

WL IJB Health and Care Governance Group

30 August 2022

ACTION NOTE

Present: Linda Yule (Chair), Rob Allen, Sharon Houston, Karen Love, Isobel Meek, Ann Pike, Mike Reid, Jenny White,

Apologies: Elaine Duncan, Carol Holmes, Fiona Huffer, Yvonne Lawton, Jo MacPherson, Agnes Ritchie, Helena Wilson, Alison Wright

In Attendance: Elaine Barry (Note Taker),

Item	Discussion / Decision	Action	By Whom	By When
	Linda welcomed Jenny White, Independent Sector Lead, Scottish Care, and introductions were made.			
1.	Minutes of Previous Meeting – 12/07/22			
	Agreed as an accurate reflection of the meeting.			
2.	Matters Arising			
	2.1 <u>Health and Safety: Social Policy Serious Incident Data</u> The outstanding information is included in the report that will be discussed under item 7.			
	2.2 <u>Social Policy Staff Appraisals</u> The new HR system will note when appraisals are done for the next cycle but it may take until quarter three before all the information required is available to report on.			
3.	IJB High Risks – Care at Home and Delayed Discharge			
	RA provided a verbal overview of the risks but will work with Neil Ferguson to create a brief report-type format for future meetings.	As noted.	RA / NF	
	Significant challenges remain around the supply of Care at Home provision mostly relating to staffing availability. The Care at Home Oversight Group meets on a weekly basis to review any pressures being experienced across individual providers. Any provider issues that arise through the quality assurance review, i.e., alerts received from individuals in receipt of care or referrals from the Care Inspectorate, are monitored closely by the Oversight Group to ensure that they are mindful of any capacity issues that may be impacting on the quality of care being			

delivered. There are clear lines of communication and established arrangements for providers to link directly with us so that challenges can be identified.

There is a specific risk action linked to the delivery of Care at Home which relates to how we engage with the voluntary sector and how potential resilience in relation to unmet need is being developed. We need to be mindful regarding the winter planning phase and whether or not that may assist with capacity in relation to that. The risk in relation to resilience is monitored twice weekly by the Senior Management Team and HSCP.

Discussion took place around whether there is anything else that can be done to ease the challenges being faced, with some suggestions put forward. RA advised that these are already happening as there are regular forums with providers and meetings with individual providers where challenges have been identified.

4. Mental Health – Prevention of Drug Deaths

Report previously circulated. MR shared slides with the group. Figures for drug misuse deaths in Scotland, published in July, showed that 32 people died in West Lothian, the same number as in 2020. These are people who have died of drug intoxication rather than those people who have died because drugs have impacted on their lifestyle.

A graph showing the Scottish drug death statistics as an average over time, standardised by age, has West Lothian sitting at the lower end, although the number of deaths is still too many.

In the last year to eighteen months, there has been a lot of activity, led by the Scottish Government, to try and drive down the statistics. One of the main aims, is to enable more people to receive treatment. Medication Assisted Standards have been set up, comprising of ten standards, and it has been requested that the first five are concentrated on this year. The ask is that services are available to start on the same day the person presents. If there are people at higher risk, they can be identified and moved quickly on to medication assisted treatment.

A RAG rating system was used to establish the progress of the implementation of the standards. West Lothian achieved amber against each of the five standards, which meant full implementation wasn't achieved. An action plan is in place to secure green in the next couple of months. West Lothian was one of 11 ADPs who had no red ratings in the assessment.

A target is attached to each of the standards, requiring each of the Integration Authority areas to increase the number of people receiving treatment by 9%. West Lothian has submitted a trajectory to the Scottish Government to explain how this will be carried out.

Another way to reduce drug deaths is by the use of the new long-acting injection of Buvidal. This is a positive treatment option and West Lothian has led the way in prescribing it. There are national discussions ongoing regarding funding, as there will be no allocation from the Scottish Government this year.

The Scottish Government has committed to a 300% increase across Scotland in residential rehabilitation, with places increased by 50%. They have given funding, over 5 years, to support that. West Lothian have invested the money in local resources to support increased access.

There is a non-fatal overdose pathway allowing data, regarding people who have taken an overdose and attending Police, Scottish Ambulance Service or Emergency Department, to be passed on to Lothian Analytic Services, then Addictions. If the person is considered to be at risk of death, the data can then be passed to a third sector agency to follow the person up and support them into treatment.

Naloxone, an antidote to opiates, can also be used in the case of an overdose. There is a local Naloxone Champion, who has issued kits to organisations, as well as people and their families. If there are any organisations colleagues feel would benefit from training and being given Naloxone kits, contact MR. There is also a funding challenge around Naloxone.

MR advised that, whilst there are good effective treatments for opioid addiction, most drug misuse deaths are due to multi-drug toxicity, including “street benzodiazepines” for which there is not an effective treatment. This is an area of development, nationally, around what is required to be done for this group of people.

As noted.

All

Prevention has not been an area of strength for West Lothian in recent years as a result of the Pandemic and lack of capacity within the ADP. Funding has been provided for a Whole Family PSP which looks at services for children, young people and families affected by drug use. Recruitment is underway for staff to work with families of drug users, women who use drugs in pregnancy, or young people who use drugs. This model is being run for 3 years to try and find different ways to reduce drug use, or the harm of drug use. Services will be commissioned going forward from that point.

An ADP Executive has been established, bringing together wider strategic partners to look at building up preventative approaches. A new lead officer is currently being recruited, with their role including co-ordinating prevention efforts.

Treatment services only have a restricted part to play in driving down drug deaths. Thought needs to be given to how our accountability and support, for people at risk of death from drugs or those affected by drug death, can be broadened. There is a risk of increased drug deaths due to the current increase in societal challenges. It raises the question of how we can be creative, with other organisations, to break the cycle. There is hope, as there is evidence from other countries, with similar difficulties, that a difference can be made but there is a way to go before we get there.

5. Out of Authority Placement

Report previously circulated.

A series of reports, across most Social Work Services, had been requested by JMacP around Out of Authority placements. KL explained her report, regarding out of authority placements for people with learning disabilities / complex needs, was the first of these.

The purpose of the report was to provide the Group with the number of individuals from West Lothian who are currently residing in out of authority placements. This is important following the publication of the Scottish Government 'Coming Home' Implementation Report, which focuses on the support given to people who are staying in hospital long-term or are in out of authority placements due to the lack of sufficient resources to house them locally.

In response to the recommendations of the 2018 report, West Lothian are building 16 bespoke tenancies for adults with complex care and support needs. Twenty-four hour, seven day a week support will be provided to enable the individuals to live as independently as possible, within their community. Building has been delayed, due to the pandemic, but it is anticipated that individuals will start to move into their tenancies in mid-January 2023. It is also planned for some young people, currently in residential schools some distance from their families, to move in also.

The report details the number of individuals placed out of authority at the moment and gives the numbers of those who will move into the tenancies, who are actively seeking a return to West Lothian, who would return if suitable accommodation were identified and who would choose not to return.

For those looking to return, KL advised that, as well as there being a further development being built to enable a core and cluster site to be established, they are working with housing colleagues and registered social landlords to look at further core and cluster developments. They are also working closely with Children's Services colleagues to identify children with care and support needs that would potentially be identified to return to live in West Lothian.

They are working with the Scottish Government and colleagues pan-Lothian to create a dynamic support register, which forms part of the Care at Home Implementation report which will allow individuals to be mapped on a Lothian basis.

In conclusion, good work has been carried out since the publication of the Implementation Report but it is recognised that there more to be done.

AP asked what age range has been used to determine who would be approached to ask if they wished a return to West Lothian. KL advised that it would have been those 65 years and under, however, if there was someone identified who would want to move back, then this could be looked at.

MR stated that he requires information regarding out of area placements for a report for the Rapid Rehousing Transformation Programme. IM will link with MR outwith the meeting regarding anything she and her team can assist with.

As noted.

MR / IM

6. Health and Care Governance Report (Acute)

Report previously circulated for information.

7. Health & Care Governance Report

IM went through the previously circulated report. The format has been slightly changed and slides are now being used to make it visually easier to read. Any feedback regarding this to be sent to IM.

As noted.

All

Complaints

Complaints for both Health and Social Policy have reduced from Quarter 4. The change for Health relates to the removal of Oral Health complaints, who are no longer hosted within WL HSCP.

As requested by the Group, the report now includes figures for complaints that were “not upheld”, as well as “upheld” and “partially upheld”.

Social Policy have a tracker in place which shows that the number of complaints is relatively small. They are categorised according to the Council’s categorisations. The tracker will show any trends or repeat issues. Nothing has been identified at this early stage.

Service User and Patient Surveys

No change since last reporting cycle as this is reported annually.

Staff Sickness

Staff sickness continues to be challenging. More information around the breakdown of these figures and where the sickness absence is occurring across the Partnership has been provided.

Health and Safety

Variable numbers reported across the quarter. A breakdown has been provided, with Health information being further broken down into “harm to the person” and “damage or loss to the property”.

Staff Appraisals

Social Policy – As discussed under item 2.2

Health – Performance provided within report.

Mandatory Training

There was an issue trying to break down the Health data, which is one of the challenges that is faced i.e., bringing NHS Lothian information down to local levels. Helena Wilson will continue to try and do that for inclusion in the next report.

As noted.

HW

Compliance has risen as face-to-face training has resumed. There is still an issue around responding to Health Emergencies due to skills training being required but that is being resumed and numbers should increase fairly quickly. Other avenues are also being pursued internally to address this in a quicker timeframe.

Care Inspectorate Grades

These are included as part of assurance to the Group in relation to how the grades are performing and, if there are improvement actions to be taken, these are monitored and improvements taken forward.

IM asked the Group if they would like to see, under Health and Safety Incidents, information regarding loan worker devices and how they are deployed. LY suggested that this was robustly managed within Health and Safety and doesn't need to be brought to this group, which was agreed by all.

Regarding staff sickness, LY advised that an upsurge is expected in September when staff, who are off with Covid-related illnesses and are managed under special leave arrangements under Scottish Government guidance, revert back to sick leave.

8. Updated 2022 Workplan

IM explained that the Workplan has been completed with the reports required for discussion at the remainder of the meetings. The Group was asked to let IM know if there is anything else they would wish to be included. She added that the Adult Support and Protection Inspection report, which was due to be included today, has been moved to later in the year. KL confirmed that the report will be ready for the meeting on 05/10/22 and IM has confirmed it will be included in the agenda.

As noted.

IM

As noted

IM / KL

LY advised that the Healthcare Governance report for WL HSCP is due to be presented at the NHS Lothian Healthcare Governance meeting on 14/09/22, therefore it has been postponed from today's agenda and will be discussed at the October meeting. She proposed that the Healthcare Governance and Chief Nurse updates be captured in one report. This was agreed by the Group.

As noted.

LY

9. AOCB

None

10. Date of Next Meeting

Tuesday 30/08/22 1200 - 1330 Via MS Teams