helpful to provide greater flexibility so that visits were not wasted and reference was made to alternatives utilising Self-Directed Support (SDS) or community-based provision;
- in order not to create a dependency, it was important to get people living as independently as possible as soon as possible;
- whilst the presentation referred to SDS option 2, it was emphasised that SDS was about choice and that all adult social care should be one of the four options; and
- the Chief Officer explained that the presentation was a snapshot of the analysis officers shared on a regular basis, and he reiterated the previous invitation to Members to attend the weekly "wall walk".

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

6. Adult Care Packages

There had been circulated Report No ASDS/07/18 by the Director of Adult Social Care, NHS Highland.

During discussion, the following issues were raised:

- the current situation was unsustainable;
- it was evident from the children's services budget that there was an increasing number of children with complex needs who would ultimately require adult services. In that regard, the Director of Adult Social Care highlighted that the joint transitions team covering the Inner Moray Firth area would commence on 1 June 2018 and would work with young people with a disability from the age of 14, and their families, to plan what support they would need as they became adults. The aim was to move away from traditional day services and be more ambitious, particularly in terms of employment. Whilst the budgets for adult and children's services would remain where they sat at present, it was hoped that the transitions team would lead to ownership of the budget across the 14 to 25 age range and support individuals to have the best quality of life, living as independently as possible;
- the Chair suggested that a development session take place, looking at the work currently being undertaken, what alternatives looked like and how to get there;
- it was important to manage families' expectations and anxieties; and
- it was necessary to look at best practice.

Thereafter, the Sub-Committee:-

i. **NOTED** the report; and
ii. **AGREED** that a development session take place at a future date, looking at the work currently being undertaken, what alternatives looked like and how to get there.

Development

7. Integration – What does success look like?

The Chair explained that this item was an opportunity to discuss the integration of health and social care, including what the Council's expectations were in terms of adult services, what was working well, how success stories were communicated, and what was not working well and needed to be revisited.

During discussion, the following issues were raised:

- there was not enough communication to tell people what had been achieved, what the issues were, what services were available to them and what the future looked like in terms of community-based health and social care;
- having referred to the success of Neighbourhood Teams in Inverness, Members queried why the model had not been rolled out throughout Highland;
- reference was made to instances of confusion amongst families in terms of who they should approach and when;
- concern was expressed regarding A&E waiting times over the Christmas period and that people with conditions such as strokes would have had to wait a considerable length of time to be assessed if their family/carer had not recognised the symptoms. In addition, Members questioned whether demand on A&E was an indication that preventative services were not being provided in Inverness;
- as an example of integration working well, reference was made to a patient with terminal cancer being facilitated to die at home, and Members commented that such arrangements seemed to work more naturally in rural areas. In response, the Deputy Director of Operations, North and West, explained that where people were closer to a hospital, they tended to gravitate towards it. Where people did not have

access to hospital facilities, they were more inclined to utilise the resources that were available to be supported at home. However, it was emphasised that District Nurses, Macmillan Nurses, Marie Curie Nurses and Support Workers were available to everyone, regardless of their location;

- in order to shift the balance of care, the Council and NHS Highland needed to plan and deliver together, and support each other in the challenging financial climate. The Council's Director of Care and Learning and the Chief Officer, NHS Highland, would be meeting to discuss the governance structure necessary to do so;
- it was essential to be clear about the direction of travel and to take communities along as, until they took ownership of their own populations, the necessary improvements would not be achieved;
- the Integrated Joint Boards that were working well met as often as once a month and made strenuous efforts to keep their Elected Members informed as they were their best links to communities;
- more clarity was required in terms of where investment was needed;
- significant improvements were required in terms of Elected Member involvement, particularly in financial and service change decisions, and it was suggested that the Council's Director of Care and Learning and the Chief Officer, NHS Highland, discuss how that could be achieved; and
- communities were not resistant to change but they needed to understand what the changes were and it was suggested that, rather than focussing on the closure of facilities, service redesign consultations should focus on articulating a positive vision of what was being offered instead.

The Sub-Committee **NOTED** the points raised and that this would be an ongoing discussion.

8. Place of Care

There had been circulated, for discussion, a report by the Directors of Public Health and Adult Social Care, NHS Highland, which had been considered by the NHS Highland Board at its meeting on 27 March 2018.

The Chief Officer provided a verbal update during which it was explained that, whilst the information regarding demographics and sustainability had not been in any dispute, the Board had not accepted the report in its current form and had requested further information on alternative models and the financial implications. The report would therefore be reworked in a more specific format with more discrete examples.

During discussion, the following issues were raised:-

- disappointment was expressed that matters had not moved forward and it was suggested that it be fed back to the NHS Highland Board that Elected Members would like to see progress on this issue;
- residential care was perceived to be safe but there was a lack of understanding about when it was needed and there were many people in residential care homes who could be living independently with support;
- care for older people in Highland could be delivered in a way that better linked people to their communities, provided an improved experience and future-proofed services;
- managing the transition to new models of care would be challenging and it was necessary to communicate with communities and individuals as much as possible and provide examples of where alternative models were working well;

- different models would be required in different areas and the discussions needed to be based around geographical areas that made sense to the communities involved;
- the importance of a partnership approach with GPs was emphasised;
- the need to embed end of life care was emphasised and it was suggested that partnership work take place with the Highland Hospice with a view to spreading good practice throughout Highland;
- service redesign was about evolving and understanding the needs of the community, and it was necessary to stop using negative language such as “close”;
- more localised budgets and moving decision-making closer to communities was key;
- it was important that people understood the negative impact of being in hospital longer than they needed to be;
- staff would be required regardless of the model chosen and it was necessary to facilitate the training of those who wished to enter the care profession, and to establish career progression and accreditation. In addition, it was suggested that consideration could be given to creating a training facility; and
- conversations needed to take place with Elected Members at Ward level and it was important that all Members knew who to contact if they had an issue.

The Chief Officer having summarised the issues raised and confirmed that he would work with the Chair regarding what further topics to present to the Sub-Committee, the Sub-Committee:-

i. **NOTED** the report; and
ii. **AGREED TO RECOMMEND** that it be fed back to the NHS Highland Board that Elected Members would like to see progress on this issue.

9. Anticipatory Care Planning

There had been circulated Report No ASDS/08/18 by the Director of Adult Social Care, NHS Highland.

During discussion, the following issues were raised:-

- in relation to the figures that had been provided in the report, it would be interesting to see the number of Anticipatory Care Plan Alerts as a percentage of the total number of patients in each practice;
- information having been sought on whether Anticipatory Care Plans (ACPs) were making a difference in terms of helping people to get the support they needed in communities, it was explained that it was difficult to evidence the impact without following individual cases. ACPs had initially been tested on a small target group and there had been evidence of a reduction in the number of occupied bed days. However, once they became a population-based model of care, attribution became much more difficult and it was necessary to look at patient satisfaction. Feedback from the Palliative Care Group was that Anticipatory Care Plans were extremely important in terms of end of life care as they might prevent acute interventions that were not wanted;
- reference was made to the Canterbury model in New Zealand, where ACPs were critical to making care in the community work; and
- it having been highlighted that the headings had been omitted from the second table in the report, it was confirmed that an updated table would be emailed to Members of the Sub-Committee.

Thereafter, the Sub-Committee:-

i. **NOTED** the report; and
ii. **AGREED** that the second table in the report be updated to include headings and circulated to Members of the Sub-Committee.

10. Strategy for Care of Younger Adults

There had been circulated, for discussion, a report by the Director of Adult Social Care, NHS Highland, which, it was confirmed, had been approved by the NHS Highland Board at its meeting on 27 March 2018.

During discussion, Members supported the direction of travel set out in the report. However, it was recognised that there was a level of dependency on day centres and that there would be some disquiet, particularly amongst parents who relied on them for respite. It was suggested that it would be helpful to provide a briefing to Members to enable them to respond to constituents' concerns in an informed manner.

Thereafter, the Sub-Committee:-

i. **NOTED** the report; and
ii. **AGREED** that a briefing on the proposals be provided to Members to enable them to respond to constituents' concerns in an informed manner.

Following the conclusion of formal business, Members paid tribute to Jean Pierre Sieczkarek, Area Manager/Special Projects Lead, Inner Moray Firth Operational Unit, who would be retiring the following day.

The meeting concluded at 4.35 pm.