

MINUTES

B – Public

Social Services Committee
Council Chamber, Town Hall, Lerwick
Thursday 30 September 2015 at 2.00 p.m.

Present (Shetland Islands Council):

M Burgess	G Cleaver
B Fox	R Henderson
G Robinson	C Smith
T Smith	A Westlake
A Wishart	

Apologies:

A Cooper

In Attendance:

S Bokor-Ingram, Director of Community Health and Social Care
C Ferguson, Director of Corporate Services
J Belford, Executive Manager - Finance
S Morgan, Executive Manager – Adult Social Work
J Riise, Executive Manager – Governance and Law
C Scott, Executive Manager – Adult Services
R Sinclair, Executive Manager – Capital Programmes
S Brunton, Team Leader – Legal Services
S Duncan, Management Accountant
A Murdoch, Dementia Services Nurse Manager, NHS Shetland
E Robinson, Health Improvement Manager, NHS Shetland
C Anderson, Senior Communications Officer
A Cogle, Team Leader – Administration

Present (CHP Committee):

S Beer, Carers' Representative
I Kinniburgh, Chair – NHS Board
H Massie, Patient Focus Public Involvement Group Representative
M Nicolson, Chief Social Work Officer
J Robinson, AHP Representative
C Waddington, Shetland Health Board Member
E Watson, Chief Nurse Community and ACF
M Williamson, Shetland Health Board Member

Chairperson

Mr C Smith, Chair of the Committee, presided.

Circular

The circular calling the meeting was held as read.

At this point, the Chair congratulated Mr Ian Kinniburgh on his recent appointment as Chair of the Orkney NHS Board.

Declarations of Interest

Mr R Henderson declared an interest in agenda item 5 (New Eric Gray Centre – Update) as a family member was employed in the service.

63/15

External Audit – Care Inspectorate Report: Annsbrae House

The Committee noted a report by the Executive Manager – Adult Social Work (CC-39-15-F) which highlighted a report from the Care Inspectorate and sought to address any actions to be taken as a result of the report.

Decision:

The Social Services Committee NOTED the report on Annsbrae House (registered to provide housing support and support service for people with mental health issues) and noted the requirements and recommendations that have been included, where appropriate, in the improvement plan.

64/15

Older People's Health and Wellbeing Strategy: Living Long, Living Well

The Committee considered a report by the Health Improvement Manager, NHS Shetland (CC-40-15-F) which presented the progress made towards meeting the aims of the Older People's Health and Wellbeing Strategy for Shetland: Living Long, Living Well and presented plans for the next steps to be taken in delivering change and improvement.

In response to a number of questions from the Committee, the Health Improvement Manager, the Executive Manager – Adult Social Work and the Director of Community Health and Social Care, commented on and clarified the following points:

- Studies into care for older people were based on figures across the whole population of Scotland, not just Shetland.
- Adult Social Services monitor the implementation of Self Directed Support (SDS) in so far as they can in terms of assessed needs and the provision of statutory services.
- Prescription for Excellence is being rolled out across Shetland, and currently the Pharmacy Team are developing a programme with GPs to look at what medication is being prescribed and how best that can be delivered. This was being done in conjunction with a local promotion of the Pharmacy profession to ensure they are involved at the heart of decision making in relation to patient care.
- There was a risk in increasing delayed discharges, and a projected decrease in the number of long stay residents in care homes, because the service was better now at keeping people in their own homes or ensuring a balance of care between care at home and residential care. Therefore, a delay could occur in order to ensure that adaptations were carried out, or a care package put in place, in order to allow a person to return to their home.
- The average length of delayed discharges was around 2/3 days, with the longest delays usually being 4 weeks. However, the length of delay was very much dependant on the individual's situation and future needs, although every effort was made to keep delays to as short a time as possible.
- Regarding reductions in public funding, no assumptions had been made within the Strategy as to the level of funding increasing. The Strategy was based on the current situation with continuing pressures and changes in demographics

and funding, and would be used to prioritise services and allocate funding, for the lifetime of the Strategy. However, it remained the moral and ethical view that services would continue to value and look after older people, and this was the main driver for the Strategy rather than the funding.

- Individual assessments and needs were monitored and reviewed regularly, and advice given to clients in relation to the options available under Self Directed Support. However, there would be occasions when someone's circumstances change, and there were procedures in place to pick up on those changes, and needs have to be reassessed or a support package changed, and in some instances an enhanced level of support was put in place until adaptations could be made. It was accepted that there may be some instances where cases are not picked up sooner, but it was recognised that Self Directed Support was not only about assessed needs, but also individual choice.
- Given the direction of keeping people in their own "homes for life", there was now a much more flexible view as to what "sheltered housing" might mean, including supported accommodation, and that this should be clearer in the Strategy.
- There was a move towards making homes adaptable and accessible where at all possible. A challenge remained in trying to change views on how new houses should be built, including details such as level access and ability to accommodate future adaptations.
- The Committee agreed that more emphasis should be placed in the Strategy on the contributions that older people made to their communities, such as their involvement in local history groups and museums, rather than just the focus being on "senior" clubs or associations set up specifically for older people.
- There was an agreed need to build capacity into the local services available under Self Directed Support, but an understanding of the legal issues that would face individuals or groups coming together, such as the need to register, tax laws, etc, and the restrictions that also prevent the Health and Social Care Service from managing those services delivered by individuals under Self Directed Support.

[Mr G Robinson left the meeting.]

- The Committee noted that falls prevention could be reactive, but there is a prevention programme being put in place, supported by a number of different agencies, including the Fire Service, which would provide information and advice such as exercise and home safety checks. It was noted that Occupational Therapists and other staff did a lot of work around prevention also, and it was agreed that general awareness and information could be publicised by other organisations such as Community Councils.
- With regard to Carers, it was noted that more carers assessments had been completed, and would provide a more robust system of support than in the past. It was further noted that support for carers was cost effective for the Health and Social Care Service, and the range of services available to carers was commendable, and that it should include the services provided through Voluntary Action Shetland, and outreach services. It was also recognised that

support, such as training, had to be at the appropriate level, e.g. manual handling training should be about moving people, not objects.

- It was noted that implementation of this Strategy and its implications on future delivery, would be one of the first considerations of the Integration Joint Board, in determining its Strategic and Commissioning Plans for the future, as well as consideration of the recruitment issues being faced.
- Regarding the services that the Voluntary Sector can provide, it was suggested that in terms of statutory services that support vulnerable older people, voluntary services were valuable and in general terms could provide services at a lower cost, and that this should be considered more often as an alternative.

The Committee approved the terms of the report, on the motion of Mr C Smith, seconded by Mr B Fox.

Decision:

The Social Services Committee **RESOLVED** to adopt the Older People's Health and Wellbeing Strategy for Shetland, including the action plan which sets out further work necessary to achieve the ambitions of the Strategy.

65/15

Shetland Dementia Strategy

The Committee considered a report by the Dementia Services Nurse Manager, NHS Shetland (CC-42-15-F) which presented progress made towards meeting the aims of the Dementia Strategy for Shetland and to support the plan for the next steps.

In response to a number of questions from the Committee, the Dementia Services Nurse Manager and the Director of Community Health and Social Care, commented on and clarified the following points:

- With regard to assistive technology (referenced on page 39 of the Strategy) trials had taken place in the North Isles, as it was recognised that the infrastructure within the North Isles to support new technology was not great. Lessons were being learned from those trials, and more would be learned from those planned over the next few years, as the importance and potential of using technology was recognised, given the preference to looking after people in their own homes.
- There were currently 189 people in Shetland diagnosed with dementia, and that included those who were diagnosed with Alzheimer's, which is a form of dementia. Around 90% of residents in care homes in Lerwick had some form of Dementia, and in other care homes the figure was around 60%/70%, and this number was gradually increasing, as 4/5 years ago the figure was around 40%.
- Regarding respite for Carers, there was considered to be a fairly high level of respite care available, as the importance of respite was recognised and used to everyone's advantage. Every care centre had a designated number of beds for respite, and over time that figure was being adjusted as less people were in permanent residential care. It was agreed that members be provided with the number of care beds available for respite in each care home, and how many beds were retained for permanent residential care.

- It was suggested that more consideration could be given to providing respite care at home, thereby continuing the aim of keeping people in their own home, as a care centre or hospital setting can be a distressing time for someone with dementia.
- It was noted that support for Carers was recognised in the Strategic Plan, and specifically referenced under the 8 Pillars Model of Community Support, establishing a proactive approach to supporting carers and their health and wellbeing.
- With regard to providing suitable accommodation, a lot of information was provided by Dementia Services and by the Occupational Therapy Service to a wide range of individuals, groups and organisations, with a view to informing people about how housing design can be made suitable to support people with dementia, now or in the future. It was agreed that such intervention was also needed at a more strategic level to support the work being done at the operational level, as it was accepted that retrospectively adapting houses was more expensive, and that this should support the strategic aim of providing a home for life.
- Members were pleased to note that a “place of safety” unit was being developed locally for those who required short term treatment or were awaiting transfer off island, and that this included people with dementia or other mental illnesses.

The Committee approved the terms of the report on the motion of Mr C Smith, seconded by Mr R Henderson.

Decision:

The Social Services Committee **RESOLVED** to adopt the Dementia Strategy, including the action plan which sets out further work necessary to achieve the ambitions of the Strategy.

66/15

Delays in Discharge from Hospital to a Community Setting

The Committee considered a report by the Director of Community Health and Social Care (CC-41-15-F) which informed of the work that is being carried out between Acute and Community Health and Social Care Services to minimise the number of people whose discharge from hospital to a community setting is delayed.

The Director of Community Health and Social Care introduced the report, and advised that the next update report would provide an update on the workshop being held on 1 October by a joint strategic group to work on a delayed discharges action plan.

Regarding the proposal to increase the amount of Social Work time at the hospital, the Director of Community Health and Social Care said that the Executive Manager – Adult Social Work was looking into how that could be provided with the existing team, and how it can be sustained in to the future.

In respect of discharge arrangements over the winter period, the Director of Community Health and Social Care said that a Joint Winter Plan between the Council and NHS was being put in place. He added that as part of the planning cycle, the workshop taking place this week would incorporate the Plan and in

particular would discuss the issues encountered in previous years, such as the availability of beds, and in general would work to ensure both organisations had enough resources in place. The Chief Nurse Community and ACF said that discussions had already taken place with the Scottish Ambulance Service, and they were confident of being able to provide adequate transport where it was needed.

The Committee noted the terms of the report.

Decision:

The Social Services Committee noted the actions being taken by both Community Health and Social Care Services and Acute Services, including the progress made and future plans for tackling the issues of delayed discharges.

In order to avoid the disclosure of exempt information, Mr C Smith moved, Mr R Henderson seconded, and the Committee agreed to exclude the public in terms of the relevant legislation during consideration of the following item of business.

The Committee adjourned at 3.20 p.m.

The Committee reconvened at 3.30 p.m.

67/15

New Eric Gray Resource Centre – Funding Update

The Committee considered a report by the Director of Community Health and Social Care which provided an update on progress to identify the funding required to progress a new Eric Gray Resource Centre since the Council decision to proceed with a new build project on 2 July 2014. An updated Appendix 1 was tabled at the meeting, which did not alter the overall figures, but provided clarity and accuracy with regard to the total figures given.

The Director of Community Health and Social Care introduced the report and gave a summary of the content of the report, including an explanation of the cost pressures facing the service, and the Directorate as a whole, and explained the work carried out by officers in striving to achieve the efficiency savings required. He set out the proposals to use slippage within the Asset Investment Programme, as detailed in the report, all of which would allow the project to proceed.

Following considerable discussion, Mr B Fox moved that the Committee approve the terms of the report, with the words “subject to” being added between 2.1.4 and 2.1.5. Mr C Smith seconded.

Decision:

The Social Services Committee:

- NOTED the information presented in the report and its Appendices;
- NOTED the recurring savings identified within Community Health and Social Care Directorate to meet the revenue requirements of the new build Eric Gray Resource Centre;
- NOTED that an external funding application was made to the Scottish Government Regeneration Capital Grant Fund but unfortunately the bid was not successful;

- APPROVED the recommendation of the Director of Community Health and Social Care to proceed with the project based on the level of assessed risk for meeting the revenue costs of the capital borrowing; but

Subject to:

- The Council approving the RECOMMENDATION of the Social Services Committee to approve the proposal to defer projects within the Council's Asset Investment Plan to reduce the level of borrowing required.

The meeting concluded at 4.30 p.m.

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Chair