

The Highland Council**Health and Social Care Working Group**

Minutes of Meeting of the **Health and Social Care Working Group** held in the Leader's Meeting Room, Council Headquarters, Glenurquhart Road, Inverness on Wednesday 19 September 2018 at 2.00 pm.

Present:

Miss J Campbell	Mrs D MacKay
Mrs M Cockburn	Mr D MacPherson
Mrs M Davidson (Chair)	Mr R MacWilliam
Mr R Gale	Mr C Smith
Mr R MacDonald (video conferencing)	

Non-Members also present:

Mr B Boyd

In attendance:

Mr B Porter, Head of Resources, Care and Learning Service
Mr D Goldie, Head of Housing and Building Maintenance, Community Services
Ms I Murray, Commissioning Officer, Care and Learning Service
Miss M Murray, Committee Administrator, Chief Executive's Office

Also in attendance:

Mr S Steer, Head of Strategic Commissioning, NHS Highland

Mrs M Davidson in the Chair**Business****1. Apologies for Absence**

Apologies for absence were intimated on behalf of Mrs J Barclay, Mr R Bremner, Mr D MacLeod, Mr A Sinclair, Ms N Sinclair, Ms M Smith and Ms K Stephen.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of Previous Meeting

The Minutes of the previous Meeting held on Tuesday 26 June 2018 had been circulated.

In relation to item 4, the Chair confirmed that she would follow up, by the next meeting, the decision to introduce more strategic elements to the Working Group's Terms of Reference.

The Working Group otherwise **NOTED** the Minutes.

4. Presentation – Boleskine Community Care

The Chair explained that Ms J Russell, Care Manager, Boleskine Community Care, was no longer able to attend due to staff shortages. Boleskine Community Care was the first initiative to utilise Self-Directed Support Option 2 to deliver home care in the community. It had been hugely successful and had recently appointed a Development Manager to help it move into respite and other areas of work. Reference was also made to the success of Black Isle Carers and it was suggested that representatives of both organisations be invited to attend the next meeting for a session on community-based care.

The Working Group **NOTED** the position and **AGREED** that representatives of Boleskine Community Care and Black Isle Carers be invited to attend the next meeting.

5. Presentation – Impact of Mental Health Issues on Homelessness Services

Mr D Goldie, Head of Housing and Building Maintenance, Community Services, gave a verbal presentation on the impact of mental health issues on homelessness services. In doing so, he referred to a report (link below) by the Mental Welfare Commission for Scotland, based on a themed visit to two local authorities in Scotland, and highlighted a number of findings and statistics. In particular, he highlighted that there were committed and engaged homelessness services supporting people with significant mental health issues but often lacking direct referral routes to mental health services.

https://www.mwscot.org.uk/media/375626/themed_visit_to_homeless_people_with_mental_ill_health.pdf

He went on to refer to the Scottish Government's Homelessness and Rough Sleeping Action Group, which had made a number of recommendations. In particular, there was a requirement for local authorities to produce Rapid Re-housing Transition Plans and implement a "Housing First" approach to homelessness, and a report in that regard would be presented to the Care, Learning and Housing Committee on 6 December 2018. It had also been recommended that preventative work take place in relation to the groups at the highest risk of homelessness, which included people leaving public institutions such as prison and mental health services, and people who had experienced poverty and/or adverse childhood experiences. In addition, homelessness should be considered in terms of the Fairer Scotland Duty and as a public health priority. Collaborative working on some of the issues was essential and it was suggested that there was a role for the Community Planning Partnership.

Measures in place in Highland included a discharge protocol with New Craigs Psychiatric Hospital; a dedicated Mental Health Nurse funded by the Alcohol and Drugs team; and partnership work with Alcohol and Drugs, Mental Health and Criminal Justice colleagues to develop better inter-agency arrangements. However, the issues were complex and difficult to address. Finally, in terms of Council resources, there was a £1.5m housing support service budget for homelessness and

external housing support providers were commissioned to provide basic support to help people take on and sustain a tenancy.

During discussion, the following issues were raised:-

- the work of Housing and Service Point staff in dealing with those presenting as homeless was commended;
- on the point being raised, it was confirmed that whilst inability to access GP services without a permanent address had been reported nationally it was not an issue in Highland;
- concern was expressed regarding the shortage of mental health staff within NHS Highland;
- there were fantastic teams working in isolation and the need for collaborative working, as well as a long term plan, to improve services for those with mental health issues and reduce instances of A&E admissions and police involvement was emphasised. Reference was made to the potential flexible use of the facilities within the new hospital in Aviemore and it was suggested that consideration be given to co-location of relevant staff and addressing issues at a local level;
- whilst the dedicated Mental Health Nurse working with the homelessness team was welcomed, one post was not sustainable and it was suggested that it be expanded;
- in relation to the report by the Mental Welfare Commission for Scotland, concern was expressed that over a third of those visited were former Looked After Children and it was queried whether additional education/support could be provided in terms of managing a tenancy. In response, it was explained that there were very few homeless presentations by former Looked After Children in Highland as planning took place in advance of people leaving care;
- reference was made to the Highland Practice Model for children's services and it was suggested that there was a need for a similar model for adults whereby the client was at the centre, the key professionals were brought together and a lead professional was appointed;
- the need for action, and to utilise Community Partnerships to find solutions locally was emphasised;
- it was necessary to evaluate the effectiveness of housing support and provide feedback in terms of outcomes, and an example of the right support leading to a positive outcome was provided;
- it was questioned whether the housing support budget was being utilised in the most effective way, and the need for preventative spend was emphasised;
- Members commended the Head of Revenues and Customer Services, the Benefits and Welfare Manager and their staff for their efforts in dealing with people in need and maximising benefits. In particular, reference was made to the success of the "Apply Once" initiative. However, many people did not come forward until they were in a desperate situation;
- it was suggested that consideration be given to investment in multi-skilling;
- there was a need to work much more closely with UHI in terms of the training needs in Highland;
- housing officers should form part of the multi-disciplinary teams in relation to Child's Plans etc;
- in relation to housing support contracts, it was suggested that consideration be given to bringing the work back in-house, employing more housing officers and

widening their training. In that regard, it was explained that an options appraisal exercise had been carried out before going out to tender and it would have been more expensive to provide the same service in-house. However, the position would be reviewed when the contracts came up for renewal within the next year. On the point being raised, it was confirmed that the current contracts covered the whole of Highland. However, it was recognised that there might be scope for better delivery mechanisms in remote rural areas;

- the impact of mental health issues on homelessness was a community planning issue and it was suggested that a report be presented to the Community Planning Board, the next meetings of which were scheduled to take place on 4 October and 19 December 2018; and
- it was suggested that the Head of Housing and Building Maintenance reflect on whether there were any new models that merited consideration.

Thereafter, the Working Group:-

- i. **NOTED** the presentation; and
- ii. **AGREED** that the Head of Housing and Building Maintenance look into presenting a report on the impact of mental health issues on homelessness to the Community Planning Board.

6. Public Health Priorities for Scotland

There had been circulated a report by the Head of Health Improvement, NHS Highland.

During discussion, Members queried whether there was any funding available, what action was being taken, how the priorities fit with the Locality Plans being developed by Community Partnerships and, in relation to the centralisation of public health in Scotland, whether Highland had any input to the national committee.

In relation to mental wellbeing in particular, Members commented that it was important to emphasise that there were different degrees of rurality and many issues were exacerbated in areas of extreme rurality such as Skye and Caithness. The Chair concurred and explained that she would be following up on discussions with the Leader of Scottish Borders Council regarding joining up with Highlands and Islands Leaders to make rural poverty and deprivation more of a national issue. She added that she would welcome the thinking of the Council's new Chief Executive, who was coming from Scottish Borders Council and had a lot of experience of working on poverty and inequalities as well as care and learning.

It was suggested that it would have been helpful to have an officer in attendance to respond to the issues raised and that the Head of Health Improvement be invited to attend the next meeting to expand on the report in terms of the how the Community Planning Partnership was addressing the priorities and what was happening at a local level.

The Head of Strategic Commissioning suggested that he liaise with the Council's Head of Resources and Commissioning Officer regarding future agendas to ensure there was a clear understanding of what was expected in terms of officer attendance and input.

Thereafter, the Working Group:-

- i. **NOTED** the report;
- ii. **AGREED** that the Head of Health Improvement, NHS Highland, be invited to attend the next meeting to expand on the report in terms of the Community Planning Partnership was addressing the public health priorities; and
- iii. **AGREED**, in terms of agenda-setting, that the Council's Head of Resources and Commissioning Officer liaise with the Head of Strategic Commissioning, NHS Highland, where appropriate, to ensure there was a clear understanding of what was expected in terms of officer attendance and input.

7. Adult Services Planning Group

There had been circulated a report by the Head of Strategic Commissioning, NHS Highland.

The Head of Strategic Commissioning explained that the report, which had previously been presented to the Adult Services Development and Scrutiny Sub-Committee, related to the establishment of the Adult Services Strategic Planning Group. He invited Members' comments, particularly in terms of how the Council wished to engage with the Group.

In addition to the report, the Chair reminded Members that the partnership agreement between the Council and NHS Highland had been reviewed to build in more governance, particularly in relation to financial issues. With a view to progressing shifting the balance of care, work was also underway on a joint strategic plan for adult services, the first draft of which would be presented to Members in due course. The plan was aspirational, and the need for Community Partnership involvement and local delivery was emphasised. It was added that, whilst NHS Highland was delivering adult services in terms of the lead agency model, the responsibility sat with the Council and it was essential that Members were comfortable with what was happening and that community needs were being met.

The Head of Strategic Commissioning then gave a presentation, which he undertook to circulate to Members of the Working Group, on the development of a joint strategic plan for adult services. Detailed information was provided on what good adult services looked like, the barriers, and the challenges in terms of demographic versus capacity, capacity versus cost, and capacity versus sustainable staffing. It was explained that the aims of the plan were that people remain at home for as long as possible through a range of statutory and community services which supported both care and wellbeing; interim care options be made available as locally as possible to support individuals and carers in case of illness or injury; where people could not remain in their own homes due to either the appropriateness of the accommodation or the provision of care being unfeasible, housing clusters and care village developments be progressed to make care accessible and sustainable; respite and palliative care be localised; and advanced complex care packages and facilities were likely to be in centres of population across Highland where quality, safety and sufficiency of available staff resources could be ensured. It was added that the funding that sat behind the plan was critical and that was being worked up at present.

During discussion, the following issues were raised:-

- it was necessary to start from base in some places whereas other places had facilities that could be adapted to meet the needs in communities;
- housing models did not cost as much to run as traditional care homes and were more sustainable;
- in terms of recruitment, it was necessary to attract people to Highland, implement a “grow your own” approach, and help people who were interested in coming to the area to work to find housing and a job for their partner. In addition, it was necessary to retain young people in Highland. Reference was made to the success of creative advertising undertaken in Badenoch, and the need for collaborative working and to promote posts in a much more innovative and joined-up way was emphasised. In that regard, it was highlighted that a request had been made that workforce planning be considered by the Community Planning Partnership;
- delays in relation to the Protecting Vulnerable Groups (PVG) Scheme application process could be a barrier to recruitment and it was suggested that one partner dealing with PVG applications for Highland would deliver cost savings;
- reference having been made to opportunities for links with the Scottish Fire and Rescue Service in terms of the recruitment of retained firefighters, it was commented that high tax rates and the fact that successful candidates had to undergo two weeks of training were a disincentive to becoming a retained firefighter as a second job. It was suggested that a government voucher scheme, similar to that implemented in respect of paternity leave, would address the training issue. However, it was added that locally delivered training had started to make a difference;
- the need for an action plan in relation to talent attraction was emphasised. In addition, it was important to ensure that the Workforce Plan developed by the Council’s Head of People and ICT was being progressed upon;
- concern was expressed regarding the impact of negative press in respect of NHS Highland on staff morale and recruitment;
- adult social care provision was one of Highland’s biggest industries and it was necessary to treat it as such and get people behind it;
- it was necessary to reinforce to Elected Members the importance of partnership working;
- some remote and rural communities had no independent care at home provision and concern was expressed regarding the financial impact on NHS Highland. In that regard, it was explained that, whilst there were a number of areas where there was no independent provision as yet, the arrangement with the sector was that it had to happen. There was also the question of community provision. However, whilst some communities were enthusiastic others were not ready or did not want to go down that route; and
- in relation to the Adult Services Strategic Planning Group, the Chair suggested that she peruse the remit and consider Elected Member representation.

Thereafter, the Working Group:-

- i. **NOTED** the report and presentation; and
- ii. **AGREED** that the Chair consider Elected Member representation on the Adult Services Strategic Planning Group.

8. Update Reports

Verbal updates were provided as follows:-

Caithness Redesign

The summary document in relation to the public consultation on proposals to redesign health and social care services in Caithness was tabled. By way of background, it was explained that following an initial consultation exercise and strenuous public opposition to the proposals, NHS Highland had apologised for the upset and concerns felt by the community, a line had been drawn and it had been agreed to carry out an independently facilitated options appraisal exercise.

The process had been intensive, the community having sought and been provided with a significant amount of information. The input of clinicians had been invaluable, as had the independent facilitator who, at the end of each session, had checked people's understanding of what had been discussed and agreed. At the end of the process the preferred model was a care hub/village, as described in the summary document, which was also NHS Highland's preference.

The public consultation was now well underway and it was intensive, with a significant number of events taking place and every effort being made to engage hard to reach groups. The climate in Caithness was now radically different; relationships had improved and there was a renewed will to work together.

What had been lacking in Caithness was partnership working but there was political will to change that and a new Chair, Eann Sinclair of HIE, had been appointed to the Community Partnership.

Members commented that there were still issues to be resolved in terms of service delivery. However, it was highlighted that Near Me had been rolled out in Caithness and had been welcomed.

In relation to maternity services, more expectant mothers needed to deliver their babies in Caithness. However, there were barriers in terms of negative publicity leading to mothers thinking it was safer to have their babies in Raigmore, and social issues such as obesity and drug and alcohol misuse. These were matters for the Community Partnership and discussions had taken place with the new Chair regarding setting up a task group to address poverty and deprivation.

Skye Redesign

The redesign of health services in Skye had been subject to intervention by Professor Sir Lewis Ritchie, who had produced a report with 49 recommendations that had been accepted by NHS Highland. The recommendations had been reduced to 13 workstreams, the main two being Out of Hours provision in Portree and North Skye, and bed provision, particularly in North Skye which had seen a reduction of 18 community beds and 15 traditional care home beds since the start of the redesign process.

Most of the focus to date had been on the Out of Hours provision workstream. The community lead was Ross Cowie, who had founded Lucky2BHere, and it was understood to be going well.

However, little progress had been made on the bed provision workstream. The first meeting in that regard was scheduled to take place that evening and it was understood that it would be an open discussion. There had been a significant reduction in the number of community beds and it was unclear how the numbers had been arrived at. They were now viewed as acute beds and were all in Broadford. There were no acute beds in Portree or North Skye and there were no community beds planned in that area. Plans were in place for 10 traditional care home beds but were not well advanced. Concern was expressed regarding reports of older people having been denied a rehabilitation bed and the need to resolve the issue of community beds for rehabilitation, palliative care etc as a matter of urgency was emphasised.

Another workstream related to the establishment of a rural centre for excellence in terms of training clinicians. Discussions had taken place with Pam Nicoll of the Remote and Rural Healthcare Educational Alliance (RRHEAL) who had been helpful in setting up an initial meeting between UHI and NHS Education for Scotland. Discussions had also taken place with the Principal of Glasgow University who was interested in being a partner in the venture. It was an exciting project which could be important, not only for Skye but for all of Highland, in terms of the recruitment of clinicians.

Further information having been sought regarding RRHEAL, it was explained that it had important links to NHS Education for Scotland which was considering funding some rural training bodies. The Chair concurred that the proposed rural centre for excellence could be of huge importance for Highland and undertook to make contact with Pam Nicoll in advance of the next meeting to discuss what could be done to maximise any opportunities that existed.

Discussion also took place regarding potential opportunities to attract GPs from the Central Belt who were facing burnout to Highland to utilise their skill base in a less stressful environment.

Badenoch and Strathspey Redesign

Progress was being made, funding having been allocated and the designs having been made available. However, there were concerns about potential delays if the Skye redesign was held up. A nurse had been appointed to be in charge of TUPE transfers. Real engagement was taking place, particularly in relation to end of life care, the model for which was commended and, it was suggested, could be rolled out. Unlike in Skye, beds had not emerged as an issue but rather discussions had centred around giving patients choice in terms of where they wanted to die. In that regard, the need for a 21st century model of healthcare was emphasised. Other areas of activity included community transport, "Near Me", and intergenerational work.

Further discussion took place on the provision of beds, which had been an issue in Caithness as well as Skye, and the need to raise awareness in terms of the work going on to keep people at home and community-based services was emphasised. However, whilst the shift towards community-based care was recognised, it was explained that in Skye there was very little between community care and what were regarded as acute beds, and the need for rehabilitation and palliative beds was reiterated. In addition, extreme rurality made a significant difference. Portree and

areas of Skye were the furthest away from a general hospital in all of the UK and it was essential that they should have the same kind of provision that other extreme rural areas had. Lewis, for example, had a community bed ratio of 5.6 whereas Skye was being reduced to a ratio of 1.6 which did not add up given the distances people had to travel to a general hospital, and the financial and emotional cost to the families having to make such journeys. These costs were supposed to be taken into account in any redesign process, and it was a matter of equity of service delivery.

Highland Hospice

The Chair tabled the Supporting Our Compassionate Communities Strategy 2018-21 by Highland Hospice, the Chief Executive of which was keen to spread best practice and establish community-led services in relation to end of life care. Interest had been expressed in carrying out some pilots, which would require social workers or other nominated professionals to carry out the Self-Directed Support (SDS) assessments, and the need for NHS Highland to get behind the proposals was emphasised. It was added that utilising SDS to provide community-led services was the way forward in many parts of Highland. Members were encouraged to read the Strategy, think about how it might apply to their communities, and spread the good word.

The Working Group **NOTED** the updates.

9. Date of Next Meeting

The Working Group **NOTED** that the next meeting was scheduled to take place at 2.00 pm on Wednesday 28 November 2018 in the Leader's Meeting Room, Council Headquarters.

The meeting concluded at 4.10 pm.