

MINUTE of MEETING of the HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL of WEST LoTHIAN COUNCIL held within COUNCIL CHAMBERS, WEST LoTHIAN CIVIC CENTRE, on 7 DECEMBER 2017.

Present – Councillors Harry Cartmill (Chair), Janet Campbell, Lawrence Fitzpatrick (substituting for David Dodds), Charles Kennedy, Dom McGuire and Damian Timson

Apologies – Councillor David Dodds

Absent – Councillor George Paul

1. DECLARATIONS OF INTEREST

Councillor Janet Campbell declared a non-financial interest in that she was a paid employee of NHS Lothian.

2. MINUTE

The Panel approved the Minute of its meeting held on 2 November 2017. The Minute was thereafter signed by the Chair.

3. WEST LoTHIAN INTEGRATION JOINT BOARD

A report had been circulated by the Depute Chief Executive to which was attached the Minute of the West Lothian Integration Joint Board (IJB) meeting held on 26 September 2017.

Decision

To note the contents of the report

4. MENTAL HEALTH SERVICES IN WEST LoTHIAN

The Panel considered a report (copies of which had been circulated) by the Senior Manager, Mental Health, West Lothian Health and Social Care Partnership providing an update on Mental Health Services in West Lothian.

The Senior Manager advised that West Lothian Health and Social Care Partnership managed both NHS Lothian and West Lothian Council mental health resources. Mental health services also linked in with a range of other services particularly housing, environmental services, operational services as well as other agencies such as Police Scotland and the third and private sector.

The report then provided details of the mental health services provided both by the council and NHS Lothian. A summary of the challenges ahead were also summarised and included :-

- An ageing workforces

- Recruitment challenges for nursing and medical staff
- High demand on all services
- Different management structures for different parts of the service
- Meeting the accommodation and support needs for community patients; and
- Anti-ligature works required in wards 17 and 3.

Much work was under way in those areas identified as key areas for development within mental health services and these were detailed in the report. The Senior Manager undertook to provide a progress report on these areas in late 2018.

Decision

1. To note the content of the report;
2. To request that officers provide the Panel Members with further information on the number of psychiatric patient admissions in West Lothian which had been deemed higher than the Scottish average; and
3. To agree that a progress report on those areas identified for development in mental health services in West Lothian be brought back to the Panel in late 2018.

5. FAMILY NURSE PARTNERSHIP

The Panel considered a report (copies of which had been circulated) by the Depute Chief Executive providing an update on the progress from implementation to sustainability of The Family Nurse Partnership (FNP) in West Lothian.

The Depute Chief Executive explained that the Family Nurse Partnership was a social and public health intervention and that it supported a multiagency early intervention approach to help break the intergenerational cycles of poverty, deprivation and poor outcomes in people's lives. FNP also embedded the principles of Getting it Right for Every Child (GIRFEC) with a focus on improving outcomes for children, young people and their families.

NHS Lothian established the FNP Programme delivery in January 2010 as the first "test site" in Scotland. The service commenced with a team of 6 family nurses and 1 Supervisor who enrolled clients living within the Edinburgh Community Health Partnership (CHP) area.

Thereafter the programme was rolled out to West Lothian from March 2013 onwards.

Eligible clients were identified using the Maternity TRAK System and a total of 348 clients had enrolled, with 23 remaining in the engagement phase. To date 301 clients had completed the pregnancy phase, with 11 clients having left the programme during the pregnancy phase. 202 clients had now completed the infancy phase and 143 clients had completed the toddler phase.

With regards to the future of the programme the Scottish Government had consistently supported the testing and implementation of FNP and since the initial test phase in Lothian the service had been successfully implemented in 10 NHS Board areas with 20 teams across Scotland with a number of others planned.

FNP in Lothian was now embedded as part of community nursing and early years services with learning from its implementation shared across all agencies.

With the support of the Scottish Government the service in NHS Lothian had recently begun testing, widening the eligibility criteria to include mums aged 20 years. Early indications had suggested that this had been successful however numbers were still too small to evaluate this in detail.

The report concluded that FNP had successfully integrated into the West Lothian area. There had been successful engagement with clients, supporting them through pregnancy and the birth of their children and moving them to specialist services and employment, training and education advice, as appropriate. The service was also in a period of transition from one of implementation to one of sustainability with an emphasis on Quality Assurance and Improvement.

The Panel was asked to note the contents of the report and note that the FNP model in West Lothian had progressed to a model of sustainability.

Decision

To note the contents of the report

6. MEDICATION POLICY: SOCIAL POLICY

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy advising of changes made during the planned revision of the Medication Management Policy to reflect the requirements of the Care Inspectorate, Best Practice Guidance and audit recommendations.

The report recalled that the current Medication Management Policy was approved by Council Executive on 15 April 2014 on the basis that it would be subject to further review and revision in three years' time. Since approval of the policy the Medication Management Advisory Group had continued to oversee practice development to ensure continuing compliance with the policy.

Whilst the policy provided overarching principles for all service areas its translation into practice was via operational procedural guidance. This was customised and therefore pertinent to each service area.

The planned revision of the Medication Management Policy had been concluded with an updated draft policy, a copy of which was attached to the report at Appendix 1. The revised policy was applicable to all registered social care services and would seek to ensure best practice in all aspects of medication management.

Adherence to the policy would protect and safeguard all parties concerned incorporating what was currently viewed as best practice. Hence the contents reflected best practice in terms of regulatory requirements and previous audit recommendations. Cognisance had also been taken of insurance cover to ensure all treatments listed were compliant with and covered by the council's insurer.

The main changes contained within the revised draft policy were summarised as follows :-

- The insertion of a glossary of definitions/interpretations
- Guidance for staff working in the community when no prescription was available
- Guidance around the safe storage of medication which required chilled conditions
- Further clarity around the use of over the counter medication
- More guidance around the safe management of medication on excursions and outings
- Details of a new requirement to the Care Inspectorate about reporting adverse events concerning the use of controlled drugs
- Further clarification around the need for contracted services to be compliant with the council's Medication Management Policy; and
- Revised training frequency to reflect current guidance

The report concluded that the implementation of the revised policy would be overseen by operational management and would be supported by training made available via the learning and development team which would provide front line staff with greater clarity and a framework in which to work when supporting clients who were required to take medication.

The Panel was asked to note the proposed changes to the Medication Management Policy which would be submitted to Council Executive for approval.

Decision

1. To note the contents of the report; and
2. To request that Panel Members be provided with further information in relation to the administration of off-licence medications.

7. WORKPLAN

The Panel noted the contents of the workplan which would form the basis of the panel's work over the coming months.

The Panel also agreed that an item would be added to the workplan in relation to an update on mental health later in 2018.

Decision

1. To note the contents of the workplan;
2. To agree the inclusion of an update on mental health services later in 2018.