

The Highland Council

Care, Learning and Housing Committee

Minutes of Meeting of the **Adult Services Development and Scrutiny Sub-Committee** held in Committee Room 1, Council Headquarters, Glenurquhart Road, Inverness on Thursday 13 June 2019 at 3.00 pm.

Present:

Mr B Boyd
Mrs M Davidson
Mr J Finlayson (video conferencing)

Mrs I MacKenzie
Mr C Smith

In attendance:

Highland Council:

Mr B Porter, Head of Resources, Care and Learning Service
Miss J MacLennan, Principal Administrator, Chief Executive's Office

NHS Highland:

Mr S Steer, Interim Director of Adult Social Care
Ms R Pitt, Interim Head of Community Services, South and Mid
Ms M Johnstone, Area Manager - North
Mr G McCaig, Planning and Performance Manager

Business

In the absence of the Chair, Mr A Graham, Mrs M C Davidson chaired the meeting.

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mrs M Cockburn, Mr A Graham, Mr T Heggie, Mr R MacWilliam, Ms L Munro and Ms N Sinclair.

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 28 March 2019 and the rolling Action Plan maintained by the Care and Learning Service.

In relation to the Action Plan, the Interim Director of Adult Social Care explained that NHS Highland was in the process of restructuring its mental health services and, as a result, was not in a position to provide an update on the concerns raised at the last meeting in relation to individuals with mental health issues and the arrangements for transferring them to New Craigs Hospital. Turning to the Care Academy, he confirmed that this was still a priority given the efficiencies for all involved where basic training for care at home could be done collectively. However, discussions were taking place with

Skills Development Scotland who were now recognising that care providers would, in the future, become one of the major employers. It was hoped too that UHI could be encouraged to put into place some of the proposals they had made and which would help the “grow your own” approach.

The Sub-Committee:-

- i. **NOTED** the Minutes and Action Plan; and
- ii. **AGREED** to further discussion to encourage UHI to actively participate in the “grow your own” approach to care.

Scrutiny

4. Chief Officer Assurance Report

There had been circulated Report No ASDS/09/19 dated 4 June 2019 by the Chief Officer, NHS Highland.

Discussion took place on the various elements of the report, as follows:-

Strategic Plan

- information was sought as to the reasons for the delay with Guardianship. In response it was explained that in essence it was one of Mental Health Officer capacity and the Leader requested a briefing so that she could directly address this issue;
- the chart showing the overall trend in total numbers of Delayed Discharge in the North Division was welcomed but a similar graph for South and Mid Division would be beneficial;
- the detail contained in the report was welcomed but a glossary of terms would make it more accessible;
- the complexity of the services NHS Highland provided was acknowledged and therefore the reports presented were complex too. However, they were very much service orientated and a call was made to explore how in the future they could be more patient centred and highlighting the outcomes and differences services made. In addition, it was felt some of the reporting was on areas which Elected Members did not need to monitor and perhaps the time was now right to revisit what information was and was not reported. This would help to prioritise change and to forward planning;
- the increase in Delayed Discharge in Mid and South had led to the appointment of a dedicated manager with a discharge liaison officer and it was hoped this would help to address this increase;
- across Highland, there was approximately a 1000 hours shortfall for Care at Home;
- Care at Home was being provided through the independent and community-based sectors, being paid for through contract and self-directed support, and by reporting them together it was felt it gave a more realistic picture of what was happening. There was a danger of under reporting otherwise;
- with reference to the Ritchie Report which reviewed the sustainability of Out of Hours services in Skye, Lochalsh and South West Ross, particularly in North Skye, Raasay and Glenelg, it was questioned how this had impacted on staffing. There were generally issues around recruitment but, particularly on Skye, finding suitable affordable accommodation was an issue. In an effort to resolve this,

Lochalsh and Skye Housing Association had an agreement with NHS Highland that a specific proportion of their properties would be leased to NHS Highland;

- it was disappointing that there had been little progress with organising better transport from Caithness to Raigmore for women in labour. This was an important issue in Caithness and this was reflected in the low percentage of births at Caithness General Hospital;
- Community Link Workers at GP Practices had been discussed for some time and yet there were still none in place. It was hoped these could be appointed soon as they would greatly assist shifting the balance of care and improving community accountability;
- the NHS Near Me had been reported in the local press as not fulfilling its potential due to the failure of the rollout of superfast broadband. Considerable representation had been made to progress the rollout outside of Inverness and it was important to highlight that people's lives now depended on it. In some areas wireless broadband had been installed as an alternative.

Balanced Scorecard

- the availability of an electronic copy on the Highland Council's website of the Balanced Scorecard was welcomed. It provided much more information and comparators;
- the reasons why the readmission to hospital rate had increased were sought, and provided;
- although there were no specific improvement plans for intensive care packages at home, there were work streams taking place around earlier discharge. In considering Care at Home packages an approach could be adopted of simply providing more hours but what was actually needed was the provision of the right amount of help to the right people at the right time;
- Ministerial Strategic indicators tracked where people spent the last 6 months of their lives and it would be useful at the next Development session to explore more fully end of life care in the community;
- a revision of the baseline for the time taken to access drug or alcohol treatment services was requested so it better reflect the improvement which had been made;
- clarification of the indicator "NHS make a payment of the Care at Home tariff rate within 28 days of receipt of a valid invoice" was sought as, again, although showing a downward arrow performance was in fact exceeding the baseline;
- a lot of good work had taken place around Adult Protection Procedures and it would be worthwhile for a presentation to be made to Members at its next Development session to ensure proper scrutiny could take place. There was a question about under referring and it was vital that adult support and protection was given the same credence as child protection.

Finance Report

- clarification was sought as to why brokerage had been included in the forecasts. It was explained that this was to show as true and fair a picture as possible;
- when looking at the new Partnership Agreement, there was still work to do to explain where the complex budgets were spent and why. In future, more narrative could be provided together with a Member workshop;
- while the Adult Social Care budget was big, the majority of it was used to purchase care from other providers in terms of Independent Social Care and Self Directed Support. It was explained that the costs of providing Care In House was

prohibitively expensive but by trying to shift care onto independent providers it was hoped that more care could be provided for less money;

- there were already savings and efficiencies which could be made by in-house care homes. This was an area of work currently being looked at and progress would be reported to a future meeting;
- increased synergy between the health and social care would save resources both in time of money and time. In response, it was explained that there were Integrated Teams considering such issue but it was important not to overstep clinical barriers and that staff were competency based; and
- information was sought, and provided, of the number of adults receiving out of authority care where packages of care were not available in Highland. There was some modelling work taking place about providing this type of care locally but there were a number of complexities to take into consideration.

Thereafter, the Sub-Committee:-

- i. **NOTED** the report and the assurance given by the Highland Health and Social Care Committee;
- ii. **AGREED** that future reports for the North and South and Mid Division use similar graph techniques to allow better comparisons to be made;
- iii. **AGREED** a glossary explaining terms be provided;
- iv. **AGREED** to revisit how and what should be reported;
- v. **AGREED** to provide an outlining of community infrastructure and community links within GP Practices in the context of the primary care modernisation programme; and
- vi. **AGREED** to revise the baseline for the time taken to access drug or alcohol treatment services.

5. Adult Social Care Fees

There had been circulated a report considered and agreed by the Highland Health and Social Care Committee at its meeting on 2 May 2019.

During discussion, the following issues were raised:-

- given that the proposal was to remove sleepovers beyond 1 April 2019, unless there were specific reasons not to, it was essential to ensure that a Telecare/Responder service was in place;
- it was recognised that it would be difficult to remove sleepovers where it had been in place for some time. However, assurances were given that no individuals would be put at risk; and
- the UK Home Care Association calculation for mileage and travel time was thought to be unachievable.

The Sub-Committee **NOTED** the position in relation to social care fees.

6. Implementation of the Carers (Scotland) Act 2016

There had been circulated a report considered and agreed by the Highland Health and Social Care Committee at its meeting on 2 May 2019.

During discussion, the following issues were raised:-

- one of the authors of the report was the Chair of the Carers Improvement Group who had previously been critical of the lack of progress made. However, this report highlighted the significant progress made but to maintain this positive relationship with the Group, it was essential services continued to be put in place;
- there was a specific ringfenced budget for this and the aim was to move towards a Single Carers Programme Budget much more directed by carers themselves; and
- it was important that the membership of the Carers Improvement Group was spread geographically.

The Sub-Committee **NOTED** progress in relation to implementation of the Carers Act.

Development

7. Partnership Agreement Review

The Interim Director of Adult Social Care and Head of Commissioning, NHS Highland, briefed Members on the steps and milestones to be achieved to enable the review of the current Health and Social Care Partnership Agreement between NHS Highland and the Highland Council. In that regard, there had been circulated a briefing paper that had been presented to the Highland Health and Social Care Committee.

During discussion, the following issues were raised:-

- the Cabinet Secretary had agreed that NHS Highland and Highland Council could continue with the Lead Agency model;
- with the increasing number of older people it was important to have community based services;
- it was hoped to have the Partnership Agreement signed off by both organisations by the end of the 2019 to allow 3 months to prepare for the new Agreement to come into effect on 1 April 2020; and
- reflecting on the Agreement, the legal and staffing elements had worked relatively well. However, progress on shifting the balance of care had been slow and a joint strategic approach was necessary.

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

8. Integration Self-Assessment

The Interim Director of Adult Social Care and Head of Commissioning, NHS Highland, briefed Members on the Integration Self-Assessment that had been circulated, which would underpin the review of the current Health and Social Care Partnership Agreement between NHS Highland and the Highland Council.

Although requested by the Scottish Government, the Interim Director of Adult Social Care pointed out that, with the review of the Partnership Agreement, this exercise had proved a useful self-evaluation tool. However, completion of the form had not been without difficulty given that it had been designed for use by those using the Integrated Joint Board model.

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

The meeting ended at 5 pm.