The Highland Council

Care, Learning and Housing Committee

Minutes of Meeting of the **Adult Services Development and Scrutiny Sub-Committee** held in the Leader's Meeting Room, Council Headquarters, Glenurquhart Road, Inverness on Thursday 28 November 2019 at 3.00 pm.

Present:

Mr B Boyd
Mr A Graham
Mrs I MacKenzie
Ms N Sinclair (video conferencing)
Mr C Smith

In attendance:

Highland Council:
Mr B Porter, Head of Resources
Ms F Malcolm, Interim Head of Health
Miss M Murray, Committee Administrator

NHS Highland:
Mr S Steer, Interim Director of Adult Social Care
Mr D Garden, Interim Director of Finance
Ms T Ligema, Head of Community Services, North and West
Ms R Boydell, Interim Head of Community Services, South and Mid
Mr G McCaig, Planning and Performance Manager
Mr C Arnold, Flow Manager

Mr A Graham in the Chair

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mrs M Cockburn, Mrs M Davidson, Mr J Finlayson, Mr T Heggie, Mr R MacWilliam and Ms L Munro.

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 4 October 2019 and the rolling Action Plan maintained by the Care and Learning Service.

In relation to the Action Plan, it was confirmed that the "completed" items would be removed following the meeting. It was also suggested that the ongoing Adult Support and Protection updates be scheduled on a six-monthly basis and removed from the Action Plan.

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

Scrutiny

4. Chief Officer Assurance Report

There had been circulated Report No ASDS/14/19 dated 18 November 2019 by the Chief Officer, NHS Highland.

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

Strategic Plan

- in relation to delayed hospital discharge, concern was expressed regarding the number of people in Raigmore who were waiting for care at home. In response, it was explained that the main issue in relation to both care at home and care homes was the recruitment of care workers, which was a national challenge. There was also an issue in that the emerging new care homes were recruiting from the same pool as care at home providers, and people were taking the longer shifts offered by care homes. In addition, the closure of Elmgrove Care Home meant that there were 28 fewer beds in the system. Members having queried the point at which consideration would be given to a new convalescent facility, it was explained that people whose discharge from hospital had been delayed did not require convalescence - they required the service they had been assessed to receive, whether that be care at home or a care home, and detailed information was provided on the associated issues;
- on the point being raised, detailed information was provided on the issues associated with caring for people with dementia, during which it was explained that, at any given time, there was a cohort of approximately 40 people in the system that care homes would not take as they could not safely manage them due to the complexity of their behaviour. Specialist care homes had limited capacity and, as previously discussed, mental heath recruitment was a national challenge. Members referred to the wraparound care provided by Erskine Hospital Ltd, and it was suggested that an Erskine facility was required in Highland. In response, information was provided on the work of the MacKenzie Centre, including the innovative approach being taken to day care and carer support, and it was suggested that a presentation in that regard be provided at a future meeting;
- in relation to continuity of named midwife allocation, which had been raised at the previous meeting, it was clarified that midwifery teams continued to achieve 100% named midwife allocation at booking. However, in terms of the Best Start initiative, there were new percentage targets, from 2021, for continuity of antenatal and postnatal care, specifically that 75% of mothers should have access to the named midwife allocated at booking or their buddy midwife, or, in the very worst case, somebody else in the same team that they had already met. In relation to Caithness in particular, the current position was approximately 52-69% antenatal and 30% postnatal, which was on a par with other areas. However, it was explained that these figures were not official as the targets were not yet in place. Members welcomed the information, commenting on the need to get as full a picture as possible from the data. It was added that approximately 90% of expectant mothers in Caithness travelled to Raigmore to give birth so achieving continuity of care would be difficult. In that regard, it was confirmed that there would be an allocated named midwife at Raigmore in addition to the local named midwife;

Balanced Scorecard

- in relation to indicator 2.3 – Readmission to hospital within 28 days (per 1000 discharges) – it was confirmed that the number of readmissions had gradually increased over time. There were a number of reasons for that, the main one being that more and more frail people were being cared for in the community, and the chances of somebody who was already very frail being readmitted were greater;
- clarification was sought, and provided, in relation to the Performance Information Flowchart on page 22 of the papers;
- it was highlighted that the performance indicators reported to the Sub-Committee were likely to change as a result of the review of the Integration Scheme and the associated discussions in terms of what the strategic priorities would be going forward;
- following the review of the Integration Scheme, it would be helpful to provide a briefing on the associated changes to Members of the Sub-Committee to enable them to challenge NHS Highland effectively;

Finance Report

- whilst the Sub-Committee was being asked to note the financial position, there was a caveat in that a due diligence exercise was ongoing to allow the Council to better understand it. A significant amount of information was being exchanged and thanks were expressed to NHS officers for their support in that regard; and
- given that the Integration Scheme had to be reviewed by 31 March 2020, there was a degree of urgency in terms of reaching an agreement on the financial position.

Thereafter, the Sub-Committee:-

i. **NOTED** the report and the assurance given by the Highland Health and Social Care Committee;
ii. **NOTED** the Health and Wellbeing balanced scorecard;
iii. **NOTED** the new arrangements for the performance framework and reporting of performance information;
iv. **NOTED**, subject to the due diligence exercise that was ongoing, the Health and Social Care Partnership financial position at month 7 which showed a year to date overspend of £10.3m (£3.6m excluding the 2019/20 planned deficit year to date of £6.7m);
v. **NOTED** the savings position, including £11.4m unidentified savings, as reported in the Annual Operational Plan;
vi. **AGREED** that a presentation on the work of the MacKenzie Centre be provided at a future meeting of the Sub-Committee; and
vii. **AGREED** that, following the review of the Integration Scheme, a briefing on the associated changes be provided to Members of the Sub-Committee.

5. Care at Home/Care Homes – Update and effect on Delayed Discharge

Chris Arnold, Flow Manager, NHS Highland, gave a presentation during which detailed information was provided on the current delayed discharge position by hospital site/group, and the associated reasons; the work that had been undertaken over the past few months to try to better understand hospital delays in Highland; the number of lost bed days; Raigmore admission and discharge daily turnover; Raigmore post-acute levels; and system mapping. Information was also provided on the next steps, namely,

an enhanced recovery service; discharge management; joined up procedures; and a data driven approach to flexible and adaptable care support.

During discussion, information was sought, and provided, on the estimated impact of each of the next steps, how success would be measured, and the long-term strategic plan.

Thereafter, having recognised the potential benefits of the approach, the Sub-Committee:-

i. **NOTED** the presentation; and
ii. **AGREED** that it be circulated to Members of the Sub-Committee.

Development

6. Primary Care Modernisation – Outline of Community Infrastructure

There had been circulated Report No ASDS/15/19 dated 20 November 2019 by the Head of Primary Care, NHS Highland.

During discussion, in relation to Musculoskeletal Physiotherapy and the statement in the report that the remainder of posts would be recruited to by January 2020, information was sought on how many posts were vacant. The Head of Community Services, North and West, undertook to respond to Members by email. In relation to Pharmacotherapy, it was confirmed that the posts referred to in the report were in addition to current staffing levels.

The Sub-Committee:-

i. **NOTED** the report; and
ii. **AGREED** that information on the number of vacant Musculoskeletal Physiotherapy posts be emailed to Members of the Sub-Committee.

7. Partnership Agreement Review

The Interim Head of Health, Highland Council, provided a verbal update during which it was clarified that it was the Integration Scheme that was being reviewed, although the Partnership Agreement would also be revised. The Partnership Agreement had been in place since 2012. However, since 2014 it had been a legislative requirement to have an Integration Scheme in place and to review it within a five-year period. The Integration Scheme referenced the Partnership Agreement, which remained in place for detailed guidance on how the Integration Scheme should operate.

Reviewing the documents was a challenging task. However, it was not a case of completely re-writing them but of looking at how things were being done. The joint officers' group was having regular meetings and workshops with a view to agreeing the necessary revisions, and progress was being made. As previously explained, the key areas were finance and governance, but a number of other issues, such as property and ICT, needed to be revisited. In relation to governance in particular, the Joint Monitoring Committee had agreed that a workshop would take place early in the new year.

Information having been sought on the key dates, it was explained that 31 March 2020 was the most significant date as that was when the Integration Scheme had to be reviewed by. Prior to that, the revised documents would require to be signed off by both the NHS Highland Board and the Council, as well as the Joint Monitoring Committee (JMC). However, it was unlikely that drafts would be available for the next meeting of the JMC in January.

NHS Highland officers added that the financial aspect was the most challenging, and difficult discussions would be required following the conclusion of the due diligence exercise that was underway. If agreement could not be reached, the default option was moving to an Integrated Joint Board model rather than the current Lead Agency model.

For Members, it was a matter of being aware that work was underway and being ready for the forthcoming briefings and decisions in what was likely to be quite a compressed timescale.

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

The meeting ended at 4.30 pm.

The Highland Council

Health, Social Care and Wellbeing 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 16 January 2020 at 3.00 pm.

Present:

Mr B Boyd
Mrs M Cockburn
Mr A Graham
Mrs I MacKenzie
Ms L Munro
Mr C Smith

Non-Members also present:

Mrs A MacLean

In attendance:

Highland Council:
Mr B Porter, Head of Resources
Ms F Malcolm, Interim Head of Health
Ms I Murray, Commissioning Officer
Miss M Murray, Committee Administrator

NHS Highland:
Mr D Park, Chief Officer
Mr S Steer, Interim Director of Adult Social Care
Ms R Boydell, Interim Head of Community Services, South and Mid

Mr A Graham in the Chair

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mrs M Davidson, Mr J Finlayson, Mr T Heggie, Mr R MacWilliam and Ms N Sinclair.

2. Declarations of Interest

Ms L Munro declared a financial interest in any item that might raise discussion on Self-Directed Support (SDS) on the grounds that she worked for Carr Gomm as a specialist adviser 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.

3. Minutes and Action Plan

There had been circulated the draft Minutes of the previous Meeting held on 28 November 2019 and the rolling Action Plan maintained by the Care and Learning Service.

In relation to the Action Plan, it was explained that:-

- the Members' briefing on Learning Disability Services had been scheduled for 21 February 2020. However, the Council Leader was unable to attend so the date might be subject to change;
- the presentation on the work of the MacKenzie Centre would take place at the next meeting of the Sub-Committee; and
- the briefing on performance measures would be provided following the review of the Integration Scheme, which would inform the Highland Health and Social Care Partnership's performance arrangements.

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

Scrutiny

4. Chief Officer Assurance Report

There had been circulated Report No ASDS/01/20 by the Chief Officer, NHS Highland.

During discussion, the following issues were raised:-

Strategic Plan

- in relation to the new care at home provider that had been issued with a contract to deliver services in Inverness and North Kessock, and the two new providers that were being assessed for contract issue in Nairn and Fort William, information was sought, and provided, on the timescale from issuing contracts to services being delivered on the ground. With regard to whether gaps in service provision were being addressed, it was explained that new providers coming onstream did not necessarily result in growth but might simply lead to care workers moving from one provider to another for better pay, conditions etc. As previously discussed, where people were delayed in hospital awaiting care at home it was not due to financial constraints but the capacity of the sector to deliver the hours. Recruitment continued to be a significant challenge, particularly in the North and West where care at home delivery was predominantly in-house and the number of vacancies was ten times that in South and Mid. Officers continued to work with communities with a view to developing community-based models of care. However, there were potential difficulties associated with utilising SDS Option 2, details of which were provided. It was added that, for the first time since integration, officers were talking about how the Council and NHS Highland could carry out joint recruitment across health and social care, and it was intended that a report in that regard would be presented to the Sub-Committee in due course. This was welcomed by Members;
- Members welcomed the proposed Pathway Home service and the possibilities it presented in terms of career pathways. The Interim Director of Adult Social Care expanded on the initiative, explaining that it was dependent on the availability of the appropriate resource. It was emphasised that people could not choose to remain in hospital if the appropriate resource was available, and the support of Members was sought in communicating that message;
- throughout Highland and Argyll and Bute, people who had been awarded SDS were struggling to recruit personal assistants. In response, detailed information was provided on how SDS rates were calculated and the associated impact on recruitment;

- in relation to New Craigs Hospital, information was sought on how many mental health nurses were in training, what percentage would be retained, and whether there were any incentives to keep them in Highland. It was explained that the number of mental health nurse training placements had not been high enough to meet demand and although government funding had been allocated to support mental health services it was not necessarily possible to spend it due to the recruitment challenges. Every effort was made to retain as many of those being trained in Highland as possible. However, in the current climate, people with the right qualifications could choose where they wanted to work. The Chief Officer undertook to respond to Members by email regarding the percentage of mental health nurse trainees that would be retained in Highland. It was added that the rate of retirement was an issue, the average age of the NHS Highland workforce being 53 and the mental health retirement age being 55, and discussions were taking place in terms of whether those who were nearing retirement age could be retained on a flexible/part-time basis. On the point being raised, it was confirmed that various types of recruitment were being looked at to address the risks associated with junior medical rota cover. Finally, disappointment was expressed regarding the delay in respect of the bed reconfiguration project. It was explained that there was still ambition to carry out the project. However, given the financial pressures it was necessary to prioritise work that had to be done such as the remedial work identified in the Ligature Risk Assessment, the cost of which was significant. It was hoped that it might be possible to use mental health funding more creatively to upgrade the facility, and discussions were underway with government in that regard;
- recruitment was a recurring theme throughout the report. Discussion ensued in that regard, during which it was explained that recruitment was the single biggest challenge facing the public sector in Highland, particularly at the lower paid end of the scale where much of adult social care sat. It was necessary to change focus, think about how to use the available workforce most effectively and explore opportunities - for example, people who were nearing retirement/semi-retired might help care for someone in their community;
- further information was sought, and provided, on the decline in the use of Florence. Members having queried whether it was a text message service or an app, the Chief Officer undertook to respond by email;
- in relation to the Primary Care Modernisation Programme, information having been sought on the Additional Professional Roles MSK First Contact Physiotherapists workstream, it was explained that the additional funding associated with the new GP contract was less than the cost of delivering the specification of service that was asked for. To supplement it, some MSK Physiotherapists were being moved from hospital-based delivery in to the community, thereby increasing the ratio of physiotherapists to patients to close to what was specified in the original guidelines. This would enable people to have their physiotherapy closer to home as well as provide GP practices with a better level of support. Members added that GP practices that had a First Contact Physiotherapy Service valued it, and it was necessary to manage the expectations of those that did not;

Finance Report

- in introducing the report, the Chief Officer explained that, over the years, spend on adult social care had exceeded the funding. Rather than recording it as an overspend, NHS Highland had vired funding from other budgets. The finance reports had therefore not reflected the fact that the delivery of adult social care had been underfunded, and that was the subject of discussions between the Council and NHS Highland as part of the review of the Integration Scheme; and

- Members having queried what level of work was taking place to address the financial position, it was explained that robust savings programs had been put in place. However, they were not sufficient to bridge the funding gap. NHS had received help from Scottish Government and had introduced a robust savings program which had been in place throughout 2019/20. A Project Management Officer post had been established, expertise had been sought from consultants who had been involved in turnaround programmes elsewhere in Scotland and the UK, and a controlled tracking system had been put in place, details of which were provided. The plan for the current year had been to make savings of £28m and, as of the Programme Board earlier today, approximately £27m had been achieved, which was significant. Work had also commenced on the savings programme for next year. In terms of overall financial performance, the projected figure in the Annual Operational Plan was close to being achieved. It was added that it was not only a matter of achieving savings but of managing additional operational cost pressures such as locum expenses. It was suggested that it might be helpful to share what was in the savings programme, particularly as it related to adult social care, at a future meeting.

Thereafter, the Sub-Committee:-

i. **NOTED** the report and the assurance given by the Highland Health and Social Care Committee;
ii. **NOTED** the Health and Social Care Partnership financial position at month 8 which showed a year to date overspend of £11.8m, (£4.2m excluding the 2019/20 planned deficit year to date of £7.6m);
iii. **NOTED** the savings position, including £11.4m unidentified savings, as reported in the Annual Operational Plan;
iv. **AGREED** that a report on the joint recruitment work being undertaken be presented to a future meeting of the Sub-Committee;
v. **AGREED** that information on the percentage of mental health nurse trainees that would be retained in Highland be provided to Members of the Sub-Committee;
vi. **AGREED** that further information on the use of Florence, including whether it was a text message service or an app, be provided to Members of the Sub-Committee; and
vii. **AGREED** that information on NHS Highland's savings programme, particularly as it related to adult social care, be reported to a future meeting of the Sub-Committee.

Development

5. Integration Scheme Review Update

The Interim Head of Health, Highland Council, provided a verbal update during which it was explained that the context was as described to the Sub-Committee on 28 November 2019. Since then, there had been an intensive round of joint officer meetings and workshops with a view to making change, not only to the Integration Scheme and Partnership Agreement but to how the Council and NHS Highland worked together.

Agreement had been reached at joint officer level as to how the Integration Scheme would be revised and the key items that needed to be reflected. In relation to finance, whilst there was not yet an agreed position, there was optimism that agreement would be reached. In terms of governance arrangements, the Joint Monitoring Committee was the main governance body and a workshop, led by the Chief Officer, NHS Highland, and the Council's Executive Chief Officer Health and Social Care, was scheduled to

take place following the Committee on 22 January 2020. Details of performance management were not articulated in the current Integration Scheme and it was likely that would also be the case with the revised Scheme. However, discussions would take place in terms of how performance management would be carried out with a view to there being more meaningful local indicators in addition to the required national indicators. It was intended that smaller but not necessarily less important items such as property, information-sharing and ICT would be submitted to the Joint Officer Group for a steer on how they should be reflected in the Scheme. Issues such as housing, community-based care and recruitment had been considered at the workshops and, whilst they would also not be articulated in the revised Scheme, it was important that, going forward, there was improved partnership working on such matters.

The Chief Officer, NHS Highland, added that the meetings had been extremely helpful and there was now a much better understanding of what the issues were. The finance element was a significant piece of work and officers were engaged with the Scottish Government in terms of how best to resolve the joint issue in that respect.

Discussion took place on the timescale for signing off the revised Integration Scheme, during which it was explained that, in terms of legislation, it required to be approved by the Scottish Government within five years from the date of approval of the previous scheme – ie by June 2020. Given the financial drivers, the expectation was that there would be an agreement, in principle, on key matters by the end of March. This would then be articulated in writing and considered by the Council and the NHS Highland Board prior to submission to the Scottish Government. On the point being raised, it was confirmed that the duration of the new Scheme would be five years. However, the funding arrangements would be reviewed annually.

Members having queried whether they should be contributing, at this stage, to the decisions being made, it was explained that Member input was taking place via the Joint Monitoring Committee. The governance workshop next week would be pivotal, and if Members had any comments they wished to make they could be submitted to the Interim Head of Health. It was added that many of the issues discussed today would not necessarily be included in the Integration Scheme and it was a matter of improving partnership working going forward.

In terms of Member assurance, it was anticipated that the governance around adult social care would change as a result of the Integration Scheme review. In addition, as a result of the Council's Governance Review, the Committee with oversight of adult social care had changed, and it was hoped that both these changes would be changes for the better. From an NHS perspective, the importance of communication and engagement with Elected Members on adult social care issues was emphasised.

It having been suggested that there should be a presentation to the full Council to bring all Members up to date on the changes to the partnership arrangements, it was reiterated that the revised Integration Scheme would be presented to the full Council for consideration and approval.

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

At this stage, the Chair highlighted that, given the changes to governance arrangements, this was the final meeting of the Sub-Committee in its current form, and he thanked Members and officers for their contribution.

On behalf of the Sub-Committee, Ms L Munro thanked Mr A Graham for his excellent chairmanship, and for committing to ensuring that Members got as much from the Sub-Committee as possible.

The meeting ended at 16.25 pm.